MEDICAL ASSISTANCE BULLETIN

ISSUE DATE  January 31, 2017  EFFECTIVE DATE  January 31, 2017  NUMBER  *See below

SUBJECT  Prior Authorization of Nplate (romiplostim) - Pharmacy Services  BY  Leesa M. Allen, Acting Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. 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:

1. Inform providers that the Department of Human Service’s (Department) will require prior authorization of Nplate (romiplostim).

2. Issue handbook pages that include instructions on how to request prior authorization of Nplate (romiplostim), 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 Program and providing services in the fee-for-service delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department’s Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department’s Prospective Drug Use Review and Retrospective Drug Use Review programs.

*01-17-12  09-17-11  27-17-10
02-17-10  11-17-10  30-17-11
03-17-10  14-17-10  31-17-12
08-17-11  24-17-10  32-17-10  33-17-11

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
DISCUSSION:

During the September 26, 2016 meeting, the DUR Board recommended that the Department require prior authorization of Nplate (romiplostim) to ensure appropriate utilization and patient safety. The requirement for prior authorization and the guidelines to determine medical necessity, as recommended by the DUR Board, were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity of Nplate (romiplostim) are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Nplate (romiplostim) 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 Nplate [romiplostim]) 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
Nplate (romiplostim)
I. Requirements for Prior Authorization of Nplate (romiplostim)

A. Prescriptions That Require Prior Authorization

All prescriptions for Nplate (romiplostim) must be prior authorized.

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Nplate (romiplostim), the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Is prescribed Nplate (romiplostim) by a hematologist or an oncologist

AND

2. Has a diagnosis that is indicated in the FDA-approved package insert OR listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses of Nplate (romiplostim)

AND

3. Has a documented pretreatment platelet count < 30 x 10⁹/L

AND

4. Does not have myelodysplastic syndrome or any cause of thrombocytopenia other than chronic immune thrombocytopenia

AND

5. Is prescribed a dose consistent with package labeling

AND

6. Has documented therapeutic failure, contraindication or intolerance to Promacta (eltrombopag)

OR

7. 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.

FOR RENEWALS OF PRESCRIPTIONS FOR NPLATE (ROMIPLOSTIM), - The determination of medical necessity of requests for prior authorization of renewals of prescriptions for Nplate (romiplostim) that were previously approved, will take into account whether the recipient:
1. For an initial renewal:
   a. Has a documented increased platelet count sufficient to avoid bleeding that requires medical attention after 4 weeks of therapy
      
      **AND**

   b. Is prescribed a dose consistent with package labeling

2. For subsequent renewals:
   a. Continues to have a documented increased platelet count sufficient to avoid bleeding that requires medical attention
      
      **AND**

   b. Is prescribed a dose consistent with package labeling

**OR**

3. Does not meet the clinical review guidelines listed above for initial or subsequent renewals, 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

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 Nplate (romiplostim). 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.