pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
December 29, 2014	December 9, 2014	*See below

SUBJECT	BY
Prior Authorization of Ranexa (ranolazine) - 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 Ranexa (ranolazine).
2. Issue handbook pages that include instructions on how to request prior authorization of Ranexa (ranolazine), 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) 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.

*01-14-46	09-14-39	27-14-37	33-14-38
02-14-36	11-14-36	30-14-36	
03-14-39	14-14-36	31-14-43	
08-14-40	24-14-37	32-14-36	

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 September 10, 2014 meeting, the DUR Board recommended that the Department require prior authorization of Ranexa (ranolazine) for appropriate utilization and patient safety. The requirement for prior authorization and the guidelines to determine medical necessity, as recommended by the DUR Board, 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 Ranexa (ranolazine) are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Ranexa (ranolazine) 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 Ranexa [ranolazine]) 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
Ranexa (ranolazine)