

PA DEPARTMENT OF HUMAN SERVICES  
MAAC BRIEFING DOCUMENT  
URINARY ANTI-INFECTIVES

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

Revisions are noted with a ~~strikethrough~~ for deletions and **bold and underline** for additions.

**I. Requirements for Prior Authorization of ~~Nitrofurantoin Derivatives~~ Urinary Anti-Infectives**

**A. Revisions to Prescriptions That Require Prior Authorization**

Prescriptions for ~~Nitrofurantoin Derivatives~~ **Urinary Anti-Infectives** that meet any of the following conditions must be prior authorized:

1. A ~~prescription for non-preferred Nitrofurantoin Derivative~~ **Urinary Anti-Infective**. See the Preferred Drug List (PDL) for the list of preferred ~~Nitrofurantoin Derivatives~~ **Urinary Anti-Infectives** at: [www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)  
<https://papdl.com/preferred-drug-list>.
2. A ~~prescription for a preferred Nitrofurantoin Derivative~~ **Urinary Anti-Infective** 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> **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>.

EXEMPTION FROM PRIOR AUTHORIZATION: Nitrofurantoin suspension is exempt from prior authorization when prescribed for a child under 9 years of age.

**B. Revisions to Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for a ~~non-preferred Nitrofurantoin Derivative~~ **Urinary Anti-Infective**, the determination of whether the requested prescription is medically necessary will take into account whether the ~~recipient~~ **beneficiary**:

1. **For a non-preferred Urinary Anti-Infective**, has a documented history of therapeutic failure, contraindication, or intolerance of the preferred ~~Nitrofurantoin Derivatives~~ **Urinary Anti-Infectives approved or medically accepted for the beneficiary's diagnosis; AND**

**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 Nitrofurantoin Derivatives~~

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**Urinary Anti-Infective** 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 listed above but, in the professional judgment 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 a Nitrofuran Derivative~~ **Urinary Anti-Infective**. 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 **beneficiary**.