

<b>ISSUE DATE</b>  February 4, 2015	<b>EFFECTIVE DATE</b>  January 21, 2015	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Sedative Hypnotics – Pharmacy Service		<b>BY</b>    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 Hetlioz (tasimelteon)
2. Issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Sedative Hypnotics, 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 Human Services’ (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 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.

*01-15-04	09-15-04	27-15-03	
02-15-03	11-15-03	30-15-03	
03-15-03	14-15-03	31-15-04	
08-15-04	24-15-03	32-15-03	33-15-04

**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.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

**DISCUSSION:**

During the November 5, 2014 meeting, the P&T Committee recommended updating the guidelines to determine medical necessity of Sedative Hypnotics to include Hetlioz (tasimelteon), a melatonin receptor agonist indicated for the treatment of Non-24-Hour Sleep-Wake Disorder (Non-24). The P&T Committee also recommended guidelines to determine medical necessity of Hetlioz (tasimelteon). 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 Hetlioz (tasimelteon) are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Sedative Hypnotics 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 Sedative Hypnotics) 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  
Sedative Hypnotics