



ISSUE DATE May 26, 2011	EFFECTIVE DATE June 6, 2011	NUMBER *See Below
SUBJECT Prior Authorization of Atypical Antipsychotics – Pharmacy Services		BY  Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department of Public Welfare (Department) will require prior authorization of an Atypical Antipsychotic when a Medical Assistance (MA) recipient is being prescribed more than one Atypical Antipsychotic at the same time (therapeutic duplication).
2. Issue new handbook pages that include instructions on how to request prior authorization of prescriptions for drugs that require prior authorization, 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 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’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 (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-11-09	09-11-10	27-11-07
02-11-04	11-11-04	30-11-04
03-11-05	14-11-05	31-11-10
08-11-11	24-11-08	32-11-04

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 www.dpw.state.pa.us/PartnersProviders

DISCUSSION:

During a previous DUR Board meeting, the DUR Board identified a potential risk to a patient's health and safety if the patient is taking more than one drug within the same therapeutic class and recommended that the Department require prior authorization of prescriptions that represent duplicate therapy. Therapeutic duplication occurs when the MA recipient is taking more than one medication within the same therapeutic class. PROMISe, the Department's point-of-sale on-line claims adjudication system, will verify if there is a record of a recent paid claim for another drug within the same therapeutic class of drugs as the new claim to determine duplicate therapy. The Board recommended that the requirement for prior authorization of duplicate therapy apply to all age groups. The Department agreed with the DUR Board's recommendations and the requirement for prior authorization of therapeutic duplication will apply to Atypical Antipsychotics.

NOTE: The Department recognizes that therapeutic duplication can occur during therapy titration. PROMISe has been programmed to recognize dose titration associated with initiation of therapy based upon the MA recipient's paid claims history so that MA recipients can receive their medications without prior authorization during transition periods.

The Department will phase in the implementation of the requirement for prior authorization of duplicate therapy by class of drugs. The DUR Board recommended guidelines to determine medical necessity of duplicate therapy which 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 medical necessity of each therapeutic class of drugs subject to prior authorization due to therapeutic duplication will be published in separate MA Bulletins with updated handbook chapters prior to implementation.

PROCEDURE:

The procedures for prescribers to request prior authorization of all Atypical Antipsychotics that require prior authorization and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization 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 Atypical Antipsychotics) in 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
Atypical Antipsychotics