

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Sedative Hypnotics

A. Prescriptions That Require Prior Authorization

Prescriptions for Sedative Hypnotics that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Sedative Hypnotic regardless of the quantity prescribed. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Sedative Hypnotics.
2. All prescriptions for Sedative Hypnotic Benzodiazepines when prescribed for a child under 21 years of age.
3. A prescription for either a preferred or non-preferred Sedative Hypnotic Benzodiazepine when a recipient has a concurrent prescription for Suboxone or Subutex.
4. A prescription for a preferred Sedative Hypnotic with a prescribed quantity that exceeds the quantity limit. See Quantity Limits Attachment 1 in the Quantity Limits Chapter for the list of drugs with quantity limits.

B. Review of Documentation for Medical Necessity

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

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

AND

2. For a non-preferred controlled release Sedative Hypnotic, whether the recipient has a documented history of therapeutic failure of the same regular release Sedative Hypnotic

AND

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

3. For a preferred or non-preferred Sedative Hypnotic Benzodiazepine for a child under 21 years of age, whether the recipient:

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

OR

b. Is receiving palliative care

4. For a prescription for Hetlioz (tasimelteon), whether the recipient:

a. Has a diagnosis of non-24 hour sleep- wake disorder

AND

b. Is totally blind (has no light perception)

AND

c. Has a documented history of therapeutic failure of a 6-month trial of melatonin

OR

d. Has documented contraindication or intolerance to melatonin

5. In evaluating a request for prior authorization for renewal of a prescription for a Sedative Hypnotic previously approved, the determination of whether the requested prescription is medically necessary will take into account whether the

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

recipient has a documented improvement in the symptoms of insomnia

6. In addition, if a prescription for either a preferred or non-preferred Sedative Hypnotic 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:

1. A non-preferred Sedative Hypnotic **OR**
2. A preferred or non-preferred Sedative Hypnotic Benzodiazepine for a child under 21 years of age

If the guidelines in Section B (for a non-preferred Sedative Hypnotic) or B.2.a. (for a preferred or non-preferred Sedative Hypnotic Benzodiazepine for a child under 21 years of age) are met, the reviewer will prior authorize the prescription. When the non-preferred Sedative Hypnotic being prescribed is therapeutically equivalent to other non-preferred Sedative Hypnotics, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Sedative Hypnotic. If any of the following occur, the prior authorization request will be referred to a physician reviewer for a medical necessity determination.

1. Any of the guidelines are not met **OR**
2. The prescriber does not agree to the therapeutically equivalent non-preferred Sedative Hypnotic authorized by the reviewer **OR**
3. The prescription is for a Sedative Hypnotic Benzodiazepine for a child under 21 years of age who is receiving palliative care **OR**

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

4. The prescription is for a Sedative Hypnotic Benzodiazepine for a recipient with a concurrent prescription for Suboxone or Subutex

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.

The physician reviewer will consider the following when determining medical necessity of a prescription for a Sedative Hypnotic Benzodiazepine:

1. For a child under 21 Years of age, if the diagnosis is other than those listed in Section B.2.a. above, whether the recipient has a history of substance abuse.
2. For a recipient with a concurrent prescription for Suboxone or Subutex, whether:
 - a. The prescriptions for Suboxone or Subutex and the Sedative Hypnotic 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 a Sedative Hypnotic Benzodiazepine

D. Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred Sedative Hypnotic Benzodiazepine or a Sedative Hypnotic Benzodiazepine for a child under 21 years of age will be automatically approved when the PROMISE Point-of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.