

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
PENICILLINS

Proposed Effective Date: January 1, 2020

I. Requirements for Prior Authorization of Penicillins

A. Prescriptions That Require Prior Authorization

All prescriptions for non-preferred Penicillins must be prior authorized. See the Preferred Drug List (PDL) for the list of preferred Penicillins at: <https://papdl.com/preferred-drug-list>.

B. Review of Documentation for Medical Necessity

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

1. **One** of the following:

- a. Has a history of therapeutic failure, intolerance, or contraindication of the preferred Penicillins
- b. Has culture and sensitivity test results documenting that only non-preferred Penicillins will be effective.

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 a prescription for a Penicillin. 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.