



ISSUE DATE July 5, 2016	EFFECTIVE DATE July 18, 2016	NUMBER *See below
SUBJECT Prior Authorization of Cephalosporins and Related Agents - Pharmacy Services		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISE to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the type of information needed to evaluate requests for prior authorization of prescriptions for Cephalosporins and Related Agents 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 of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to new drugs in therapeutic classes already included in the Preferred Drug List (PDL), changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred, new quantity limits, and classes of drugs to be added

*01-16-28	09-16-26	27-16-26	
02-16-25	11-16-25	30-16-25	
03-16-25	14-16-26	31-16-30	
08-16-26	24-16-28	32-16-24	33-16-25

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
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

to or deleted from the PDL.

DISCUSSION:

During the May 17, 2016 meeting, the P&T Committee recommended that the designation of cefdinir capsules be changed from non-preferred to preferred. The Department approved this change and is removing the reference in the handbook to the exemption from prior authorization for cefdinir capsules when prescribed for children under 18 years of age. Cefdinir capsules are designated as preferred and the exemption is no longer necessary.

PROCEDURE:

The procedures for prescribers to request prior authorization of Cephalosporins and Related 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 Cephalosporins and Related 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 that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

SECTION II
Cephalosporins and Related Agents

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Cephalosporins and Related Agents (Formerly Cephalosporins)

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Cephalosporins and Related Agents must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Cephalosporins and Related Agents at: www.papdl.com

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Cephalosporin and Related Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. Whether the recipient has a history of therapeutic failure, intolerance, or contraindication of the preferred Cephalosporins and Related Agents.

AND

2. Whether culture and sensitivity test results document that only non-preferred Cephalosporins and Related Agents will be effective.

OR

3. The recipient 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 recipient.

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 the request for a prescription for a non-preferred Cephalosporin and Related Agent. If any of the guidelines in Section B. is met, the reviewer will prior authorize the prescription. If none of the guidelines are 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 recipient.