pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 10, 2022	January 9, 2023	*See below

SUBJECT

Prior Authorization of NSAIDs – Pharmacy Services

BY

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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 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 NSAIDs 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 NSAIDs 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 NSAIDs to the appropriate managed care organization.

BACKGROUND:

*01-22-69	09-22-68	27-22-56	33-22-66
02-22-53	11-22-53	30-22-59	
03-22-52	14-22-53	31-22-72	
08-22-77	24-22-61	32-22-53	

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.

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 Preferred Drug List (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 14, 2022, meeting, the P&T Committee recommended the following revisions to the guidelines to determine medical necessity of NSAIDs:

- Revision to the guideline for a non-preferred oral NSAID that the beneficiary has a history of therapeutic failure of or a contraindication or an intolerance to the preferred oral NSAIDs (excluding ketorolac).
- Addition of a guideline for non-preferred oral NSAID combination drugs with more than one active ingredient (e.g., Duexis, Vimovo, etc.).
- Addition of a guideline for a non-preferred topical NSAID that the beneficiary has a history of therapeutic failure of or a contraindication or an intolerance to the preferred topical NSAIDs.
- Addition of a guideline for nasal ketorolac that the beneficiary has a clinical reason as documented by the prescriber why oral ketorolac cannot be used.
- Addition of guidelines for all other non-preferred non-oral NSAIDs.

The revisions to the guidelines to determine medical necessity of prescriptions for NSAIDs 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 NSAIDs 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 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 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

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. See the Preferred Drug List (PDL) for the list of preferred NSAIDs at: https://papdl.com/preferred-drug-list.

2. A prescription for oral or nasal ketorolac when more than a 5-day supply is prescribed in the past 90 days.

3. An NSAID 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.

4. An NSAID when there is a record of a recent paid claim for another NSAID in the Point-of-Sale Online Claims Adjudication System (therapeutic duplication).

B. Review of Documentation for Medical Necessity

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

1. For oral or nasal ketorolac, **all** of the following:

   a. Is age-appropriate according to U.S. Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
   b. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
   c. Is not concurrently taking aspirin or any other NSAIDs;

   AND

2. For a non-preferred NSAID, **one** of the following:

   a. **Both** of the following:

      i. For a non-preferred oral NSAID, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred oral NSAIDs (excluding ketorolac)
      ii. For a non-preferred oral NSAID combination drug with more than one active ingredient (e.g., Duexis, Vimovo, etc.), has a clinical reason as documented by the prescriber why the individual active ingredients cannot be used concurrently,

b. For a non-preferred topical NSAID, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred topical NSAIDs,

c. For non-preferred nasal ketorolac, has a clinical reason as documented by the prescriber why oral ketorolac cannot be used,

d. For all other non-preferred non-oral NSAIDs, **one** of the following:

   i. Has a history of therapeutic failure of or a contraindication or an intolerance to the preferred NSAIDs
   ii. Has a clinical reason as documented by the prescriber why the routes of administration of the preferred NSAIDs cannot be used;

AND

3. For therapeutic duplication, **one** of the following:

   a. Is being transitioned to another drug in the same class with the intent of discontinuing one of the medications
   b. Has a medical reason for concurrent use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

   AND

4. If a prescription for an NSAID 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 NSAID. 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

1. Duexis Package Insert. Deerfield, IL: Horizon Medicines LLC.; April 2021.
2. Ketorolac tromethamine tablets Package Insert. Parsippany, NJ: Teva Pharmaceuticals; July 2021.
3. Sprix (ketorolac tromethamine) Nasal Spray Package Insert. Wayne, PA: Zyla Life Sciences US Inc.; April 2021.
4. Vimovo Package Insert. Deerfield, IL; Horizon Medicines, LLC.; March 2022.