

Prior Authorization Requirements: Therapeutic Duplication and Safety Edits

As you are aware, AmeriHealth Caritas Pennsylvania uses the same prior authorization guidelines as required by the Pennsylvania Department of Human Services (DHS) for drugs included in the Pennsylvania Statewide preferred drug list (PA PDL).

Effective July 1, 2021, prescriptions written for a drug that has the same or highly similar mechanism of action as another drug will be subject to therapeutic duplication requirements and/or safety edits per the PA PDL prior authorization guidelines. Existing PA PDL formulary and prior authorization requirements will remain in effect.

The following list of drug classes will require prior authorization when prescribed together as of July 1, 2021:

PA PDL Drug Classes Requiring Prior Authorization for Therapeutic Duplication	
Alzheimer's Agents	Glucocorticoids, Inhaled
Analgesics, Opioid Long-Acting and Short-Acting	HIV/AIDS Antiretrovirals
Androgenic Agents	Hypoglycemics, Incretin Enhancers/Mimetics
Angiotensin Modulators and Combinations	Intranasal Rhinitis Agents (Antihistamines, Steroids)
Anticoagulants	Leukotriene Modifiers
Anticonvulsants	Lipotropics, Statins
Antihistamines, Minimally Sedating	Neuropathic Pain – gabapentinoids
Atypical Antipsychotics	Migraine Acute Treatment Agents
Anxiolytics	NSAIDs
Beta Blockers	Proton Pump Inhibitors
Bladder Relaxants	Sedative Hypnotics
Benign Prostatic Hypertrophy Treatments	Skeletal Muscle Relaxants
Bronchodilators, Beta Agonists	SSRI Antidepressants
Calcium Channel Blockers	Stimulants and Related Agents
COPD Agents	Typical Antipsychotics
Specific Drugs/Drug Classes Requiring Prior Authorization for Concurrent Use (safety edits)*	
Glucagon-Like Peptide-1 (GLP-1) Receptor Antagonists & Dipeptidyl Peptidase IV (DPP-4) Inhibitors	
Central Nervous System Depressants & Buprenorphine-Containing Products	

*For more information please refer to the Therapeutic Duplication/Safety Edit Clinical Summary for Select Drug Classes document on the plan pharmacy webpage.

Note: Some therapies within these classes will not require prior authorization solely for concurrent use if the medications have different mechanisms of action (e.g. one long-acting and one short-acting stimulant).

Please refer to most recent drug formulary and prior authorization information available on-line at: www.amerhealthcaritaspa.com → Providers → Pharmacy. Prior Authorization information available at this link also includes specific requirements for each drug class.

Should you have any questions about this communication, please call the Pharmacy Services department: **1-866-610-2774**.

June 1, 2021