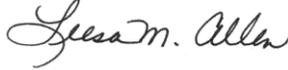




ISSUE DATE June 25, 2015	EFFECTIVE DATE July 20, 2015	NUMBER *See below
SUBJECT Prior Authorization of Contraceptives, Other - Pharmacy Service		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers about new requirements for prior authorization of non-preferred Contraceptives, Other.
2. Issue handbook pages that include instructions on how to request prior authorization of prescriptions for Contraceptives, Other, including the type of medical information needed to evaluate requests for medical necessity.

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 (FFS) delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to 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, 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.

*01-15-19	09-15-19	27-15-16	
02-15-16	11-15-16	30-15-16	
03-15-16	14-15-16	31-15-19	
08-15-19	24-15-17	32-15-16	33-15-18

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.state.pa.us/provider/healthcaremedicalassistance/index.htm>

DISCUSSION:

During the May 20, 2015, meeting, the P&T Committee recommended adding the Contraceptives, Other class of drugs to the Department's PDL. The guidelines to determine medical necessity were subject to public review and comment, and subsequently approved for implementation by the Department. The revised clinical review guidelines to determine the medical necessity of Contraceptives, Other are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Contraceptives, Other 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 chapters related to Contraceptives, Other) 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

SECTION II
Contraceptives, Other

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Contraceptives, Other

A. Prescriptions That Require Prior Authorization

Prescriptions for Contraceptives, Other that meet any of the following conditions, must be prior authorized:

1. A prescription for a non-preferred Contraceptive, Other. See Preferred Drug List (PDL) for the list of preferred Contraceptives, Other at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred or non-preferred Contraceptive, Other with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:
<http://www.dhs.state.pa.us/provider/doingbusinesswithdhs/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 Contraceptive, Other, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, intolerance, or contraindication to the preferred Contraceptives, Other with the same route of administration
2. In addition, if a prescription for either a preferred or non-preferred Contraceptive, Other 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

OR

3. 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

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 the request for a prescription for a Contraceptive, Other. 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.