



ISSUE DATE January 7, 2013	EFFECTIVE DATE January 15, 2013	NUMBER *See below
SUBJECT Prior Authorization of Leukotriene Modifiers - Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Leukotriene Modifiers 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:

The Department of Public Welfare’s (Department) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to new drugs in therapeutic classes already included in the Preferred Drug List (PDL), changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred, new quantity limits, and new classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity.

*01-13-05	09-13-05	27-13-05	33-13-05
02-13-05	11-13-05	30-13-05	
03-13-05	14-13-05	31-13-05	
08-13-05	24-13-05	32-13-05	

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

DISCUSSION:

During the November 7, 2012 P&T Committee meeting, the P&T Committee recommended that Montelukast pediatric granules should be exempt from prior authorization when prescribed for a child under 2 years of age. The guidelines to determine medical necessity, as recommended by the P&T Committee, were subject to public review and comment, and subsequently approved for implementation by the Department. The requirements for prior authorization and clinical review guidelines to determine the medical necessity of Leukotriene Modifiers are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Leukotriene Modifiers 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 Leukotriene Modifiers) when 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
Leukotriene Modifiers