



ISSUE DATE June 8, 2011	EFFECTIVE DATE June 6, 2011	NUMBER *See Below
SUBJECT Prior Authorization of Multiple Sclerosis Agents – Pharmacy Services		BY  Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department is modifying the guidelines to determine medical necessity of Multiple Sclerosis Agents to include medical necessity guidelines for Ampyra and Gilenya.
2. Issue new handbook pages that include instructions on how to request prior authorization of prescriptions for Multiple Sclerosis Agents, 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’s Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department’s Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-11-17	09-11-18	27-11-15
02-11-12	11-11-12	30-11-12
03-11-13	14-11-13	31-11-18
08-11-19	24-11-16	32-11-12

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 www.dpw.state.pa.us/PartnersProviders

DISCUSSION:

During the March 30, 2011 meeting, the DUR Board recommended that the Department modify the guidelines to determine medical necessity of Multiple Sclerosis Agents to address the new medications in the armamentarium of multiple sclerosis treatment options, Ampyra and Gilenya. The DUR Board's recommended guidelines to determine medical necessity 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 all prescriptions for Multiple Sclerosis Agents 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 chapter related to Multiple Sclerosis Agents) in 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
Multiple Sclerosis Agents