



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE December 30, 2005	EFFECTIVE DATE December 1, 2005	NUMBER *See Below
SUBJECT Pen and Ink Change – Medical Assistance Handbook, Prior Authorization of Pharmaceutical Services, Preferred Drug List		BY  James L. Hardy, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to inform providers of a pen and ink change to the latest version of the Medical Assistance Handbook for Prescribing and Pharmacy Providers, “Prior Authorization of Pharmaceutical Services”, Preferred Drug List.

SCOPE:

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

BACKGROUND/DISCUSSION:

On December 1, 2005, the Department issued MA Bulletin Number 02-05-04, et al, “Preferred Drug List – Phase 3”, that included an updated Preferred Drug List. The list incorrectly identified Narcotic Analgesic Panlor DC/SS as preferred. Panlor DC/SS is non-preferred.

PROCEDURE:

Please make a pen and ink change to the Preferred Drug List noting that Panlor DC/SS in the Narcotic Analgesic class is non-preferred.

The Department will make the correction in the next printing of the Preferred Drug List.

02-05-06, 03-05-09, 08-05-18, 09-05-18, 11-05-10, 14-05-08, 24-05-14
27-05-08, 30-05-08, 31-05-19, 32-05-06

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