pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 25, 2014	July 22, 2014	*See below

SUBJECT	BY
Prior Authorization of Antimigraine Agents, Other - Pharmacy Services	Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers about new requirements for prior authorization of non-preferred Antimigraine Agents, Other.

2. Issue handbook pages that include instructions on how to request prior authorization of prescriptions for Antimigraine Agents, Other, 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 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 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.

*01-14-29	09-14-24	27-14-22	33-14-23
02-14-21	11-14-21	30-14-21	
03-14-24	14-14-21	31-14-27	
08-14-25	24-14-21	32-14-21	

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.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm

DISCUSSION:

During the May 28, 2014 meeting, the P&T Committee recommended adding the Antimigraine Agents, Other class of drugs to the Department's Preferred Drug List (PDL). The P&T Committee also recommended guidelines to determine medical necessity of Antimigraine Agents, Other designated as non-preferred. The requirement for prior authorization and the guidelines to determine medical necessity were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity of Antimigraine Agents, Other are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Antimigraine Agents, Other 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 Antimigraine Agents, Other) 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
Antimigraine Agents, Other