Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 1, 2026	July 06, 2026	*See below

SUBJECT

Prior Authorization of Drugs that Exceed the Established Quantity Limits/Daily Dose Limits – Pharmacy Services

BY

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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.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents

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 Drugs that Exceed the Established Quantity Limits/Daily Dose Limits 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 in the MA managed care delivery system should address any questions related to Drugs that Exceed the Established Quantity Limits/Daily Dose Limits to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (Department) Drug Utilization Review (DUR) Board meets to review provider prescribing and dispensing practices for efficacy, safety, and

*01-26-66	09-26-66	27-26-52	33-26-55
02-26-52	11-26-51	30-26-51	
03-26-52	14-26-55	31-26-67	
08-26-66	24-26-65	32-26-51	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/agencies/dhs/departments-offices/omap-info

quality and to recommend interventions for prescribers and pharmacists through the Department's Prospective DUR and Retrospective DUR programs.

DISCUSSION:

During the May 12, 2026, meeting, the DUR Board recommended the following revisions to the guidelines to determine medical necessity of prescriptions for Drugs that Exceed the Established Quantity Limits/Daily Dose Limits:

- Revision of the guideline for a dose that includes partial units (e.g., half-tablets) that cannot be obtained by using a single commercially available strength of the requested drug.
- Addition of a guideline for a dose that includes multiple units that cannot be consolidated to use a single higher commercially available strength of the requested drug.
- Revision of the guideline for a dose that is being titrated by the prescriber (three-month limit) to clarify that the guideline is not applicable if the requested drug is also available in a titration pack from the manufacturer that can be used for the requested titration dosing and is listed as preferred on the Statewide Preferred Drug List (PDL).
- Revision of the guideline for a medical reason why fewer daily doses cannot be utilized (e.g., intolerance to higher doses given less frequently, inadequate response to fewer daily doses).
- Addition of a guideline for chart documentation demonstrating that utilization of lower doses of the requested drug was ineffective in managing the beneficiary's condition.

The revisions to the guidelines to determine medical necessity of prescriptions for Drugs that Exceed the Established Quantity Limits/Daily Dose Limits submitted for prior authorization, as recommended by the DUR Board, 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 Drugs that Exceed the Established Quantity Limits/Daily Dose Limits 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 Drugs that Exceed the Established Quantity Limits/Daily Dose Limits) 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.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/clinical-guidelines

I. Requirements for Prior Authorization of Prescriptions for Drugs that Exceed the Established Quantity Limits/Daily Dose Limits

A. Prescriptions That Require Prior Authorization

Prescriptions for drugs included in the Quantity Limits/Daily Dose Limits List that exceed the established quantity limits/daily dose limits must be prior authorized.

For the list of drugs with quantity limits/daily dose limits and the established quantity limits/daily dose limits, see: https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription with a quantity or daily dose that exceeds the established quantity limit/daily dose limit, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. **One** of the following:

   a. Requires a dose that includes partial units (e.g., half-tablets) that cannot be obtained by using a single commercially available strength of the requested drug,

   b. Requires a dose that includes multiple units that cannot be consolidated to use a single higher commercially available strength of the requested drug,

   c. Is prescribed a dose that is being titrated by the prescriber (three-month limit) [does not apply if the drug is also available in a titration pack from the manufacturer that can be used for the requested titration dosing and is listed as preferred on the Statewide Preferred Drug List (PDL)],

   d. Has a medical reason why fewer daily doses cannot be utilized (e.g., intolerance to higher doses given less frequently, inadequate response to fewer daily doses),

   e. Has chart documentation demonstrating that utilization of lower doses of the requested drug were ineffective in managing the beneficiary's condition

   AND

2. Is prescribed a daily dose that is consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines that corroborate use of the quantity of drug being prescribed.

   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 that exceeds the established quantity/daily dose limits. 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.