


<b>ISSUE DATE</b>  September 4, 2019	<b>EFFECTIVE DATE</b>  January 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Anticoagulants – Pharmacy Services	<b>BY</b>    Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Anticoagulants submitted for prior authorization.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to Anticoagulants to the appropriate managed care organization.

**BACKGROUND:**

The Department of Human Services’ (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed clinical literature and recommends the following:

*01-19-53	09-19-49	27-19-47	
02-19-47	11-19-46	30-19-45	
03-19-46	14-19-45	31-19-52	
08-19-55	24-19-47	32-19-45	33-19-49

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

- Preferred or non-preferred status for new drugs in therapeutic classes already included in the Preferred Drug List (PDL);
- Changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred;
- New quantity limits;
- Classes of drugs to be added to or deleted from the PDL; and
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

### **DISCUSSION:**

During the June 21, 2019, meeting, the P&T Committee recommended removing the prior authorization requirement for preferred novel oral anticoagulants (NOACs) and the medical necessity guidelines specific to NOACs.

The revisions to the guidelines to determine medical necessity of Anticoagulants, as recommended by the P&T Committee, were subject to public review and comment and subsequently approved for implementation by the Department.

### **PROCEDURE:**

The procedures for prescribers to request prior authorization of Anticoagulants are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Anticoagulants) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

### **ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

### **RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I  
Pharmacy Prior Authorization General Requirements

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II  
Pharmacy Prior Authorization Guidelines

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Anticoagulants**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for Anticoagulants that meet any of the following conditions must be prior authorized:

1. A non-preferred Anticoagulant. See the Preferred Drug List (PDL) for the list of preferred Anticoagulants at: <https://papdl.com/preferred-drug-list>.
2. An Anticoagulant 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>.
3. An oral Anticoagulant when there is a record of a recent paid claim for another oral Anticoagulant in the Department of Human Services' (Department) Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
4. An injectable Anticoagulant when there is a record of a recent paid claim for another injectable Anticoagulant in the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).

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

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

1. For a non-preferred Anticoagulant, has a history of therapeutic failure, contraindication, or intolerance of the preferred Anticoagulants approved or medically accepted for the beneficiary's diagnosis or indication; **AND**
2. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
3. Does not have a history of a contraindication to the prescribed medication; **AND**
4. For therapeutic duplication, **one** of the following:
  - a. For an oral Anticoagulant, is being titrated to or tapered from another oral Anticoagulant,
  - b. For an injectable Anticoagulant, is being titrated to or tapered from another injectable Anticoagulant,
  - c. Has a clinical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

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**AND**

5. If a prescription for an Anticoagulant is for 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 a prescription for an Anticoagulant. 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. References

1. Pradaxa [package insert]. Boehringer Ingelheim Pharmaceuticals, Inc. Ridgefield, CT. March 2018.
2. Xarelto [package insert]. Janssen Pharmaceuticals, Inc. Titusville, NJ, January 2019.
3. Eliquis [package insert]. Bristol-Myers Squibb, Princeton, NJ. June 2018.
4. Savaysa [package insert]. Daiichi Sankyo Co. Basking Ridge, NJ. November 2017.