


ISSUE DATE January 18, 2019	EFFECTIVE DATE January 28, 2019	NUMBER *See below
SUBJECT Prior Authorization of Antiparkinson's Agents – Pharmacy Services	BY  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.

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 Antiparkinson's Agents 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 Antiparkinson's Agents to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (DHS) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and recommends preferred or non-preferred status for new drugs in therapeutic classes already included on the Preferred Drug List (PDL), changes in the status of drugs on the PDL from

*01-19-09	09-19-09	27-19-09	33-19-09
02-19-08	11-19-08	30-19-08	
03-19-08	14-19-08	31-19-09	
08-19-11	24-19-08	32-19-08	

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 to non-preferred and non-preferred to preferred, new quantity limits, and classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity.

DISCUSSION:

During the November 27, 2018, meeting, the P&T Committee recommended a revision to the guidelines to determine medical necessity for the Antiparkinson's Agents class of drugs intended to avoid an interruption in therapy and ensure continuity of treatment with a non-preferred Antiparkinson's Agent that a beneficiary was prescribed within the past 90 days. The proposed change to the medical necessity guidelines was subject to public review and comment and subsequently approved for implementation by DHS.

PROCEDURE:

The procedures for prescribers to request prior authorization of Antiparkinson's Agents are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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 Antiparkinson's Agents) 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

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Antiparkinson's Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Antiparkinson's Agents that meet any of the following conditions must be prior authorized:

1. A non-preferred Antiparkinson's Agent. See the Preferred Drug List (PDL) for the list of preferred Antiparkinson's Agents at: <https://papdl.com/preferred-drug-list>.
2. An Antiparkinson's Agent with a prescribed quantity that exceeds the quantity limit. The list of drugs 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 a non-preferred Antiparkinson's Agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Has a history of therapeutic failure, contraindication, or intolerance of the preferred Antiparkinson's Agents,

OR

2. Has a current history (within the past 90 days) of being prescribed the same non-preferred Antiparkinson's Agent.

AND

3. If a prescription for an Antiparkinson's Agent 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 that are 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

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 Antiparkinson's Agent. 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.