MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 8, 2005	November 1, 2005	*See Below

SUBJECT	BY
Preferred Drug List – Phase 2	James L. Hardy, Acting Deputy Secretary 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 2 of the Preferred Drug List (PDL).

2. Identify the therapeutic classes of drugs that have been included on the PDL in Phase 2 and the list of preferred drugs within each class.

3. Issue new handbook pages that include 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

02-05-03, 03-05-06, 08-05-14, 09-05-13, 11-05-07, 14-05-04, 24-05-10, 27-05-06
30-05-05, 31-05-15, 32-05-03

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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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 pages in SECTION II chapters related to specific therapeutic classes of drugs) in reviewing the prior authorization request to determine medical necessity.

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 November 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 included in Phase 2 that require prior authorization until December 1, 2005.

The list of therapeutic classes of drugs that have been included on the PDL in Phase 2 and the list of preferred drugs within each class are listed in the updated Preferred Drug List Attachment 1 in the PDL Chapter in SECTION I of the handbook.

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 Bulletin:

1. MA Bulletin Number 99-01-10, “Prior Authorization of Sustained/Controlled Release Oxycodone/OxyContin®”, issued December 21, 2001, effective January 7, 2002

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - new and updated pages