



ISSUE DATE January 25, 2013	EFFECTIVE DATE December 3, 2012	NUMBER *See below
SUBJECT Prior Authorization of Cytokine and CAM Antagonists – Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue re-formatted handbook pages that include instructions on how to request prior authorization of prescriptions for Cytokine and CAM Antagonists, 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/ DISCUSSION:

The Department of Public Welfare (Department) re-formatted the chapter related to Cytokine and CAM Antagonists in the MA Handbook Prior Authorization of Pharmaceutical Services to simplify the Chapter and make it easier for prescribing providers to locate the medical information needed to determine medical necessity of Cytokine and CAM Antagonists. There is no change to either the requirements for prior authorization of Cytokine and CAM Antagonists or the guidelines to determine medical necessity.

PROCEDURE:

The procedures for prescribers to request prior authorization of Cytokine and CAM Antagonists 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

*01-13-12	08-13-12	14-13-11	30-13-11	33-13-12
02-13-11	09-13-12	24-13-12	31-13-13	
03-13-11	11-13-11	27-13-12	32-13-11	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

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<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

related to Cytokine and CAM Antagonists) 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

Cytokine and CAM Antagonists