

Pharmacy Prior Authorization Non-Formulary and Prior Authorization Guidelines

Scroll down to see PA Criteria by drug class, or Ctrl+F to search document by drug name

PA Guideline Name	Requirements	Duration of Approval if Requirements Are Met
Medications requiring Step Therapy	<p>Medications that require Step Therapy (ST) require trial and failure of formulary agents prior to their authorization. If the prerequisite medications have been filled within the specified time frame, the prescription will automatically process at the pharmacy. Prior Authorization will be required for prescriptions that do not process automatically at the pharmacy.</p> <p>To find agents that have a Step Therapy requirement, go to our health plan website and use the formulary search tool. ABH of Pennsylvania Formulary Search Tool</p>	<p>Initial Approval:</p> <ul style="list-style-type: none"> Indefinite
<p>Bonjesta</p> <p>Doxylamine Succinate and Pyridoxine Hydrochloride</p> <p>(Diclegis)ⁱ</p>	<p>May be authorized when the following criteria are met:</p> <ul style="list-style-type: none"> Member is at least 18 years of age Diagnosis of nausea and vomiting in pregnancy Inadequate response or intolerable side effects to dietary and lifestyle changes <ul style="list-style-type: none"> For example, avoiding stimuli/triggers, avoiding spicy or fatty foods, eating frequent small meals, or inadequate response to ginger Use of individual products (over-the-counter doxylamine and pyridoxine) as separate dosage forms has not achieved adequate treatment response <ul style="list-style-type: none"> Pyridoxine is available as a single agent and recommended dose 10-25mg orally every six to eight hours. Doxylamine is available as over-the-counter and as prescription products, with recommended dose as one-half 25mg over-the-counter tablet, or two chewable 5mg prescription tablets 	<p>Initial Approval:</p> <p>3 months</p> <p>Renewal:</p> <p>3 months</p> <p>Requires:</p> <ul style="list-style-type: none"> Documentation member is still pregnant and continues to have nausea and vomiting symptoms <p>Quantity Level Limit:</p> <p><u>Diclegis or generic Doxylamine Succinate and Pyridoxine Hydrochloride:</u></p>

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	<ul style="list-style-type: none"> For Bonjesta: Use of generic prescription doxylamine succinate and pyridoxine hydrochloride has not achieved adequate treatment response 	4 tablets per day <u>Bonjesta:</u> 2 tablets per day
Rectiv	<p>Rectiv may be authorized when the following criteria are met: Member has a diagnosis of pain associated with anal fissures.</p>	<p>Initial Approval: 6 months</p> <p>Renewal: 1 year</p>
Tranexamic Acid Tabletsⁱⁱ	<ul style="list-style-type: none"> Member is 12 years of age or older Treatment is for cyclic heavy menstrual bleeding Prescriber attestation that member has no fibroids, or fibroids are less than 3 cm in size There was inadequate response, intolerable side effect, or contraindication to one oral Non-Steroidal Anti-inflammatory Drug (NSAID) Member had inadequate response, intolerable side effect, or contraindication to one of the following: <ul style="list-style-type: none"> Oral hormonal cycle control combinations Oral progesterone Progesterone-containing intrauterine device (IUD) Medroxyprogesterone depot Member does not have history of thrombosis or thromboembolism (including 	<p>Initial Approval: 90 days</p> <p>Renewal Approval: 6 months</p> <p>Requires:</p> <ul style="list-style-type: none"> Reduction in menstrual blood loss <p>Quantity Level Limit:</p> <ul style="list-style-type: none"> Menstrual bleeding: 30 tablets per 30 days Hemophilia: 84 tablets per 30 days

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	retinal vein or artery occlusion) <ul style="list-style-type: none"> • Approved for treatment and prevention of acute bleeding episodes, such as dental surgery, in members with hemophilia. 	

ⁱ Diclegis & Bonjesta References

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ⁱⁱ Tranexamic acid References

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