



ISSUE DATE June 8, 2011	EFFECTIVE DATE June 6, 2011	NUMBER *See Below
SUBJECT Prior Authorization of Anticoagulants– Pharmacy Services		BY  Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department is modifying the guidelines to determine medical necessity of Anticoagulants to include medical necessity guidelines for Pradaxa.
2. Issue new handbook pages that include instructions on how to request prior authorization of prescriptions for Anticoagulants, including the type of medical information needed to evaluate requests for medical necessity.

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 (FFS) delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department’s 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 Department’s Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-11-16	09-11-17	27-11-14
02-11-11	11-11-11	30-11-11
03-11-12	14-11-12	31-11-17
08-11-18	24-11-15	32-11-11

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 www.dpw.state.pa.us/PartnersProviders

DISCUSSION:

During the March 30, 2011 meeting, the DUR Board recommended that the Department modify the guidelines to determine medical necessity of Anticoagulants to reflect the American College of Cardiology/American Heart Association/Heart Rhythm Society's atrial fibrillation update. The American College of Cardiology/American Heart Association/Heart Rhythm Society recommended Pradaxa as a possible alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent atrial fibrillation and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (creatinine clearance less than 15 mL/minute), or advanced liver disease (impaired baseline clotting function). The DUR Board's recommended guidelines to determine medical necessity were subject to public review and comment, and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of all prescriptions for Anticoagulants and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization 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 Anticoagulants) in 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
Anticoagulants