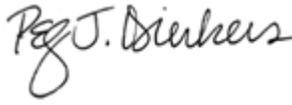


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 19-02-06	ISSUE DATE: October 10, 2002	EFFECTIVE DATE: July 1, 2002
SUBJECT: Prior Authorization Interim Supply of Medication HealthChoices Lehigh/Capital Region		BY:  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to provide guidance to pharmacists regarding HealthChoices Lehigh/Capital Region prior authorization and the interim supply requirements.

SCOPE:

This bulletin applies to all pharmacies and managed care organizations (MCOs) participating in HealthChoices Lehigh/Capital Region.

BACKGROUND:

Under HealthChoices Lehigh/Capital Region, the MCOs are permitted to use restricted formularies in the administration of their pharmacy benefits program. However, the MCO must still allow access to all non-formulary drugs through some exception process such as prior authorization. If an individual presents at a pharmacy a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, the MCO must allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

1. If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), the MCO must allow the pharmacy to dispense a 72-hour supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.
2. If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature), the MCO must allow the pharmacy to dispense a 15-day supply of the medication automatically, unless the MCO mailed to the member, with a copy to the prescriber, an advanced written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

The MCO must respond to the request for prior authorization within 24 hours from when the request was made. If the prior authorization is denied, the recipient is entitled to appeal the decision through several avenues. The 72-hour or 15-day requirement does not apply when the pharmacist determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

DISCUSSION:

To help explain the prior authorization process and all related issues to the recipient, the Department has prepared and is providing a short, one page information sheet which may be copied and handed out to the recipient at the time a drug is determined to be non-formulary or otherwise to require prior authorization (see attached information sheet).

ATTACHMENT:

- Important Information About Your Prescription

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Pharmacy Services Section
P.O. Box 8046
Harrisburg, Pennsylvania 17105

or call
1-800-932-0938

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.