


ISSUE DATE November 9, 2023	EFFECTIVE DATE January 8, 2024	NUMBER *See below
SUBJECT Prior Authorization of Tubeless Insulin Delivery Devices – 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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers of the addition of the Tubeless Insulin Delivery Devices therapeutic class to the Statewide Preferred Drug List (PDL).
2. Issue new handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Tubeless Insulin Delivery Devices 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 Tubeless Insulin Delivery Devices 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 Tubeless Insulin Delivery Devices to the appropriate managed care organization.

*01-23-53	09-23-52	27-23-43	33-23-50
02-23-41	11-23-41	30-23-44	
03-23-39	14-23-40	31-23-54	
08-23-56	24-23-49	32-23-39	

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>.

BACKGROUND:

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 on the Statewide PDL.
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

DISCUSSION:

During the September 13, 2023, meeting, the P&T Committee recommended that the Department add the Tubeless Insulin Delivery Devices therapeutic class to the Statewide PDL and proposed guidelines to determine medical necessity of prescriptions for Tubeless Insulin Delivery Devices.

The requirement for prior authorization and guidelines to determine medical necessity of prescriptions for Tubeless Insulin Delivery Devices 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 Tubeless Insulin Delivery Devices 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 Tubeless Insulin Delivery Devices) 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 Tubeless Insulin Delivery Devices

A. Prescriptions That Require Prior Authorization

1. A non-preferred Tubeless Insulin Delivery Device. See the Preferred Drug List (PDL) for the list of preferred Tubeless Insulin Delivery Devices at: <https://papdl.com/preferred-drug-list>.
2. A Tubeless Insulin Delivery Device with a prescribed quantity that exceeds the quantity limit. The list of drugs/products 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 Tubeless Insulin Delivery Device, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Tubeless Insulin Delivery Device, cannot use the preferred Tubeless Insulin Delivery Devices because of medical reasons as documented by the prescriber **AND**
2. If a prescription for a Tubeless Insulin Delivery Device 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 Tubeless Insulin Delivery Device. 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. Dose and Duration of Therapy

Approvals of requests for prior authorization of prescriptions for Tubeless Insulin Delivery Devices will be approved for 6 months.