

ISSUE DATE December 13, 2018	EFFECTIVE DATE December 17, 2018	NUMBER *See below
SUBJECT Prior Authorization of Oncology Agents, Oral – 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 Oncology Agents, Oral 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 Oncology Agents, Oral to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (DHS) Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the DHS Prospective Drug Use Review and Retrospective Drug Use Review programs.

*01-18-34	09-18-35	27-18-34	33-18-34
02-18-29	11-18-29	30-18-29	
03-18-30	14-18-30	31-18-35	
08-18-37	24-18-31	32-18-29	

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>

DISCUSSION:

During the September 25, 2018, DUR Board meeting, the DUR Board recommended the addition of guidelines in the Oncology Agents, Oral class of drugs to provide a more thorough prior authorization review with the intent of safeguarding beneficiary health and safety. The additional guidelines ensure the requested medication is prescribed by or in consultation with an oncologist or hematologist and that the requested dose is consistent with FDA-approved package labeling or nationally recognized compendia. 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 Oncology Agents, Oral 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 Oncology Agents, Oral) 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
Oncology Agents, Oral

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Oncology Agents, Oral

A. Prescriptions That Require Prior Authorization

Prescriptions for Oncology Agents, Oral that meet any of the following conditions must be prior authorized:

1. A preferred or non-preferred Oncology Agent, Oral, regardless of the quantity prescribed. See the Preferred Drug List (PDL) for the list of preferred Oncology Agents, Oral at:
<https://papdl.com/preferred-drug-list>.
2. An Oncology Agent, Oral with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at:
<http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.

B. Review of Documentation for Medical Necessity

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

1. The beneficiary has a diagnosis that is:
 - a. Indicated in the FDA-approved package insert

OR

 - b. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses of Oncology Agents, Oral

AND

2. The requested dose is consistent with FDA-approved package labeling or nationally recognized compendia

AND

3. The requested Oncology Agent, Oral is prescribed by or in consultation with an oncologist or hematologist

AND

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

4. For a non-preferred Oncology Agent Oral, the beneficiary has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Oncology Agents, Oral

OR

5. The beneficiary has a current history (within the past 90 days) of being prescribed the same non-preferred Oncology Agent, Oral

AND

6. If the prescription for an Oncology Agent, Oral is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines that are set forth in the Quantity Limits Chapter.

NOTE: 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.

7. In reviewing a request for a renewal of a prior authorization of an Oncology Agent, Oral that was previously approved, the determination of medical necessity will take into account documentation from the prescribing provider that the beneficiary had a positive clinical response to the therapy.

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 Oncology Agent, Oral. 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 beneficiary.