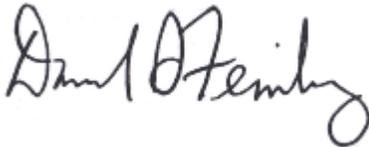


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	ISSUE DATE: October 7, 2005	EFFECTIVE DATE: October 1, 2005	NUMBER: 02-05-01, 03-05-04, 08-05-08, 09-05-10, 11-05-05, 14-05-02, 24-05-08, 27-05-04, 30-05-02, 31-05-11, 32-05-02
SUBJECT: Preferred Drug List - Phase 1		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department of Public Welfare (Department) is implementing Phase 1 of the Preferred Drug List (PDL).
2. Identify the therapeutic classes of drugs that have been included on the PDL in Phase 1 and the list of preferred drugs within each class.
3. Issue a new Medical Assistance Handbook for Prescribing and Pharmacy Providers, "Prior Authorization of Pharmaceutical Services" that includes instructions on how to request prior authorization of prescriptions that require prior authorization, including the type of medical information needed to evaluate requests for these prescriptions for medical necessity.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

On September 19, 2005, the Department issued MA Bulletin Number 99-05-18, "Preferred Drug List," announcing that effective October 1, 2005, the Department is establishing a PDL and will phase in implementation. The Department also announced that, prior to implementing each phase, it will publish an MA Bulletin that advises providers of the classes of drugs that have been added to the PDL and the list of preferred drugs within each class. Each MA Bulletin will also include updated handbook pages detailing the specific requirements and procedures to follow to request prior authorization and to dispense an emergency supply and the guidelines the Department will use to determine medical necessity of preferred and non-preferred drugs in each class.

DISCUSSION:

The Department will require prior authorization of prescriptions for non-preferred drugs and some preferred drugs and will take into account the elements specified in the clinical review guidelines (which are included in the attached provider handbook) in reviewing the prior authorization request to determine medical necessity.

Previously the Department issued separate handbook pages for physicians and pharmacies that contained instructions related to new prior authorization requirements for certain drugs or therapeutic classes of drugs. These handbook pages are being replaced with the attached Medical Assistance Handbook for Prescribing and Pharmacy Providers, titled "Prior Authorization of Pharmaceutical Services." This handbook applies to all prescribers and pharmacies and contains the requirements for prior authorization, dispensing considerations, and procedures to submit pharmacy claims, but has been reformatted for ease of reference.

The handbook is formatted into two sections with multiple chapters within each section. SECTION I contains a chapter describing the general requirements for prior authorization, dispensing considerations, and procedures to submit pharmacy claims that apply to all prescriptions for drugs that require prior authorization (General Procedures to Request Prior Authorization) and other chapters that relate to specific requirements for prior authorization that apply to all or many classes of drugs (Example: Preferred Drug List, Quantity Limits, etc). SECTION II contains chapters with specific requirements and procedures for prior authorization, dispensing, and submission of pharmacy claims that relate to a therapeutic class of drugs (Example: ACE Inhibitors, Proton Pump Inhibitors, etc.)

PROCEDURE:

In order to ensure continuity of care and avoid any disruption in therapy for recipients who are taking previously prescribed, non-preferred drugs or preferred drugs that now require prior authorization, the Department is establishing a transition period during the month of October for prescribers to change prescriptions to preferred drugs or seek prior authorization of non-preferred drugs. The Department will not enforce the PROMISE On-Line Claims Adjudication System edits and deny claims for prescriptions for non-preferred drugs and preferred drugs that require prior authorization until November 1, 2005.

NOTE: SPECIAL PROVISIONS FOR PRIOR AUTHORIZATION DURING THE OCTOBER TRANSITION PERIOD

For PPIs:

The Proton Pump Inhibitor (PPI) Chapter in SECTION II lists the prescriptions for PPIs that do not require prior authorization. The Department is adding a new exemption to the list, prior authorization of prescriptions for a preferred PPI for recipients 75 years of age or older. This exception will not be in place until December 1, 2005. Unless the prescription or refill has already been prior authorized for another reason, prior authorization is required during the month of November 2005.

The PPI Chapter also describes an automated prior authorization approval which is new. When a recipient is under 75 years of age, and has a record of a prescription for a PPI for a total of four (4) months in the preceding 180 day period, and a record of a chronic primary disease or a diagnosis that requires chronic therapy, a request for prior authorization of a prescription for a preferred PPI at or below the quantity limit will be automatically approved. This automated prior authorization approval will not be in place until December 1, 2005. Unless the prescription or refill has already been prior authorized for another reason, prior authorization is required during the month of November 2005.

For Celebrex:

The NSAID Chapter in SECTION II describes an automated prior authorization of Celebrex. Automated prior authorization of Celebrex will not be in place until December 1, 2005. Unless the prescription or refill has already been prior authorized for another reason, prior authorization is required during the month of November 2005.

The list of therapeutic classes of drugs that have been included on the PDL in Phase 1 and the list of preferred drugs within each class are listed in the Preferred Drug List Attachment 1 in the PDL Chapter in SECTION I.

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.

This MA Bulletin obsoletes the following MA Bulletins:

1. MA Bulletin Number 99-05-08, "Prior Authorization of Non-Sedating Antihistamines", issued April 26, 2005, effective May 16, 2005
2. MA Bulletin Number 99-05-07, "Prior Authorization of Brand Name Single Source Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)", issued April 5, 2005, effective April 25, 2005
3. MA Bulletin Number 99-05-06, "Prior Authorization of Drugs That Exceed Established Quantity Limits", issued April 5, 2005, effective April 25, 2005
4. MA Bulletin Number 99-05-05, "Prior Authorization of Substance P/Neurokinin 1 Receptor Antagonist and Selective 5-HT3 Receptor Antagonist Anti-Nausea Medications", issued March 21, 2005, effective March 28, 2005
5. MA Bulletin Number 99-05-03, "Prior Authorization of Proton Pump Inhibitors and Discontinuance of Prior Authorization of H2 Antagonists", issued January 10, 2005, effective February 7, 2005
6. MA Bulletin Number 99-05-01, "Revisions to Prior Authorization of COX 2 Drugs", issued January 10, 2005, effective February 7, 2005
7. MA Bulletin Number 99-03-01, "Prior Authorization of COX 2 Drugs", issued January 29, 2003, effective February 18, 2003

ATTACHMENTS:

Section I *

Section II *

*These documents are in Adobe PDF format. You must have a copy of Adobe Acrobat Reader installed on your system to view them. You can obtain a copy of Adobe Acrobat Reader from the DPW Website Toolbox.

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 website at www.dpw.state.pa.us/omap.