

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**1. Requirements for Prior Authorization of Cough and Cold Medications**

A. Prescriptions That Require Prior Authorization

Prescriptions for Cough and Cold Medications that meet any of the following conditions must be prior authorized:

1. A Cough and Cold Medication when prescribed for a child under the age of 6 years
2. A Cough Medication that contains an opioid when prescribed for a child under 21 years of age

B. Emergency Supplies

In response to safety warnings from the Food and Drug Administration (FDA) related to use of Cough and Cold Medications, and health and safety concerns related to Cough Medications that contain an opioid for children, a pharmacist may not dispense an emergency supply of a Cough and Cold Medication when prescribed for a child under 6 years of age or a Cough Medication that contains an opioid when prescribed for a child under 21 years of age.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Cough and Cold Medication, or a Cough Medication that contains an opioid, the determination of whether the requested prescription is medically necessary will take into account whether the recipient has:

1. A history of therapeutic failure of alternative treatments such as, but not limited to, the following: saline nasal spray, vaporizer, plenty of fluids, rest, nasal aspirator, etc.

**AND**

2. A chart documented evaluation for other diagnoses such as allergies, bronchitis, pneumonia, etc., if symptoms last longer than one week

**OR**

3. Does not meet the clinical review guidelines listed above, but in the professional judgment of the physician reviewer,

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PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

the therapy is medically necessary to meet the medical needs of the recipient.

D. Clinical Review Process

All requests for prior authorization of a prescription for a Cough and Cold Medication, or a Cough Medication that contains an opioid, will be referred to a physician reviewer for a medical necessity determination. The physician reviewer will review the request for prior authorization and apply the clinical guidelines in Section C above to assess the medical necessity of the request. The physician reviewer will prior authorize the prescription when:

1. The guidelines in Section C are met, **OR**
2. In the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

References:

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