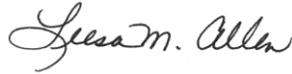


ISSUE DATE May 11, 2015	EFFECTIVE DATE June 15, 2015	NUMBER *See below
SUBJECT Prior Authorization of Intra-Articular Hyaluronic Acid Agents – Pharmacy Service		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers about new requirements for prior authorization of Intra-Articular Hyaluronic Acid Agents.
2. Issue handbook pages that include instructions on how to request prior authorization of Intra-Articular Hyaluronic Acid Agents, including the type of medical information needed to evaluate requests for medical necessity.

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 (FFS) delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department’s Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department’s Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-15-12	09-15-11	27-15-10	
02-15-10	11-15-10	30-15-10	
03-15-10	14-15-10	31-15-11	
08-15-12	24-15-10	32-15-10	33-15-11

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.state.pa.us/provider/healthcaremedicalassistance/index.htm>

DISCUSSION:

During the March 18, 2015 meeting, the DUR Board recommended that the Department require prior authorization of Intra-Articular Hyaluronic Acid Agents and proposed guidelines to determine medical necessity to ensure appropriate patient selection and drug utilization of Intra-Articular Hyaluronic Acid Agents. The requirement for prior authorization and guidelines to determine medical necessity, as recommended by the DUR Board, were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity of Intra-Articular Hyaluronic Acid Agents are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Intra-Articular Hyaluronic Acid Agents 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 chapters related to Intra-Articular Hyaluronic Acid Agents) 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

SECTION II
Intra-Articular Hyaluronic Acid Agents

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Intra-Articular Hyaluronic Acid Agents

A. Prescriptions That Require Prior Authorization

All prescriptions for Intra-Articular Hyaluronic Acid Agents must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Intra-Articular Hyaluronic Acid Agent, the determination of whether the requested prescription is medically necessary will take into account whether:

1. The recipient has a diagnosis of osteoarthritis of the knee

AND

2. The recipient has a documented history of therapeutic failure, contraindication or intolerance to all of the following:
 - a. Non-pharmacologic treatments
 - b. Acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs)
 - c. Intra-articular glucocorticoid injection

AND

3. The recipient does not have a contraindication to the requested agent

OR

4. The recipient 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 recipient.

FOR RENEWALS OF PRESCRIPTIONS FOR AN INTRA-ARTICULAR HYALURONIC ACID AGENT - The determination of medical necessity of a request for prior authorization of a renewal of a prescription for an Intra-Articular Hyaluronic Acid Agent that were previously approved will take into account whether:

1. The recipient has documented improvement in pain or joint function following the first treatment

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

AND

2. It has been at least 6 months since the previous treatment if requested for a previously treated knee

OR

3. The recipient 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 recipient.

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 the request for a prescription for Intra-Articular Hyaluronic Acid Agents. 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 recipient.

D. Dose and Duration of Therapy

The Department will limit authorization of prescriptions for Intra-Articular Hyaluronic Acid Agents as follows:

1. For an initial request - One treatment course limited to one knee
2. For a renewal of a previously approved request - One treatment course per knee

References

1. Hochberg, M.C. et.al, American College of Rheumatology 2012 Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee. Arthritis Care & Research. 64(4), April 2012, 465–474
2. Fernandes, L. et.al, EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis. Ann Rheum Dis doi:10.1136/annrheumdis-2012-202745 Published Online First 17 April 2013
3. Jordan, K.M. et.al, EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: Report of a Task Force

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

- of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCISIT) *Ann Rheum Dis*, Publish Online First: 21 July 2003; 62: 1145 - 1155.
4. McAlindon, T.E. et.al, OARSI guidelines for the non-surgical management of knee osteoarthritis. *Osteoarthritis and Cartilage* 22 (2014) 363e388.
 5. Kalunian, K.C et.al, Initial pharmacologic therapy of osteoarthritis UpToDate accessed 1/26/15.
 6. Kalunian, K.C et.al, Treatment of osteoarthritis resistant to initial pharmacologic therapy. UpToDate accessed 1/26/15.
 7. Euflexxa prescribing information. Ferring Pharmaceuticals Inc. September 2011
 8. Gel-One prescribing information. Zimmer, Inc; May 2011.
 9. Hyalgan prescribing information. Fidia Pharma USA Inc. October 2013.
 10. Orthovisc prescribing information. Anika Therapeutics, Inc.
 11. Supartz prescribing information. Bioventus LLC. June 2012.
 12. Synvisc prescribing information. Genzyme Biosurgery. September 2014.
 13. Synvisc One prescribing information. Genzyme Biosurgery. September 2014.