

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Anxiolytics**

A. Prescriptions That Require Prior Authorization

A prescription for an Anxiolytic that meets any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Anxiolytic. See Preferred Drug List (PDL) for the list of preferred Anxiolytics at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. A prescription for an Anxiolytic with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:  
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for an Anxiolytic Benzodiazepine when prescribed for a child under 21 years of age.
4. A prescription for an Anxiolytic Benzodiazepine when a recipient has a concurrent prescription for an Oral Buprenorphine Agent
5. A prescription for an Anxiolytic Benzodiazepine when there is a record of a recent paid claim for another Benzodiazepine in PROMISe, the Department's Claims Adjudication System (therapeutic duplication).
6. A prescription for either a preferred or non-preferred Anxiolytic Benzodiazepine when there is a record of 2 or more paid claims for any Benzodiazepine in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System within the past 30 days.

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

In evaluating a request for prior authorization of a prescription for an Anxiolytic, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For a non-preferred Anxiolytic, whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Anxiolytics

**AND**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

2. For an Anxiolytic Benzodiazepine for a child under the age of 21 years, whether the child:

a. Has a diagnosis of:

- i. Seizure disorder **OR**
- ii. Chemotherapy induced nausea and vomiting **OR**
- iii. Cerebral palsy **OR**
- iv. Spastic disorder **OR**
- v. Dystonia

**AND**

b. Does not have a concurrent prescription for an Oral Buprenorphine Agent

**AND**

c. Is receiving palliative care

3. For an Anxiolytic Benzodiazepine for a recipient with a concurrent prescription for an Oral Buprenorphine Agent, whether:

a. The prescriptions for the Oral Buprenorphine Agent and the Anxiolytic Benzodiazepine are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

b. The recipient has an acute need for therapy with an Anxiolytic Benzodiazepine

4. For therapeutic duplication, whether:

a. The recipient is being titrated to, or tapered from, a drug in the same class

**OR**

b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

5. When there is a record of 2 or more paid claims for any Benzodiazepine, whether:
  - a. The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines that corroborate use of the quantity of medication being prescribed

**AND**

- b. The multiple prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**OR**

3. 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
4. In addition, if a prescription for either a preferred or non-preferred Anxiolytic is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

**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 Anxiolytic. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When a non-preferred Anxiolytic is being prescribed and is therapeutically equivalent to other non-preferred Anxiolytics, 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 Anxiolytic. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Anxiolytic 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