

MEDICAL ASSISTANCE HANDBOOK

PA PROMISe™ Provider Handbook, NCPDP 5.1/Pharmacy Billing.

Table of Contents (Page 2)

Section 7—PRIOR AUTHORIZATION

- 7.5 Benefit Limit Exception for a Drug Prescription**
- 7.5.1 Criteria for a Benefit Limit Exception**
- 7.5.2 Automatic Approval of a Benefit Limit Exception**
- 7.5.3 Request for a Benefit Limit Exception**

MEDICAL ASSISTANCE HANDBOOK

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Section 7. PRIOR AUTHORIZATION

7.5 Benefit Limit Exception for a Drug Prescription

Effective January 1, 1993, DPW implemented a benefit limit of six prescriptions per month for GA eligible recipients, 21 years of age and older.

Effective August 10, 2005, DPW established criteria and a process to grant an exception to the benefit limit of six prescriptions/refills per month.

Effective January 3, 2012, DPW established a benefit package limit of six prescriptions per month for categorically needy adult MA eligible recipients, 21 years of age and older, as well as criteria and a process to grant an exception to the benefit limit. The criteria and exception process for GA eligible adult recipients are revised to meet the same criteria and process established for categorically needy MA adults. This pharmacy benefit package limit change does not apply to MA recipients who are under 21 years of age, are pregnant, including the postpartum period, or reside in a nursing facility or an intermediate care facility. Pharmacists should enter the appropriate pregnancy indicator or patient location code when submitting a claim to ensure that the prescription is excluded from the benefit package limit, when it is determined that the MA recipient is pregnant or resides in a nursing facility or intermediate care facility. Pharmacists may refer to the Pennsylvania PROMISe™ – NCPDP Version 5.1 Companion Guide at:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/manual/p_002918.pdf, for the appropriate NCPDP pregnancy indicator and patient location codes.

Effective April 22, 2013, the criteria is being updated for which exceptions to the six prescription limit per month for adult categorically needy Medical Assistance (MA), 21 years of age and older, and General Assistance (GA) recipients are automatically approved.

7.5.1 Criteria for a Benefit Limit Exception

An exception to the numerical limit on prescription for drugs will be granted when:

MEDICAL ASSISTANCE HANDBOOK

1. DPW 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; or
2. DPW 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; or
3. DPW determines that granting a specific exception is a cost effective alternative for the MA Program; or,
4. DPW determines that granting an exception is necessary in order to comply with Federal law.

7.5.2 Automatic Approval of a Benefit Limit Exception

An exception to the limit of six prescriptions for drugs may be granted automatically at the point of sale pharmacy when a claim is submitted for payment by the MA Program, the six prescription limit is exceeded, and the prescription is for a drug in one of the classes listed below, and, if applicable, that the recipient's claim history record shows the specific diagnosis or condition listed below:

- Antianginal medications.
- Antiarrhythmic medications.
- Anticoagulant/Antiplatelet medications.
- Anticonvulsant medications, when there is a paid claim for the same drug, in the past 90 days, or a paid claim* with a diagnosis of seizure or bipolar diagnosis, in the past 365 days.
- Antidepressant medications, when there is a paid claim*, in past 180 days, with a diagnosis of depression.
- Antiemetics, when there is claim in past 90 days for a cancer medication or a paid claim* with a diagnosis of cancer, or pancreatitis, in the past 180 days.
- Antihypertensive medications, when there is a paid claim*, in the past 365 days, with diagnosis of angina, coronary artery disease (CAD), myocardial

MEDICAL ASSISTANCE HANDBOOK

infarction (MI), cerebrovascular stroke (CVS), chronic renal insufficiency (CRI), chronic renal failure (CRF), diabetes mellitus (DM), hypertension (HTN), or glaucoma.

- Antiinfective medications, when there is a paid claim, in the past 90 days, for immunosuppressant, cancer or multiple sclerosis medications or a paid claim*, in the past 180 days, with a diagnosis of HIV, cancer, transplant, sickle cell anemia or diabetes.
- Antiparkinsons medications.
- Antipsychotic medications.
- Asthma and chronic obstructive pulmonary disease (COPD) medications.
- Cancer medications.
- Chronic Kidney disease medications.
- Diabetes medications.
- Enzyme deficiency agents.
- Family planning agents.
- Glaucoma medications.
- Gout medications.
- Hemophilia agents.
- Hepatitis medications.
- HIV/AIDS medications.
- Immune deficiency agents.
- Immunosuppressants.
- Mood stabilizers.

MEDICAL ASSISTANCE HANDBOOK

- Multiple sclerosis medications.
- Narcotics, when there is a paid claim*, in the past 180 days, with a diagnosis of cancer or sickle cell anemia.
- Opiate dependency agents.
- Oral steroids.
- Proton pump inhibitors, when there is a paid claim*, in past 180 days, with a diagnosis of gastrointestinal (GI) bleed, Barrett's esophagitis or Zollinger Ellison.
- Pulmonary hypertension medications.
- Statins for plaque stabilization.
- Thyroid medications.
- Triptans.
- Vaccines.

**Paid Claim = professional, inpatient, outpatient or long term care claim paid by the MA Program for the recipient.*

7.5.3 Request for a Benefit Limit Exception

- The prescriber may request a benefit limit exception (BLE) when the recipient meets the numerical limit of six prescriptions for that calendar month, an exception is not granted automatically at the pharmacy, and the prescriber determines that the recipient meets the criteria for an exception,
- Pharmacists may dispense up to a 5-day emergency supply of a prescribed medication without a BLE approval, if, in the professional judgment of the pharmacist, the recipient has an immediate need for the medication and not supplying the medication would result in serious impairment to a recipient's health. A prescription for a pharmacy item dispensed as an emergency supply does not count toward the six prescriptions per month limit.

MEDICAL ASSISTANCE HANDBOOK

- The prescriber requests approval for a BLE by faxing the Pharmacy Benefit Limit Exception Request Form to MA Pharmacy Services at 1-866-327-0191. The following information is required from the medical prescriber:
 - Recipient name, address, date of birth, and ACCESS card ID number
 - The prescriber's name, specialty, National Provider Number (NPI), state medical license number, address, telephone and fax numbers
 - Information about the drug that is being requested including the drug name, strength, quantity, directions, day supply, and anticipated duration of the regimen.
 - Copies of documentation from the recipient's medical record supporting the criterion for the benefit limit exception.
 - ICD-9-CM Diagnosis Code(s) or diagnosis
- The DPW medical reviewer determines whether the request should be approved or denied. A determination is made within 24 to 72 hours, once DPW receives all of the required medical documentation.
- DPW will notify the prescribing provider by return fax indicating whether the request for an exception to the pharmacy benefit limit is approved or denied.
- DPW will also send a written Notice of Decision to the prescribing provider and the recipient.
- Only the recipient has the right to appeal the denial.
- If the BLE request is approved, the prescriber obtains an authorization number for the approval and includes that number on the prescription.
- When a PA for a drug is indicated for a reason other than a BLE, such as for an excessive quantity, a clinical review, or medical necessity for a non-preferred drug, the prescribing provider must also obtain approval from DPW that specifically addresses all PA requirements.