


ISSUE DATE January 18, 2019	EFFECTIVE DATE January 28, 2019	NUMBER *See below
SUBJECT Prior Authorization of Anticonvulsants – 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 Anticonvulsants 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 Anticonvulsants to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (DHS) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and recommends preferred or non-preferred status for new drugs in therapeutic classes already included on the Preferred Drug List (PDL), changes in the status of drugs on the PDL from

*01-19-06	09-19-06	27-19-06	33-19-06
02-19-05	11-19-05	30-19-05	
03-19-05	14-19-05	31-19-06	
08-19-08	24-19-05	32-19-05	

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>

preferred to non-preferred and non-preferred to preferred, new quantity limits, and classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity.

DISCUSSION:

During the November 27, 2018, meeting, the P&T Committee recommended revision of the guidelines to determine medical necessity of Anticonvulsants. The following revisions were recommended:

- Addition of whether the beneficiary is being treated for a condition that is U.S. Food and Drug Administration approved or medically accepted indication;
- Addition of whether the beneficiary is age appropriate according to package labeling;
- Addition of whether the beneficiary has a current history (within the past 90 days) of being prescribed the same non-preferred Anticonvulsant; and
- In regard to requests for non-preferred agents in this class, changing whether the beneficiary “has a history of therapeutic failure of at least four (4) preferred Anticonvulsants” to “has a history of therapeutic failure, contraindication, or intolerance to the preferred Anticonvulsants.”

The recommended changes were subject to public review and comment and subsequently approved for implementation by DHS.

PROCEDURE:

The procedures for prescribers to request prior authorization of Anticonvulsants 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 Anticonvulsants) 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
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I. Requirements for Prior Authorization of Anticonvulsants

A. Prescriptions That Require Prior Authorization

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

1. A non-preferred Anticonvulsant. See the Preferred Drug List (PDL) for the list of preferred Anticonvulsants at: <https://papdl.com/preferred-drug-list>.
2. An Anticonvulsant 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>.

GRANDFATHER PROVISION: The Department of Human Services (DHS) will grandfather prescriptions for a non-preferred Anticonvulsant for those beneficiaries currently being prescribed the same non-preferred Anticonvulsant when the Point-Of-Sale On-Line Claims Adjudication System verifies that the beneficiary has a record of a paid claim for the same non-preferred Anticonvulsant within the past 90 days from the date of service of the new claim. If the beneficiary has a record of a paid claim for the same non-preferred Anticonvulsant, a prescription or a refill for the same non-preferred Anticonvulsant will be automatically approved.

B. Review of Documentation for Medical Necessity

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

1. For a non-preferred Anticonvulsant, whether the beneficiary:
 - a. Is being treated for a condition that is U.S. Food and Drug Administration (FDA) approved or a medically accepted indication,
AND
 - b. Is age-appropriate according to package labeling,
AND
 - c. Has a history of therapeutic failure, contraindication, or intolerance to the preferred Anticonvulsants (therapeutic failure of preferred

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Anticonvulsants must include the generic equivalent when the generic equivalent is designated as preferred),

OR

- d. Has a current history (within the past 90 days) of being prescribed the same non-preferred Anticonvulsant.

AND

- 2. If the prescription for an Anticonvulsant 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 above but, in the professional judgement 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. Automated Prior Authorization

Prior authorization of a prescription for a non-preferred Anticonvulsant at or below the quantity limits will be automatically approved when the Point-Of-Sale On-Line Claims Adjudication System verifies a record of a paid claim(s) within 90 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.

D. 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 Anticonvulsant. 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.

E. References

- 1. Lyrica [package insert]. New York, NY: [Pfizer Inc](http://www.pfizer.com); June 2007.
<http://www.pfizer.com> <http://www.nfra.net/Diagnost.htm>.

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2. Kaniecki R, Lucas S. Treatment of primary headache: preventive treatment of migraine. In: Standards of care for headache diagnosis and treatment. Chicago (IL): National Headache foundation; 2004. p. 40-52 (Includes US Headache Consortium Guidelines for Migraine Prophylaxis).
3. American Academy of Neurology. Practice parameter: Practice parameter: Evidence-based Guidelines for Migraine Headache (An Evidence-based Review) Report of the Quality Standards Subcommittee of the American Academy of Neurology, Neurology 2000;55;754-762.