

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE June 19, 2009	EFFECTIVE DATE July 6, 2009	NUMBER ** See Below
SUBJECT Spring 2009 Preferred Drug List (PDL) Pharmacy Update – Cytokine and CAM Antagonists Updated Handbook Pages		BY  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue new Prior Authorization of Pharmaceutical Services Handbook pages for Cytokine and CAM Antagonists that include instructions on how to request prior authorization of prescriptions for drugs included in the Spring 2009 PDL update that require prior authorization, including the type of medical information needed to evaluate requests 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 Public Welfare’s (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 PDL, changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred, new quantity limits, and new classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity

** 01-09-09	08-09-10	14-09-06	30-09-06
02-09-06	09-09-10	24-09-09	31-09-11
03-09-06	11-09-06	27-09-07	32-09-06

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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DISCUSSION:

During the February 2009 P&T Committee meeting, the P&T Committee recommended guidelines to determine medical necessity for Cytokine and CAM Antagonists which 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 non-preferred drugs, preferred drugs that require prior authorization, and drugs not subject to the PDL that require prior authorization and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization 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 chapters related to specific therapeutic classes of drugs) in reviewing the prior authorization request to determine medical necessity.

The requirements for prior authorization and clinical review guidelines to determine medical necessity of Cytokine and CAM antagonists and updated handbook chapters are included in the attached updated provider handbook pages.

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

Cytokine and CAM Antagonists