

ISSUE DATE October 17, 2019	EFFECTIVE DATE January 1, 2020	NUMBER *See below
SUBJECT Prior Authorization of Antidepressants, SSRIs – Pharmacy Services		BY  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:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

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 Antidepressants, SSRIs submitted for prior authorization.

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 delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to Antidepressants, SSRIs to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is updating the medical necessity guidelines for Antidepressants, SSRIs to ensure continuity of treatment with a non-preferred Antidepressant, SSRI and avoid an interruption in therapy when the beneficiary was prescribed

*01-19-85	09-19-81	27-19-79	33-19-81
02-19-79	11-19-78	30-19-77	
03-19-78	14-19-77	31-19-84	
08-19-87	24-19-79	32-19-77	

<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.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>
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the same non-preferred drug within the past 90 days. The Department is also updating the guidelines to take into account contraindications when reviewing a request for a non-preferred Antidepressant, SSRI and to remove the guidelines for automatic prior authorization approval of non-preferred drugs in this class due to the availability of multiple preferred Antidepressants, SSRIs.

The revisions to the guidelines to determine medical necessity of Antidepressants, SSRIs 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 Antidepressants, SSRIs 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 Antidepressants, SSRIs) 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 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

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

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

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Antidepressants, SSRIs (Selective Serotonin Reuptake Inhibitors)

A. Prescriptions That Require Prior Authorization

Prescriptions for Antidepressants, SSRIs that meet any of the following conditions must be prior authorized:

1. A non-preferred Antidepressant, SSRI. See the Preferred Drug List (PDL) for the list of preferred Antidepressants, SSRIs at: <https://papdl.com/preferred-drug-list>.
2. An Antidepressant, SSRI 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: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.
3. An Antidepressant, SSRI when there is a record of a recent paid claim for another Antidepressant, SSRI in the Department of Human Services' Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Antidepressant, SSRI, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred Antidepressant, SSRI, **one** of the following:
 - a. Has a history of therapeutic failure, contraindication, or intolerance to the preferred Antidepressants, SSRIs
 - b. Has a current history (within the past 90 days) of being prescribed the same non-preferred Antidepressant, SSRI;

AND

2. For therapeutic duplication, **one** of the following:
 - a. Is being titrated to or tapered from a drug in the same class
 - b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

AND

3. If a prescription for an Antidepressant, SSRI 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.

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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 an Antidepressant, SSRI. 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.