

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Iron, Oral**

A. Prescriptions That Require Prior Authorization

A prescription for a non-preferred Iron, Oral must be prior authorized. See the Preferred Drug List (PDL) for the list of preferred Irons, Oral at: [www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Iron, Oral, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Iron, Oral

**OR**

2. Does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an Iron, Oral. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When the non-preferred Iron, Oral being prescribed is therapeutically equivalent to other non-preferred Irons, Oral, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate and any Supplemental Rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Iron, Oral. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Iron, Oral authorized by the reviewer, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient