



ISSUE DATE June 27, 2019	EFFECTIVE DATE July 8, 2019	NUMBER *See below
SUBJECT Prior Authorization of Calcium Channel Blockers – 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 Calcium Channel Blockers 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 Calcium Channel Blockers to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

During a previous Drug Utilization Review Board meeting, the 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 of Human Services (DHS) require prior authorization of prescriptions that represent duplicate therapy. The DHS on-line

*01-19-20	09-19-19	27-19-16	33-19-19
02-19-15	11-19-15	30-19-15	
03-19-15	14-19-15	31-19-20	
08-19-21	24-19-17	32-19-15	

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>

claims adjudication system verifies 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 prior authorization guidelines to determine the medical necessity of Calcium Channel Blockers have been revised to include duplicate therapy as a requirement for prior authorization. The revisions to the guidelines to determine medical necessity of Calcium Channel Blockers were subject to public review and comment and subsequently approved for implementation by DHS.

PROCEDURE:

The procedures for prescribers to request prior authorization of Calcium Channel Blockers are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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 Calcium Channel Blockers) 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

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Calcium Channel Blockers

A. Prescriptions That Require Prior Authorization

Prescriptions for Calcium Channel Blockers that meet any of the following conditions must be prior authorized:

1. A non-preferred Calcium Channel Blocker. See the Preferred Drug List (PDL) for the list of preferred Calcium Channel Blockers at: <https://papdl.com/preferred-drug-list>.
2. A Calcium Channel Blocker 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. A Calcium Channel Blocker when there is a record of a recent paid claim for another Calcium Channel Blocker in DHS' Point-of-Sale On-Line Claims Adjudication System.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Calcium Channel Blocker, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Calcium Channel Blocker, has a history of therapeutic failure, contraindication, or intolerance of the preferred Calcium Channel Blockers; **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 a Calcium Channel Blocker is in 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.

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 the request for a prescription for a Calcium Channel Blocker. 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.