

ISSUE DATE January 31, 2017	EFFECTIVE DATE January 31, 2017	NUMBER *See below
SUBJECT Prior Authorization of Anxiolytics – 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 Anxiolytics, benzodiazepines 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/DISCUSSION:

During the September 26, 2016 meeting, the DUR Board recommended that the Department of Human Services (Department) make an addition to the existing guidelines to determine medical necessity of Anxiolytics, benzodiazepines. The addition includes a guideline to confirm that the prescribing provider, or a delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program for a controlled substance prescription history before prescribing an Anxiolytic, benzodiazepine. The guidelines to determine medical necessity, were subject to public review and comment, and subsequently approved for

*01-17-07	09-17-06	27-17-05	
02-17-05	11-17-05	30-17-06	
03-17-05	14-17-05	31-17-07	
08-17-06	24-17-05	32-17-05	33-17-06

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>

implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Anxiolytics, benzodiazepines 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 Anxiolytics) 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
Anxiolytics

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Anxiolytics

A. Prescriptions That Require Prior Authorization

A prescription for an Anxiolytic that meets any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Anxiolytic. See Preferred Drug List (PDL) for the list of preferred Anxiolytics at:
<https://papdl.com/preferred-drug-list>
2. A prescription for an Anxiolytic with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for a Benzodiazepine when prescribed for a child under 21 years of age.
4. A prescription for a Benzodiazepine when a recipient has a concurrent prescription for an Oral Buprenorphine Agent
5. A prescription for a Benzodiazepine when there is a record of a recent paid claim for another Benzodiazepine in PROMISE, the Department's Claims Adjudication System (therapeutic duplication).
6. A prescription for either a preferred or non-preferred Benzodiazepine when there is a record of 2 or more paid claims for any Benzodiazepine in PROMISE, the Department's Point-of-Sale On-Line Claims Adjudication System within the past 30 days.

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

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

1. For a non-preferred Anxiolytic, whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Anxiolytics

AND

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2. For a Benzodiazepine for a child under the age of 21 years, whether the child:

a. Has a diagnosis of:

i. Seizure disorder

OR

ii. Chemotherapy induced nausea and vomiting

OR

iii. Cerebral palsy

OR

iv. Spastic disorder

OR

v. Dystonia

AND

b. Does not have a concurrent prescription for an Oral Buprenorphine Agent

AND

c. Is receiving palliative care

3. For a Benzodiazepine for a recipient with a concurrent prescription for an Oral Buprenorphine Agent, whether:

a. The prescriptions for the Oral Buprenorphine Agent and the Benzodiazepine are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

AND

b. The recipient has an acute need for therapy with a Benzodiazepine

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4. For therapeutic duplication, whether:
 - a. The recipient is being titrated to, or tapered from, a drug in the same class

OR

- b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested
5. When there is a record of 2 or more paid claims for any Benzodiazepine, whether:
 - a. The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines that corroborate use of the quantity of medication being prescribed

AND

- b. The multiple prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

AND

6. For all Benzodiazepines whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the recipient's controlled substance prescription history before prescribing the Benzodiazepine

OR

7. 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
8. In addition, if a prescription for either a preferred or non-preferred Anxiolytic 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.

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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 an Anxiolytic. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When a non-preferred Anxiolytic is being prescribed and is therapeutically equivalent to other non-preferred Anxiolytics, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate and any Supplemental Rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Anxiolytic. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Anxiolytic authorized by the reviewer, 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.