


ISSUE DATE October 17, 2019	EFFECTIVE DATE January 1, 2020	NUMBER *See below
SUBJECT Prior Authorization of BPH Treatments – 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 BPH (Benign Prostatic Hyperplasia) Treatments 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 BPH Treatments to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is updating the medical necessity guidelines for BPH Treatments to allow for the determination of medical necessity of

*01-19-97	09-19-93	27-19-91	33-19-93
02-19-91	11-19-90	30-19-89	
03-19-90	14-19-89	31-19-96	
08-19-99	24-19-91	32-19-89	

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.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

prescriptions for agents in this class that exceed the quantity limits established by the Department. There are no other changes to the medical necessity guidelines.

The revisions to the guidelines to determine medical necessity of BPH Treatments 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 BPH Treatments 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 BPH Treatments) 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 BPH (Benign Prostatic Hyperplasia) Treatments

A. Prescriptions That Require Prior Authorization

Prescriptions for BPH Treatments that meet any of the following conditions must be prior authorized:

1. A non-preferred BPH Treatment. See the Preferred Drug List (PDL) for the list of preferred BPH Treatments at: <https://papdl.com/preferred-drug-list>.
2. A BPH Treatment 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 alpha blocker when there is a record of a recent paid claim for another alpha-blocker in the Department of Human Services' (Department) Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
4. A 5-alpha reductase inhibitor when there is a record of a recent paid claim for another 5-alpha reductase inhibitor in the Department's 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 a BPH Treatment, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred BPH Treatment, has a history of therapeutic failure, contraindication, or intolerance to the preferred BPH Treatments; **AND**
2. For a phosphodiesterase type 5 (PDE5) inhibitor (e.g., tadalafil), has a diagnosis of BPH; **AND**
3. For therapeutic duplication, **one** of the following:
 - a. Is being titrated to or tapered from another BPH Treatment with the same mechanism of action
 - b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

AND

4. If a prescription for a BPH Treatment 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.

MEDICAL ASSISTANCE HANDBOOK
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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 a BPH Treatment. 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.