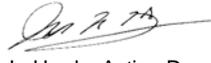




MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE November 4, 2005	EFFECTIVE DATE November 1, 2005	NUMBER *See Below
SUBJECT Tabs for the "Prior Authorization of Pharmaceutical Services" Handbook	BY  James L. Hardy, Acting Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue tabs for the new Medical Assistance Handbook for Prescribing and Pharmacy Providers, "Prior Authorization of Pharmaceutical Services".

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 02-05-01, et al, "Preferred Drug List – Phase 1," that included a new Medical Assistance Handbook for Prescribing and Pharmacy Providers, "Prior Authorization of Pharmaceutical Services." The new handbook 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.

DISCUSSION AND PROCEDURE:

The Department is issuing a set of tabs for the "Prior Authorization of Pharmaceutical Services" handbook to make it easier to locate information in the handbook.

Providers should insert the tabs in their provider handbooks.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services handbook tabs.

02-05-02 03-05-05 08-05-13 09-05-12 11-05-06 14-05-03 24-05-09
27-05-05 30-05-04 31-05-14 32-05-03

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