

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

A. Prescriptions That Require Prior Authorization

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

1. A prescription for a non-preferred NSAID, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred NSAIDs at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred NSAID with a prescribed quantity that exceeds the quantity limit established by the Department. See Quantity Limits for the list of drugs with quantity limits at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for an NSAID when there is a record of a recent paid claim for another NSAID in PROMISE, the Department's Point-of-Sale 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 a non-preferred NSAID, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For Celebrex –
 - a. Whether a COX-2 selective NSAID is the most appropriate option, as documented by one or more of the following:
 - i. The recipient is 65 years of age or older;
 - ii. The recipient is taking an anticoagulant;
 - iii. The recipient is taking a chronic, systemic corticosteroid;
 - iv. The recipient is taking an antiplatelet agent
 - v. The recipient has a risk for treatment with non-selective NSAIDs such as peptic ulcer disease, NSAID-related ulceration, clinically significant gastrointestinal bleeding, coagulation defect, , history of gastric bypass, or erosive esophagitis;

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- vi. The recipient has a diagnosis of Barrett's Esophagus:
- vii. The recipient is undergoing active treatment for Hepatitis C

AND

- b. Whether the recipient is not taking any other selective or non-selective NSAID.

AND

- c. Whether the prescribed dosage is consistent with FDA-approved manufacturer labeling based on the individual's age and medical condition.

- 2. For oral ketorolac (Toradol) – Whether the recipient:

- a. Is being prescribed ketorolac for ≤5 days in a 90 day period

AND

- b. Is being prescribed oral Ketorolac in a dose not to exceed 40 mg in a 24 hour period

AND

- c. Is at least sixteen (16) years of age or older

AND

- d. Is not taking aspirin or any other NSAIDs

- 3. For nasal ketorolac (Sprix) – Whether the recipient:

- a. Has a history of therapeutic failure, intolerance, or contraindication to oral ketorolac

AND

- b. Is being prescribed ketorolac for ≤ 5 days in a 90 day period

AND

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c. Is being prescribed nasal ketorolac in a dose not to exceed the following:

- i. For recipients < 65 years of age, 126 mg/day
- ii. For recipients ≥ 65 years of age, or who weigh less than 50 kg, or who are renally impaired, 63 mg/day

AND

d. Is at least eighteen (18) years of age or older

AND

e. Is not taking aspirin or any other NSAIDs

4. For injectable ketorolac (Toradol) – Whether the recipient :

a. Is being prescribed ketorolac for ≤ 5 days in a 90 day period

AND

b. Is not being prescribed ketorolac for self-administration

AND

c. Has a dosage that is limited to a single injectable dose if the recipient is a child age 2 years to 16 years

AND

d. Is not taking aspirin or any other NSAIDs

5. For Topical NSAIDs – Whether the recipient has a documented history of:

a. Therapeutic failure of at least two (2) preferred oral generic NSAIDs, contraindication, or intolerance of the preferred oral generic NSAIDs

AND

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- b. Support for the transdermal formulation as the medically necessary route of administration

AND

- c. Therapeutic failure or contraindication of the preferred topical NSAID analgesic
- 6. For all other non-preferred NSAIDs, whether the recipient has a history of therapeutic failure, intolerance, or contraindication to the preferred NSAIDs.
 - 7. 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

- 8. 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.
- 9. In addition, if a prescription for either a preferred or non-preferred NSAID 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 . Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred NSAID, with a prescribed quantity that does not exceed the quantity limit established by the Department, 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

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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 NSAID. For all prescriptions for NSAIDs that require prior authorization, if the applicable guidelines in Section B. are met, the reviewer will prior authorize the prescription. In any of the applicable 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.