



ISSUE DATE March 29, 2013	EFFECTIVE DATE April 22, 2013	NUMBER *See below
SUBJECT Prior Authorization of Bronchodilators, Beta Agonists, Short Acting Agents – Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Bronchodilators, Beta Agonists, Short Acting Agents that are therapeutic duplications, 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 Public Welfare’s (Department) 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.

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

*01-13-17	08-13-17	14-13-16	30-13-16	33-13-18
02-13-16	09-13-18	24-13-17	31-13-19	
03-13-16	11-13-16	27-13-17	32-13-16	

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Department's 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. The Department continues to phase in the implementation of the requirement for prior authorization of duplicate therapy by class of drugs.

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 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 therapeutic duplication are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Bronchodilators, Beta Agonists, Short Acting Agents 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 Bronchodilators, Beta Agonists, Short Acting Agents) 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

Bronchodilators, Beta Agonists