



ISSUE DATE December 21, 2012	EFFECTIVE DATE December 3, 2012	NUMBER *See below
SUBJECT Anticoagulants – New Quantity Limit for Low Molecular Weight Heparins and Arixtra (Fondaparinux) – Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to inform prescribing providers of a new quantity limit for Low Molecular Weight Heparins and Arixtra (fondaparinux).

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 (Department) requires prior authorization of prescriptions for certain drugs when the prescribed quantity exceeds the limits established by the Department. The list of drugs subject to quantity limits and the established limits are posted on the Department’s web site and are available in hard copy upon request by a provider.

DISCUSSION:

While most drugs listed on the Department’s Quantity Limits List refer to daily dose limits, the Department noted that in the case of Low Molecular Weight Heparins and Arixtra (fondaparinux), the package labeling lists usual durations of administration. Since the majority of patients being prescribed these medications do not need to take the drug for more than 10

*01-12-63	09-12-59	27-12-55	33-12-57
02-12-53	11-12-52	30-12-55	
03-12-53	14-12-53	31-12-61	
08-12-58	24-12-54	32-12-53	

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

days, the Department will require prior authorization of prescriptions for all Low Molecular Weight Heparins (regardless of whether the drug is designated as preferred or non-preferred on the Department's Preferred Drug List) and Arixtra (fondaparinux) when the prescribed dose exceeds a 10-day supply.

NOTE: Quantity limits for all drugs that do not have a Department-established limit are determined by MA regulation at 55 PA Code § 1121.53(c). This section states that payment for prescriptions is limited to quantities consistent with the medical needs of the patient not to exceed a 34-day supply or 100 units, whichever is greater.

PROCEDURE:

Providers can view the most recent Quantity Limits List at <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

NOTE: Providers may call 1-800-558-4477, Option 1 to request a hard copy of the most recent Quantity Limits List.

The procedures for prescribers to request prior authorization of prescriptions that exceed established quantity limits 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 Quantity Limits) 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.