

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Intranasal Rhinitis Agents**

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Intranasal Rhinitis Agents must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Intranasal Rhinitis Agents at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Intranasal Rhinitis Agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a history of therapeutic failure, intolerance, or contraindication of the preferred Intranasal Rhinitis Agents

**OR**

2. 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. Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred Intranasal Rhinitis Agent will be automatically approved when the PROMISe Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim 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

D. 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 a non-preferred Intranasal Rhinitis Agent. If the guideline in Section B is met, the reviewer will prior authorize the prescription. When the non-preferred Intranasal Rhinitis Agent being prescribed is therapeutically equivalent to other non-preferred Intranasal Rhinitis Agents, 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

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therapeutically equivalent non-preferred Intranasal Rhinitis Agent. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Intranasal Rhinitis Agent authorized by the reviewer, 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.