


ISSUE DATE October 16, 2019	EFFECTIVE DATE January 1, 2020	NUMBER *See below
SUBJECT Prior Authorization of Blood Glucose Meters and Test Strips (Formerly Diabetic Meters and Diabetic Strips) – 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 Blood Glucose Meters and Test Strips 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 Blood Glucose Meters and Test Strips to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

*01-19-84	09-19-80	27-19-78	33-19-80
02-19-78	11-19-77	30-19-76	
03-19-77	14-19-76	31-19-83	
08-19-86	24-19-78	32-19-76	

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>

The Department of Human Services (Department) is combining the Diabetic Meters and Diabetic Strips Preferred Drug List classes and corresponding prior authorization guidelines into one class and one guideline titled Blood Glucose Meters and Test Strips to more accurately reflect the products included in this class. There are no other changes to the medical necessity guidelines.

PROCEDURE:

The procedures for prescribers to request prior authorization of Blood Glucose Meters and Test Strips 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 Blood Glucose Meters and Test Strips) 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>

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Blood Glucose Meters and Test Strips (formerly Diabetic Meters and Diabetic Strips)

A. Prescriptions That Require Prior Authorization

Prescriptions for Blood Glucose Meters (glucometers) and Test Strips that meet any of the following conditions must be prior authorized:

1. A non-preferred Blood Glucose Meter (glucometer). See the Preferred Drug List (PDL) for the list of preferred Blood Glucose Meters at: <https://papdl.com/preferred-drug-list>.
2. A non-preferred Blood Glucose Test Strip. See the PDL for the list of preferred Blood Glucose Test Strips at: <https://papdl.com/preferred-drug-list>.
3. A Blood Glucose Meter or Test Strip 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 a Blood Glucose Meter or Test Strip, the determination of whether the requested product is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Blood Glucose Meter, has a documented history of trial and failure of the use of the preferred Blood Glucose Meters; **AND**
2. For a non-preferred Blood Glucose Test Strip, has a documented history of trial and failure of the use of the preferred Blood Glucose Test Strips that correspond with the preferred Blood Glucose Meters; **AND**
3. If a prescription for a Blood Glucose Meter or Test Strip 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 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 a Blood Glucose Meter or Test Strip. 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

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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.