



ISSUE DATE June 25, 2015	EFFECTIVE DATE July 20, 2015	NUMBER *See below
SUBJECT Prior Authorization of Hypoglycemics, SGLT2 Inhibitors – Pharmacy Service	BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Hypoglycemics, SGLT2 Inhibitors, 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 of Human Services’ (Department) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to new drugs in therapeutic classes already included in the Preferred Drug List (PDL), changes in the status of drugs on the PDL from 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.

*01-15-22	09-15-22	27-15-19	
02-15-19	11-15-19	30-15-19	
03-15-19	14-15-19	31-15-22	
08-15-22	24-15-20	32-15-19	33-15-21

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 May 20, 2015, meeting, the P&T Committee recommended revisions to the wording of the guidelines to determine medical necessity of Hypoglycemics, SGLT2 Inhibitors. The revised guidelines to determine medical necessity were subject to public review and comment, and subsequently approved for implementation by the Department. The revised clinical review guidelines to determine the medical necessity of Hypoglycemics, SGLT2 Inhibitors are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Hypoglycemics, SGLT2 Inhibitors 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 Hypoglycemics, SGLT2 Inhibitors) 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
Hypoglycemics, SGLT2 Inhibitors

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Hypoglycemics, SGLT2 Inhibitors

A. Prescriptions That Require Prior Authorization

All prescriptions for Hypoglycemics, SGLT2 Inhibitors must be prior authorized.

1. See Preferred Drug List (PDL) for the list of Hypoglycemics, SGLT2 Inhibitors at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. See Quantity Limits for the list of Hypoglycemics, SGLT2 Inhibitors with quantity limits at:
<http://www.dhs.state.pa.us/provider/doingbusinesswithdhs/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Hypoglycemic, SGLT2 Inhibitor, the determination of whether the requested prescription is medically necessary will take into account the following:

1. Whether the recipient:
 - a. Has a diagnosis of Type 2 Diabetes Mellitus

AND

 - b. Is 18 years of age or older

AND

 - c. Has a documented history of:
 - i. Failure to achieve glycemetic control as evidenced by the recipient's HbA1c values using maximum tolerated doses of metformin in combination with maximum tolerated doses of other second line agents used to treat Type 2 diabetes, in accordance with the most recent American Diabetes Association (ADA) guidelines

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

OR

- ii. A contraindication or intolerance to metformin and other second line agents used to treat Type 2 diabetes, in accordance with the most recent ADA guidelines

AND

- d. Does not have a HbA1c \geq 10% in absence of ketosis

AND

- e. Has documentation of baseline serum potassium and fasting lipid panel

AND

- f. Is not hypovolemic

AND

- g. Does not have a documented history of contraindication to the requested medication

AND

- h. If being prescribed dapagliflozin , does not have active bladder cancer

AND

- i. Is being prescribed a dose of the requested medication that is appropriate for his/her renal function according to package labeling

AND

- 2. For a non-preferred Hypoglycemic, SGLT2 Inhibitor, whether the recipient has a history of therapeutic failure, contraindication or intolerance of the preferred Hypoglycemic, SGLT2 Inhibitors

AND

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

3. If a prescription for a Hypoglycemic, SGLT2 Inhibitor 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.

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 HYPOGLYCEMICS, SGLT2 INHIBITORS: Requests for prior authorization of renewals of prescriptions for Hypoglycemics, SGLT2 Inhibitors that were previously approved will take into account whether the recipient:

1. Has improved glycemic control as evidenced by the recipient's HbA_{1c} value

AND

2. Does not have a documented history of contraindication to the requested medication

AND

3. Has documentation of a monitored fasting lipid panel and treatment, if necessary per standard of care

AND

4. Has documentation of monitored renal function, serum potassium and volume status

AND

5. Is being prescribed a dose of the requested medication that is appropriate for the recipient's renal function according to package labeling

AND

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

6. If a prescription for a Hypoglycemic, SGLT2 Inhibitor 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.

OR

7. 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 a Hypoglycemic, SGLT2 Inhibitor. 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.