



MEDICAL ASSISTANCE BULLETIN

ISSUE DATE September 17, 2009	EFFECTIVE DATE September 14, 2009	NUMBER *See Below
SUBJECT Prior Authorization of Neulasta – Pharmacy Services		BY  Michael Nardone, Deputy Secretary

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that the Department of Public Welfare (Department) will require prior authorization of prescriptions for Neulasta.
2. Issue new and updated handbook pages that include the type of information needed to evaluate requests for Neulasta for medical necessity.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service (FFS) delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department’s Drug Utilization Review (DUR) Board meets semi-annually to review provider prescribing and dispensing practices for efficacy, safety, and quality and to recommend interventions for prescribers and pharmacists through the Department’s Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

*01-09-29	09-09-30	27-09-27
02-09-26	11-09-26	30-09-26
03-09-26	14-09-26	31-09-31
08-09-30	24-09-29	32-09-26

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 Web site at www.dpw.state.pa.us/omap

DISCUSSION:

During the December 3, 2008 meeting of the DUR Board, the Board reviewed utilization data documenting claims for Neulasta for MA recipients without a corresponding claim for chemotherapy. Neulasta is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia. As a result of that review, the Board recommended that the Department require prior authorization of prescriptions for Neulasta for health and safety reasons and proposed guidelines to determine medical necessity of Neulasta. The requirement for prior authorization of Neulasta and the guidelines for medical necessity were subject to public review and comment and were subsequently approved by the Department.

Effective September 14, 2009, all prescriptions for Neulasta will require prior authorization.

PROCEDURE:

The procedures for prescribers to request prior authorization of prescriptions for Neulasta and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapters related to specific therapeutic classes of drugs) in reviewing the prior authorization request to determine medical necessity.

The requirements for prior authorization and clinical review guidelines to determine medical necessity of Neulasta and updated handbook chapters are included in the attached updated provider handbook pages.

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.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

SECTION II
Neulasta