pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 4, 2013	November 18, 2013	*See below

SUBJECT	BY
Prior Authorization of Angiotensin Modulator Combinations – Pharmacy Services	Vincent D. Gordon, 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 prescriptions for Angiotensin Modulator Combinations that are a therapeutic duplication.

2. Issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Angiotensin Modulator Combinations 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 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'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.

*01-13-43	09-13-43	27-13-43	33-13-42
02-13-38	11-13-38	30-13-38	
03-13-38	14-13-39	31-13-48	
08-13-41	24-13-40	32-13-38	

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

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 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 guidelines to determine medical necessity of therapeutic duplications, as originally recommended by the DUR Board, were previously 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 the medical necessity of Angiotensin Modulator Combinations are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Angiotensin Modulator Combinations 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 Angiotensin Modulator Combinations) 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
Angiotensin Modulator Combinations