

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Seventy Two Hour Supply HealthChoices Southeast	BY  Christine M. Bowser Deputy Secretary for Medical Assistance Programs
NUMBER:	19-99-02	
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EFFECTIVE DATE:	May 28, 1999	

PURPOSE:

The purpose of this bulletin is to provide guidance for pharmacies regarding HealthChoices Southeast 72-hour supply requirements.

SCOPE:

This bulletin applies to all pharmacies and managed care organizations (MCOs) participating in HealthChoices Southeast.

BACKGROUND:

Under HealthChoices Southeast, the MCOs are permitted to require prior authorization of drugs including use of restricted formularies in the administration of their pharmacy benefits program. The MCO must allow access to all non-formulary drugs through some exception process such as prior authorization. If an individual presents at a pharmacy and has a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, the pharmacy must dispense a 72-hour supply of the drug to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization. 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.

DISCUSSION:

To help explain the prior authorization process and 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).

Call the Pennsylvania Health Law Project at 1-800-274-3258 if you have any questions or problems.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>Pharmacy Services Section P.O. Box 8046 Harrisburg, Pennsylvania 17105</p> <p>1-800-932-0938</p> <p>Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.</p>

Attachment Information

Important Information About Your Prescription

Your prescription is for a drug that requires approval from your Managed Care Organization (MCO) before your MCO will pay for it. I can only give you a 72-hour supply at no charge to you.

You must call your doctor immediately to start the approval process.

After your doctor asks your MCO for approval, he/she should get an answer from your MCO within 24 hours. If the answer is "No" you or your doctor can appeal the decision.

If you were already getting a prescription which was denied or reduced, the prescription must be continued if you ask for a Fair Hearing from the Department of Public Welfare (DPW) and/or file a grievance with your MCO within 10 days after the date on the denial notice.

You can ask for a fair hearing from DPW or file a grievance with your MCO within 30 days of the date on the denial notice.

If you have any problems getting your prescription or need help filing a grievance or asking for a fair hearing, please call the Member Services number on your MCO card, or your MCO's Special Needs Unit.