



<b>ISSUE DATE</b>  December 8, 2022	<b>EFFECTIVE DATE</b>  January 9, 2023	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Platelet Aggregation Inhibitors – Pharmacy Services		<b>BY</b>    Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Platelet Aggregation Inhibitors submitted for prior authorization.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Platelet Aggregation Inhibitors will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Platelet Aggregation Inhibitors to the appropriate managed care organization.

**BACKGROUND:**

*01-22-73	09-22-72	27-22-60	33-22-70
02-22-57	11-22-57	30-22-63	
03-22-56	14-22-57	31-22-76	
08-22-81	24-22-64	32-22-57	

**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 website at <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included in the Preferred Drug List (PDL).
- Changes in the status of drugs and products on the PDL from preferred to non-preferred and non-preferred to preferred.
- New quantity limits.
- Therapeutic classes of drugs and products to be added to or deleted from the PDL.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

### **DISCUSSION:**

During the September 14, 2022, meeting, the P&T Committee recommended the following revisions to the guidelines to determine medical necessity of Platelet Aggregation Inhibitors:

- Removal of the guidelines related to Zontivity (vorapaxar).
- Revision of the guideline related to requests for non-preferred Platelet Aggregation Inhibitors to consider the beneficiary's diagnosis.

The revisions to the guidelines to determine medical necessity of prescriptions for Platelet Aggregation Inhibitors submitted for prior authorization, as recommended by the P&T Committee, were subject to public review and comment and subsequently approved for implementation by the Department.

### **PROCEDURE:**

The procedures for prescribers to request prior authorization of Platelet Aggregation Inhibitors 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 Platelet Aggregation Inhibitors) when 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 and products that require prior authorization.

### **ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

### **RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I  
Pharmacy Prior Authorization General Requirements

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II  
Pharmacy Prior Authorization Guidelines

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Platelet Aggregation Inhibitors**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for Platelet Aggregation Inhibitors that meet any of the following conditions must be prior authorized:

1. A non-preferred Platelet Aggregation Inhibitor. See the Preferred Drug List (PDL) for the list of preferred Platelet Aggregation Inhibitors at: <https://papdl.com/preferred-drug-list>.
2. A Platelet Aggregation Inhibitor with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx>.

**B. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for a Platelet Aggregation Inhibitor, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Platelet Aggregation Inhibitor, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Platelet Aggregation Inhibitors approved or medically accepted for the beneficiary's diagnosis **AND**
2. If a prescription for a Platelet Aggregation Inhibitor is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

**C. Clinical Review Process**

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Platelet Aggregation Inhibitor. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

**D. References**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Zontivity (vorapaxar) [package insert]. Parsippany, NJ: Aralez Pharmaceuticals US Inc.; November 2019.
2. Berger JS, Davies MG. Overview of lower extremity peripheral artery disease. In: UpToDate [internet database]. Clement DL, Eidt JF, Mills JL, Creager MA, Collins KA, eds. Waltham, MA: UpToDate Inc. Updated January 20, 2021. Accessed April 27, 2022.
3. Hennekens CH, Lopez-Sendon J. Prevention of cardiovascular disease events in those with established disease (secondary prevention) or at very high risk. In: UpToDate [internet database]. Elmore JG, Cannon CP, Kaski JC, Givens J, Parikh N, eds. Waltham, MA: UpToDate Inc. Updated December 9, 2021. Accessed April 27, 2022.