



<b>ISSUE DATE</b>  June 21, 2011	<b>EFFECTIVE DATE</b>  July 11, 2011	<b>NUMBER</b> *See Below
<b>SUBJECT</b>  Prior Authorization of Nuedexta – Pharmacy Services		<b>BY</b>   Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purposes of this bulletin are to:

1. Inform providers that the Department of Public Welfare (Department) will require prior authorization of Nuedexta.
2. Issue new handbook pages that include instructions on how to request prior authorization of prescriptions for drugs that require prior authorization, including the type of medical information needed to evaluate requests 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:**

In response to concerns about potential adverse reactions, contraindications, warnings and precautions, and drug interactions related to Nuedexta, the Department is requiring prior authorization of this drug for health and safety reasons. The Department is issuing guidelines to determine medical necessity pending review by the Drug Utilization Review (DUR) Board at the next semi-annual meeting.

*01-11-12	09-11-13	27-11-10
02-11-07	11-11-07	30-11-07
03-11-08	14-11-08	31-11-13
08-11-14	24-11-11	32-11-07

**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/PartnersProviders](http://www.dpw.state.pa.us/PartnersProviders)

**DISCUSSION:**

The requirement for prior authorization and the clinical review guidelines to determine medical necessity of Nuedexta are undergoing a public review and comment period. If the Department receives comments that warrant modification to the current guidelines to determine medical necessity, the Department will modify those guidelines and re-issue the handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of all prescriptions for Nuedexta 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 chapter related to Nuedexta) in reviewing the prior authorization request to determine medical necessity.

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  
Nuedexta