



ISSUE DATE July 14, 2011	EFFECTIVE DATE August 8, 2011	NUMBER *See Below
SUBJECT Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Handbook Pages - Pharmacy Services	BY  Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue updated Prior Authorization of Pharmaceutical Services Handbook pages for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) that include instructions on how to request prior authorization of prescriptions for Celebrex 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/DISCUSSION:

The Department of Public Welfare (Department) is updating the guidelines to determine medical necessity of Celebrex to be consistent with the revised package labeling. The Food and Drug Administration (FDA) removed familial adenomatous polyposis (FAP) from the listing of approved indications for Celebrex. In addition, the Department added the guidelines for prior authorization of therapeutic duplication of NSAIDs.

*01-11-29	09-11-30	27-11-27
02-11-24	11-11-24	30-11-24
03-11-25	14-11-25	31-11-30
08-11-31	24-11-28	32-11-24

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

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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 preferred drug list 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 NSAIDs 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

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)