


<b>ISSUE DATE</b> November 4, 2022	<b>EFFECTIVE DATE</b> January 9, 2023	<b>NUMBER</b> *See below
<b>SUBJECT</b>  Prior Authorization of Alcohol Use Disorder Agents – Pharmacy Services		<b>BY</b>   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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

## PURPOSE:

The purpose of this bulletin is to:

1. Inform providers of the addition of the Alcohol Use Disorder Agents therapeutic class to the Statewide Preferred Drug List (PDL).
2. Issue new handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Alcohol Use Disorder Agents submitted for prior authorization.

## SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Alcohol Use Disorder Agents will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Alcohol Use Disorder Agents to the appropriate managed care organization.

*01-22-44	09-22-43	27-22-31	33-22-41
02-22-28	11-22-28	30-22-34	
03-22-28	14-22-28	31-22-47	
08-22-52	24-22-36	32-22-28	

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 website at  
<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

## **BACKGROUND:**

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included in the PDL.
- Changes in the status of drugs and products on the PDL from preferred to non-preferred and non-preferred to preferred.
- New quantity limits.
- Therapeutic classes of drugs and products to be added to or deleted from the PDL.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

## **DISCUSSION:**

During the September 13, 2022, meeting, the P&T Committee recommended that the Department add the Alcohol Use Disorder Agents therapeutic class to the Statewide PDL and proposed guidelines to determine medical necessity of prescriptions for Alcohol Use Disorder Agents. The requirement for prior authorization and guidelines to determine medical necessity of prescriptions for Alcohol Use Disorder Agents submitted for prior authorization, as recommended by the P&T Committee, 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 Alcohol Use Disorder Agents 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 Alcohol Use Disorder Agents) 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 and products that require prior authorization.

## **ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

## **RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I

Pharmacy Prior Authorization General Requirements

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II

Pharmacy Prior Authorization Guidelines

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Alcohol Use Disorder Agents**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for Alcohol Use Disorder Agents that meet any of the following conditions must be prior authorized:

1. A non-preferred Alcohol Use Disorder Agent. See the Preferred Drug List (PDL) for the list of preferred Alcohol Use Disorder Agents at: <https://papdl.com/preferred-drug-list>.
2. An Alcohol Use Disorder Agent 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: <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx>.

**B. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for an Alcohol Use Disorder Agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Alcohol Use Disorder Agent, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Alcohol Use Disorder Agents; **AND**
2. If a prescription for an Alcohol Use Disorder Agent 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 set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary 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 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 Alcohol Use Disorder Agent. 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.

**D. References**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Reus VI, Fochtmann LJ, Bukstein O, et al. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder. *Am J Psychiatry* 2018; 175:86.
2. Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2015.