

PA DEPARTMENT OF HUMAN SERVICES  
MAAC BRIEFING DOCUMENT  
ANTIVIRALS, INFLUENZA

**Proposed Effective Date:** January 1, 2020

**I. Requirements for Prior Authorization of Antivirals, Influenza**

A. Prescriptions That Require Prior Authorization

Prescriptions for Antivirals, Influenza that meet any of the following conditions must be prior authorized:

1. A non-preferred Antiviral, Influenza. See the Preferred Drug List (PDL) for the list of preferred Antivirals, Influenza at: <https://papdl.com/preferred-drug-list>.
2. An Antiviral, Influenza with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Antiviral, Influenza, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Antiviral, Influenza, has a history of intolerance or contraindication of the preferred Antivirals, Influenza; **AND**
2. If a prescription for an Antiviral, Influenza 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.

NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

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 an Antiviral, Influenza. 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 beneficiary.

D. 5-Day Supply

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DHS does not consider the receipt of Xofluza (baloxavir) to be an emergency situation and therefore will NOT cover a 5-day supply of Xofluza (baloxavir) pending approval of a request for prior authorization.