pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
October 17, 2019	January 1, 2020	*See below

SUBJECT

Prior Authorization of Antifungals, Oral – Pharmacy Services

BY

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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 Antifungals, Oral 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 Antifungals, Oral to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is updating the medical necessity guidelines for Antifungals, Oral to allow for the determination of medical necessity of prescriptions for agents in this class that exceed the quantity limits established by the

*01-19-82	09-19-78	27-19-76	33-19-78
02-19-76	11-19-75	30-19-74	
03-19-75	14-19-74	31-19-81	
08-19-84	24-19-76	32-19-74	

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

Department and to take into account the results of a culture and sensitivity test when reviewing for a prior authorization request for a non-preferred Antifungal, Oral. The Department is also updating the medical necessity guidelines of non-preferred Antifungal, Oral to take into account the beneficiary's diagnosis.

The revisions to the guidelines to determine medical necessity of Antifungals, Oral 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 Antifungals, Oral 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 Antifungals, Oral) 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 Antifungals, Oral

A. Prescriptions That Require Prior Authorization

Prescriptions for Antifungals, Oral that meet any of the following conditions must be prior authorized:

1. A non-preferred Antifungal, Oral. See the Preferred Drug List (PDL) for the list of preferred Antifungals, Oral at: https://papdl.com/preferred-drug-list.

2. An Antifungal, Oral 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.

B. Review of Documentation for Medical Necessity

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

1. For a non-preferred Antifungal, Oral, **one** of the following:

   a. Has a history of therapeutic failure, contraindication, or intolerance to the preferred Antifungals, Oral approved or medically accepted for the beneficiary's diagnosis
   b. Has culture and sensitivity test results documenting that only a non-preferred Antifungal, Oral will be effective;

   AND

2. If a prescription for an Antifungal, Oral 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 an Antifungal, Oral. 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.