

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Immune Globulins

A. Prescriptions That Require Prior Authorization

All prescriptions for Immune Globulins must be prior authorized.

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

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

1. The recipient's diagnosis and the prescribed dosage is:

a. Indicated in the package insert

OR

b. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses

OR

c. Supported by peer reviewed medical literature provided by the prescriber

OR

2. Does not meet the 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

For Renewals of Prescriptions for Immune Globulins: Requests for prior authorizations of renewals for Immune Globulins that were previously approved will take into account the following provided by the prescriber:

1. Documentation that the recipient experienced a positive clinical response

AND

2. Package insert, nationally recognized compendia, peer-reviewed medical literature or nationally recognized treatment guidelines

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that support the frequency and duration of treatment for the recipient's condition

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 Immune Globulin. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the 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

References

1. Jolles, S, Misbah, S.A. *Clinical uses of intravenous immunoglobulin*, Clinical and Experimental Immunology. 142: 1–11
2. Silvergleid, A.J, Berger, M. General principles in the use of immune globulin. UpToDate, accessed 12/30/13.
3. Silvergleid, A.J, Berger, M. Intravenous immune globulin: Adverse effects. UpToDate, accessed 12/30/13.
4. Berger, M. Subcutaneous and intramuscular immune globulin therapy. UpToDate, accessed 12/30/13.