

ISSUE DATE July 23, 2018	EFFECTIVE DATE July 23, 2018	NUMBER *See below
SUBJECT Prior Authorization of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – 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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) 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 under the MA managed care delivery system should address any questions related to NSAIDs to the appropriate managed care organization.

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 the following:

*01-18-18	09-18-19	27-18-17	33-18-18
02-18-13	11-18-13	30-18-13	
03-18-13	14-18-14	31-18-19	
08-18-20	24-18-14	32-18-13	

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>

- 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;
- Classes of drugs to be added to the PDL; and
- Guidelines to determine medical necessity.

DISCUSSION:

During the May 16, 2018, meeting, the P&T Committee recommended a change in the status of celecoxib (Celebrex) from non-preferred to preferred in order to provide an additional non-opioid alternative for the treatment of pain. DHS proposed to remove the guidelines related to a determination of medical necessity of Celebrex as the generic will no longer require prior authorization. The proposed deletion was subject to public review and comment, and subsequently approved for implementation by DHS with updated handbook pages that reflect this change.

PROCEDURE:

The procedures for prescribers to request prior authorization of NSAIDs, 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 NSAIDs 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
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

A. Prescriptions That Require Prior Authorization

Prescriptions for NSAIDs that meet any of the following conditions must be prior authorized:

1. A non-preferred NSAID, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred NSAIDs at: <https://papdl.com/preferred-drug-list>.
2. A preferred NSAID with a prescribed quantity that exceeds the quantity limit established by the Department. See Quantity Limits for the list of drugs with quantity limits at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.
3. An NSAID when there is a record of a recent paid claim for another NSAID in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).

B. Review of Documentation for Medical Necessity

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

1. For oral ketorolac (Toradol) – Whether the beneficiary:
 - a. Is being prescribed ketorolac for ≤5 days in a 90 day period

AND
 - b. Is being prescribed oral Ketorolac in a dose not to exceed 40 mg in a 24 hour period

AND
 - c. Is at least sixteen (16) years of age or older

AND
 - d. Is not taking aspirin or any other NSAIDs.

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2. For nasal ketorolac (Sprix) – Whether the beneficiary:
 - a. Has a history of therapeutic failure, intolerance, or contraindication to oral ketorolac

AND

 - b. Is being prescribed ketorolac for ≤ 5 days in a 90 day period

AND

 - c. Is being prescribed nasal ketorolac in a dose not to exceed the following:
 - i. For beneficiaries < 65 years of age, 126 mg/day
 - ii. For beneficiaries ≥ 65 years of age, or who weigh less than 50 kg, or who are renally impaired, 63 mg/day

AND

 - d. Is at least eighteen (18) years of age or older

AND

 - e. Is not taking aspirin or any other NSAIDs.
3. For injectable ketorolac (Toradol) – Whether the beneficiary:
 - a. Is being prescribed ketorolac for ≤ 5 days in a 90 day period

AND

 - b. Is not being prescribed ketorolac for self-administration

AND

 - c. Has a dosage that is limited to a single injectable dose if the beneficiary is a child age 2 years to 16 years

AND

 - d. Is not taking aspirin or any other NSAIDs.
4. For Topical NSAIDs – Whether the beneficiary has a documented history of:

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- a. Therapeutic failure of at least two (2) preferred oral generic NSAIDs, contraindication, or intolerance of the preferred oral generic NSAIDs

AND

- b. Support for the transdermal formulation as the medically necessary route of administration

AND

- c. Therapeutic failure or contraindication of the preferred topical NSAID analgesic.

5. For all other non-preferred NSAIDs, whether the beneficiary has a history of therapeutic failure, intolerance, or contraindication to the preferred NSAIDs.

6. For therapeutic duplication, whether:

- a. The beneficiary 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.

7. In addition, if a prescription for either a preferred or non-preferred NSAID 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: As described in Section D, if the beneficiary does not meet the clinical review guidelines and/or the quantity limit guidelines listed above, but in the professional judgment 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. Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred NSAID, with a prescribed quantity that does not exceed the quantity limit established by the Department, will be automatically approved when the PROMISE Point-

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of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.

D. 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 non-preferred NSAID. For all prescriptions for NSAIDs that require prior authorization, if the applicable guidelines in Section B. are met, the reviewer will prior authorize the prescription. In any of the applicable 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 beneficiary.