

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Androgenic Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Androgenic Agents that meet any of the following conditions must be prior authorized:

1. All prescriptions for Androgenic Agents must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Androgenic Agents at:
http://www.providersynergies.com/services/documents/PAM_PDL_20101115.pdf
2. A prescription for an Androgenic Agent when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs in PROMISE, the Department's on-line claims adjudication system, (therapeutic duplication)

B. Review of Documentation for Medical Necessity

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

1. For a non-preferred Androgenic Agent, whether the recipient has a history of therapeutic failure, contraindication or intolerance of the preferred Androgenic Agents

AND

2. For a preferred or non-preferred Androgenic Agent, whether the recipient has:

a. A diagnosis that is:

- i. Indicated in the FDA-approved package insert, **OR**
- ii. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses of Androgenic Agents

AND

b. If male, lab results demonstrating low testosterone levels

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AND

3. 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

OR

4. The recipient 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 guideline in Section B. above, to assess the medical necessity of the request for a prescription for an Androgenic Agent. If the guideline in Section B. is met, the reviewer will prior authorize the prescription. If the guideline is 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 service is medically necessary to meet the medical needs of the recipient.

References

1. Snyder, P.J. Use of androgens and other hormones to enhance athletic performance, UpToDate. Accessed March 7, 2013.