

ISSUE DATE August 5, 2014	EFFECTIVE DATE July 22, 2014	NUMBER *See below
SUBJECT Prior Authorization of Antimigraine Agents, Triptans - Pharmacy Services	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Antimigraine Agents, Triptans, 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) revised the guidelines to determine medical necessity of prescriptions for Antimigraine Agents, Triptans that exceed the established quantity limit to be consistent with the International Headache Society's International Classification of Headache Disorders criteria and current, medically accepted practices. The Department also revised the clinical review process to determine medical necessity of prescriptions for non-preferred Antimigraine Agents, Triptans, determined to be therapeutically equivalent, to consider cost. The updated guidelines to determine medical necessity of prescriptions that exceed the quantity limits and the revised clinical review process were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization, the clinical review guidelines to determine the medical necessity of prescriptions for Antimigraine Agents, Triptans that exceed the established quantity limit, and the revised clinical review process are

*01-14-30	09-14-25	27-14-23	33-14-24
02-14-22	11-14-22	30-14-22	
03-14-25	14-14-22	31-14-28	
08-14-26	24-14-22	32-14-22	

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>

included in the attached updated provider handbook pages.

PROCEDURE:

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