

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Alzheimer’s Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Alzheimer’s Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a preferred or non-preferred Alzheimer’s Agent. See Preferred Drug List (PDL) for the list of preferred Alzheimer’s Agents at:
www.providersynergies.com/services/documents/PAM_PDL.pdf.
2. A prescription for an Acetylcholinesterase Inhibitor when there is a record of a recent paid claim for another Acetylcholinesterase Inhibitor in PROMISe, the Department’s Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
3. A prescription for an Alzheimer Agent 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>

B. Review of Documentation for Medical Necessity

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

1. For either a preferred or non-preferred Alzheimer’s Agent:
 - a. Whether the recipient’s diagnosis is:
 - i. Indicated in the package insert
- OR
- ii. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses

OR

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

- iii. Supported by peer reviewed medical literature provided by the prescriber

AND

- 2. For a non-preferred Alzheimer's Agent, whether the recipient has a history of therapeutic failure, contraindication, or intolerance of the preferred Alzheimer's Agents.

AND

- 3. For therapeutic duplication, whether:
 - a. The recipient is being titrated to, or tapered from, another Acetylcholinesterase Inhibitor

OR

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

OR

- 4. Whether 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.
- 5. In addition, if a prescription for either a preferred or non-preferred Alzheimer's Agent 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.

FOR RENEWALS OF PRESCRIPTIONS for an Alzheimer's Agent - The determination of medical necessity of requests for prior authorization of renewals of prescriptions for Alzheimer's Agents that were previously approved will take into account whether the recipient has a documented rationale for continuing the medication.

C . Clinical Review Process

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 Alzheimer's Agent. 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.