

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Histamine II Receptor Blockers

A. Prescriptions That Require Prior Authorization

A prescription for a Histamine II Receptor Blocker that meets any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Histamine II Receptor Blocker. See the Preferred Drug List (PDL) for the list of preferred Histamine II Receptor Blockers at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a Histamine II Receptor Blocker 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. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Histamine II Receptor Blocker, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Histamine II Receptor Blockers

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
3. In addition, if a prescription for either a preferred or non-preferred Histamine II Receptor Blocker 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 a Histamine II

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Receptor Blocker. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When the non-preferred Histamine II Receptor Blocker is therapeutically equivalent to other non-preferred Histamine II Receptor Blockers, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate and any Supplemental Rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Histamine II Receptor Blocker. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Histamine II Receptor Blocker 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.