

ISSUE DATE July 23, 2018	EFFECTIVE DATE July 23, 2018	NUMBER *See below
SUBJECT Prior Authorization of Enzyme Replacements, Gauchers Disease - 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 Enzyme Replacements, Gauchers Disease 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 Enzyme Replacements, Gauchers Disease 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

*01-18-20	09-18-21	27-18-19	33-18-20
02-18-15	11-18-15	30-18-15	
03-18-15	14-18-16	31-18-21	
08-18-22	24-18-16	32-18-15	

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>

recommendations relating to the following:

- 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 the addition of a guideline in the Enzyme Replacements, Gauchers Disease class of drugs that will avoid an interruption in therapy, and ensure continuity of treatment, with a non-preferred drug that a beneficiary was prescribed within the past 90 days. The proposed change to the medical necessity guidelines was subject to public review and comment, and subsequently approved for implementation by DHS.

PROCEDURE:

The procedures for prescribers to request prior authorization of Enzyme Replacements, Gauchers Disease 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 Enzyme Replacements, Gauchers Disease) 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
Enzyme Replacements, Gauchers Disease

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Enzyme Replacements, Gauchers Disease

A. Prescriptions That Require Prior Authorization

Prescriptions for Enzyme Replacements, Gauchers Disease that meet the following conditions must be prior authorized.

1. A non-preferred Enzyme Replacement, Gauchers Disease. See Preferred Drug List (PDL) for the list of preferred Enzyme Replacements, Gauchers Disease at:
<https://papdl.com/preferred-drug-list>.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Enzyme Replacement, Gauchers Disease, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Has a documented history of therapeutic failure, a contraindication to or intolerance of the preferred products

OR

2. The beneficiary has a current history (within the past 90 days) of being prescribed the same non-preferred Enzyme Replacement, Gauchers Disease.

NOTE: As described in Section C, if the beneficiary does not meet the clinical review guidelines above, but in the professional judgement 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. 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 an Enzyme Replacement, Gauchers Disease. 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,

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

the services are medically necessary to meet the medical needs of the beneficiary.