pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 3, 2019	January 1, 2020	*See below

SUBJECT

Prior Authorization of Antihistamines, Minimally Sedating – 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 Antihistamines, Minimally Sedating 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 Antihistamines, Minimally Sedating to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is updating the medical necessity

*01-19-51	09-19-47	27-19-45	
02-19-45	11-19-44	30-19-43	
03-19-44	14-19-43	31-19-50	
08-19-53	24-19-45	32-19-43	33-19-47

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

guidelines for Antihistamines, Minimally Sedating to allow for the determination of medical necessity when two or more agents in this class are requested through prior authorization. Additionally, the prior authorization requirements for over-the-counter antihistamines prescribed for dual eligible beneficiaries were removed. There are no other changes to the medical necessity guidelines.

The revisions to the guidelines to determine medical necessity of Antihistamines, Minimally Sedating 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 Antihistamines, Minimally Sedating 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 Antihistamines, Minimally Sedating) 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

I. Requirements for Prior Authorization of Antihistamines, Minimally Sedating

A. Prescriptions That Require Prior Authorization

Prescriptions for Antihistamines, Minimally Sedating that meet the following conditions must be prior authorized:

1. A non-preferred Antihistamine, Minimally Sedating. See the Preferred Drug List (PDL) for the list of preferred Antihistamines, Minimally Sedating at: https://papdl.com/preferred-drug-list.

2. An Antihistamine, Minimally Sedating 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 Antihistamine, Minimally Sedating when there is a record of a recent paid claim for another Antihistamine, Minimally Sedating in the Department of Human Services' (Department) 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 Antihistamine, Minimally Sedating, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Antihistamine, Minimally Sedating, has a history of therapeutic failure, contraindication, or intolerance of the preferred Antihistamines, Minimally Sedating; **AND**

2. For therapeutic duplication, **one** of the following:

   a. Is being titrated to or tapered from another Antihistamine, Minimally Sedating
   b. Has a clinical 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 Antihistamine, Minimally Sedating 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. 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 Antihistamine, Minimally Sedating. 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. Automated Prior Authorization

Prior authorization of a prescription for an Antihistamine, Minimally Sedating with a prescribed quantity that does not exceed the quantity limit established by the Department will be automatically approved when the Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim(s) within 365 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.