



ISSUE DATE April 22, 2013	EFFECTIVE DATE April 22, 2013	NUMBER *See Below
SUBJECT Medical Assistance Pharmacy Benefit Package Update		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

- Notify providers of updates to the list of medications for which exceptions to the six prescription per month limit will be automatically approved for adult categorically needy Medical Assistance (MA) and General Assistance (GA) recipients, 21 years of age and older; and
- Issue a revised Attachment A (Automatic Benefit Limit Exceptions for Pharmacy Services) and provider handbook pages.

SCOPE:

This bulletin applies to all pharmacies and prescribers, including physicians, certified registered nurse practitioners, optometrists, dentists, podiatrists, and certified nurse midwives, rendering pharmacy services to MA recipients in the Fee-for-Service delivery system. Pharmacies and prescribers rendering pharmacy services under the managed care delivery system should address any questions regarding the pharmacy benefit limit and payment for pharmacy services to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

The Department of Public Welfare (Department) began limiting the pharmacy benefit package for categorically needy adult MA recipients, 21 years of age and older, to six prescriptions per month on January 3, 2012. The Department issued MA Bulletin 09-11-58, et al. titled, "Medical Assistance Pharmacy Benefit Package Change", on December 30, 2011, to inform providers of the limit and the criteria and procedures to request an exception to the limit.

*09-13-20, 14-13-17, 18-13-01, 24-13-18, 27-13-18, 31-13-21, 33-13-20

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

As set forth in MA Bulletin 09-11-58, the Department developed an exceptions process to allow access to critically needed pharmacy services for categorically needy MA and GA recipients who exceed the six prescription limit and will grant exceptions to the six prescriptions per month pharmacy benefit limit when one of the following criteria is met:

1. The Department determines the recipient has a serious chronic systemic illness or other serious health condition and denial of the exception will jeopardize the life of the recipient.
2. The Department determines the recipient has a serious chronic systemic illness or other serious health condition and denial of the exception will result in the rapid, serious deterioration of the health of the recipient.
3. The Department determines that granting a specific exception is a cost effective alternative for the MA Program.
4. The Department determines that granting an exception is necessary in order to comply with Federal law.

In many cases, exceptions are automatically approved at the pharmacy point-of-sale for the conditions, diagnoses, and drug classes which are identified in Attachment A of MA Bulletin 09-11-58. For those exceptions that are not automatically approved, the Department reviews a request for a benefit limit exception (BLE).

Following implementation of the six prescription limit, the Department identified additional categories of medications that meet the benefit limit criteria. The list of Automatic Benefit Limit Exceptions for Pharmacy Services is revised to include chronic kidney disease medications, gout medications, statins for plaque stabilization, and vaccines.

PRODEDURE:

Effective April 22, 2013, the Department is adding the following medications to the automatic benefit limit exceptions for pharmacy services listed in Attachment A of MA Bulletin "Medical Assistance Pharmacy Benefit Package Change":

- Chronic kidney disease medications
- Gout medications
- Statins for plaque stabilization
- Vaccines

The Department will automatically approve an exception to the limit for these medications at the pharmacy point-of sale if the PROMISe™ claims processing system determines that the six prescription limit has been reached.

The Department is updating Attachment D, PA PROMISe™ Provider Handbook, NCPDP D.0/Pharmacy Billing, and Attachment E, PA PROMISe™ Provider Handbook, 837.

Professional/CMS-1500 Claim Form, consistent with additions to the list of automatic benefit limit exceptions for pharmacy services listed in Attachment A.

All other guidance set forth in MA Bulletin 09-11-58 remains in effect and providers should continue to follow procedures to request a BLE outlined in the bulletin.

ATTACHMENTS:

Attachment A: [Automatic Benefit Limit Exceptions for Pharmacy Services](#)

Attachment D: [PA PROMISe™ Provider Handbook, NCPDP D.0/Pharmacy Billing](#)

Section 7 PRIOR AUTHORIZATION AND BENEFIT LIMIT EXCEPTIONS PROCESS

7.6 Pharmacy Services Benefit Limit Exceptions Process

Attachment E: [PA PROMISe™ Provider Handbook, 837 Professional/CMS-1500 Claim Form](#)

Section 7 PRIOR AUTHORIZATION AND BENEFIT LIMIT EXCEPTIONS PROCESS

7.8 Pharmacy Services Benefit Limit Exceptions Process