

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**Requirements for Prior Authorization of Ophthalmic Antibiotics**

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Ophthalmic Antibiotics must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Ophthalmic Antibiotics at:

[http://www.providersynergies.com/services/documents/PAM\\_PDL\\_20100223.pdf](http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf)

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Ophthalmic Antibiotic, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For non-preferred fourth (4<sup>th</sup>) and fifth (5<sup>th</sup>) generation ophthalmic fluoroquinolones, whether the recipient has a history of therapeutic failure, intolerance, or contraindication of the preferred fourth (4<sup>th</sup>) or fifth (5<sup>th</sup>) generation ophthalmic fluoroquinolones
2. For all other non-preferred Ophthalmic Antibiotics, whether the recipient has a history of therapeutic failure, intolerance, or contraindication of the preferred Ophthalmic Antibiotics

**OR**

3. Whether the recipient does not meet the applicable clinical review guidelines listed in B.1. or 2. 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 guidelines in Section B. above, to assess the medical necessity of the request for a prescription for a non-preferred Ophthalmic Antibiotic. 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.