



ISSUE DATE May 3, 2013	EFFECTIVE DATE May 6, 2013	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 updated 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:

The Department of Public Welfare’s (Department) 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.

DISCUSSION:

During the March 20, 2013 meeting, the DUR Board recommended that the Department update the guidelines to determine medical necessity of Cytokine and CAM Antagonists to include screening for Hepatitis B, deletion of Amevive, and guidelines to determine medical necessity of a new medication, Xeljanz (tofacitinib citrate). Both the Centers for Disease

*01-13-27	09-13-29	27-13-27	33-13-29
02-13-25	11-13-25	30-13-25	
03-13-25	14-13-26	31-13-30	
08-13-27	24-13-27	32-13-25	

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Control and Prevention (CDC) and the European Association for the Study of the Liver (EASL) recommend that all patients should be tested for Hepatitis B virus (HBV) prior to initiation of long-term immunosuppressive therapy. Product labeling recommends that patients at risk for HBV infection should be evaluated for prior evidence of HBV infection before initiating therapy and prescribers should exercise caution when prescribing tumor necrosis factor (TNF) blockers for patients identified as carriers of HBV. References to Amevive were deleted as the manufacturer voluntarily discontinued the promotion, manufacturing, distribution and sales of Amevive in the U.S. market. The guidelines to determine medical necessity of Cytokine and CAM Antagonists, as recommended by the DUR Board, 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 Cytokine and CAM Antagonists are included in the attached updated provider handbook pages.

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 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