



<b>ISSUE DATE</b> <b>July 29, 2010</b>	<b>EFFECTIVE DATE</b> <b>April 29, 2010</b>	<b>NUMBER</b> <b>*See Below</b>
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<b>SUBJECT</b> <b>Prior Authorization of Spiriva (Bronchodilators, Anticholinergic) - Pharmacy Services</b>	<b>BY</b>  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs
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**PURPOSE:**

The purpose of this bulletin is to inform providers that the Department of Public Welfare (Department) no longer requires prior authorization of prescriptions for Spiriva.

**SCOPE:**

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

**BACKGROUND:**

The Department implemented the requirement for prior authorization of prescriptions for Spiriva for health and safety reasons, effective December 1, 2005. Effective July 6, 2009, the Department automated prior authorization of Spiriva when the PROMISe™ Point-Of-Sale On-Line Claims Adjudication System certified that the recipient had a record of a paid claim(s) that documents medical necessity for Spiriva.

**DISCUSSION:**

Effective April 29, 2010, the Department removed the requirement for prior authorization of prescriptions for Spiriva. A retrospective review of requests for and approvals of prior authorization of prescriptions for Spiriva demonstrated that the prescriptions were medically necessary, clinically appropriate, and raised no health and safety concerns. Therefore, the Department removed the requirement for prior authorization.

*01-10-21	09-10-23	27-10-17
02-10-17	11-10-17	30-10-17
03-10-18	14-10-17	31-10-25
08-10-22	24-10-18	32-10-17

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type.

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