

Prior Authorization Required From EDS

There are four situations where prior authorization must be requested from EDS.

Brand Medically Necessary

Prescriptions written as "Brand Medically Necessary" for drugs with A-rated therapeutically equivalent generics require Prior Authorization.

Prior Authorization for Brand Medically Necessary will be granted in cases where documentation indicates the following:

- ***Allergic reaction to excipients (inactive ingredients) in the generic products.***

Adequate generic trial is defined as at least one prescription for the generic product in the past 36 months.

- ***A therapeutic failure to the generic product***

A history of documented previous purchases will be reviewed to determine dosing and compliance issues. Examples of approved documentation of therapeutic failure include adequate time for generic trials (greater > 24 hours use of at least one generic product, unless it is documented that the 1-day trial will be life-threatening), trial on multiple generic manufacturers' products, and the therapeutic failure cannot be attributed to inadequate dosing.

DSS reserves the right to deny or approve on a case-by-case basis depending upon extenuating circumstances. For example, if no other prescribers in the state have reported problems with a certain generic drug and every patient of the prescriber requesting PA is reporting problems, then the problem may not be a failure of the generic product.

Patient requests for brand name drugs will not be accepted for review.

Early Refills

Early Refill is defined as any prescription in which less than 75% of the medication should have been utilized at the time the prescription is submitted for refill. Unless the drug is a controlled substance, the pharmacist may call EDS to request authorization. The prescriber must call and provide documentation on the PA form for controlled substances. For lost or stolen medications, the prescriber must fax a loss/theft report along with the Prior Authorization form and prescription. Please note that lost medications are not covered for ConnPACE recipients.

Prior Authorization for Early Refill will be granted in cases where documentation indicates the following.

- ***Change in Direction***

Prior Authorization will be granted if there has been a change in the directions of the medication that substantiates the over-utilization of the prescription. The new prescription must demonstrate the increase in dosing with a change in the number of units per day supply ratio.

- ***Vacation Supply***

Prior Authorization will be granted to a client for a specific medication only once every six months and only a quantity equal to one refill will be authorized.

- ***Loss/Stolen/Destroyed Medication***

Appropriate documentation of lost/stolen medication includes:

- Insurance report

- Police report
- Letter from pharmacy or prescriber on formal practice site letterhead explaining the circumstances of loss
- Record of admittance to institutional facility, such as a hospital
- Record of arrest or incarceration

Appropriate documentation of destroyed medication includes:

- Insurance report
- Police or fire marshal's report
- Letter from pharmacy or prescriber on formal practice site letterhead explaining the circumstances of loss
- Record of admittance to a long-term care facility
- Record of an institutional facility destruction of a medication in the presence of a witness

Exceptions for documentation can be made in the case of natural disaster, such as flood, hurricane or tornado.

Non-Preferred Medication

New prescriptions for a Non-Preferred medication will require Prior Authorization. Prescribers may switch the recipient to a preferred product to avoid point of sale (POS) issues at the pharmacy, or must submit a Prior Authorization request via fax or mail.

Prior Authorization for Non-Preferred medications will be granted in cases where documentation indicates the following.

- ***Intolerance to Preferred Drugs*** – symptoms of intolerance must be noted on the PA form
- ***Adverse reaction to Preferred Drugs*** – symptoms of intolerance must be noted on the PA form
- ***Inadequate response to Preferred Drugs***
- ***Absence of appropriate formulation with Preferred Drugs***
- ***Deemed medically necessary or medically appropriate***

In situations where both a Non-PDL request also requires a BMN override, the prescriber can request a prior authorization for both situations on the same form.

Optimal Dosage

New prescriptions for medications which exceed the Optimal Dosage will require Prior Authorization. Prescribers may switch the recipient to the preferred dosage of the product to avoid point of sale (POS) issues at the pharmacy, or must submit a Prior Authorization request via fax or mail.

Prior Authorization for Optimal Dosage medications will be granted in cases where documentation indicates the following.

- ***Therapeutic Failure to once daily dosing***
- ***Deemed medically necessary or medically appropriate***