

ISSUE DATE January 30, 2017	EFFECTIVE DATE January 31, 2017	NUMBER *See below
SUBJECT Prior Authorization of Antiparkinson's Agents - Pharmacy Services		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISE to check their revalidation date and submit a revalidation application at least 60 days prior. 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 type of information needed to evaluate requests for prior authorization of prescriptions for Antiparkinson's Agents for medical necessity.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance Program and providing services in the fee-for-service delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department of Human Services' (DHS) 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

*01-17-06	09-17-05	27-17-04	
02-17-04	11-17-04	30-17-05	
03-17-04	14-17-04	31-17-06	
08-17-05	24-17-04	32-17-04	33-17-05

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>

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.

DISCUSSION:

During the November 10, 2016 meeting, the P&T Committee recommended that generic Mirapex (pramipexole) be preferred. DHS approved this recommendation and is removing the guidelines to determine medical necessity of Mirapex tablets in the handbook. Pramipexole capsules are designated as preferred and the prior authorization guidelines are no longer necessary.

PROCEDURE:

The procedures for prescribers to request prior authorization of Antiparkinson's Agents are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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 Antiparkinson's 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
Antiparkinson's Agents

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. **Requirements for Prior Authorization of Antiparkinson's Agents**

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Antiparkinson's Agents must be prior authorized. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Antiparkinson's Agents.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antiparkinson's Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. Has a history of therapeutic failure, a contraindication to or intolerance of the preferred Antiparkinson's Agents.

OR

2. 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 guideline in Section B above, to assess the medical necessity of the request for a prescription for a non-preferred Antiparkinson's Agent. 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.