

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Early Refills of Prescriptions

A. Thresholds for Prior Authorization

All early refills of prescriptions must be prior authorized. An early refill is defined as a request for a refill when more than 15 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed.

B. Review of Documentation for Medical Necessity

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

1. Temporary Absence - The patient will be temporarily absent from the Commonwealth or the United States for an extended period of time that is greater than the remaining days supply of the earlier-dispensed medication.

EXCEPTION: Approval of a request for prior authorization of an early refill of a medication that could potentially be detrimental to the recipient's health and safety if used in large quantities will not be granted on the basis of temporary absence. Examples include, but are not limited to, controlled substances, sleep aids etc.

2. Change in Therapy – The prescriber changed the dosage of the medication or increased the dosing frequency or the number of units per dose.
3. Medication Lost – Documentation required.*
4. Medication Stolen – Documentation required.*
5. Medication Destroyed – Fire, natural disaster (flood, tornado, hurricane); admission to a long term care facility; etc.*

*Documentation must be provided for prescriptions for controlled substances and medication with a potential for abuse or diversion. Examples of documentation include a police report, insurance report, etc.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an early refill. If the applicable guidelines in Section B. are met, the reviewer will authorize the prescription. If the applicable guidelines are not met, 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.