



ISSUE DATE July 2, 2013	EFFECTIVE DATE July 24, 2013	NUMBER *See below
SUBJECT Prior Authorization of Multiple Sclerosis Agents - Pharmacy Services		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue handbook pages that include instructions on how to request prior authorization of prescriptions for Multiple Sclerosis Agents, 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.

DISCUSSION:

During the May 16, 2013 P&T Committee meeting, the P&T Committee recommended that Aubagio (teriflunomide) be designated as preferred on the Department’s PDL. During a previous Drug Utilization Review (DUR) Board meeting, the Board recommended a clinical

*01-13-39	08-13-37	14-13-36	30-13-35	33-13-39
02-13-35	09-13-39	24-13-37	31-13-43	
03-13-35	11-13-35	27-13-37	32-13-35	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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prior authorization of Aubagio (teriflunomide) which the Department implemented effective May 6, 2013. The recommendations of the P&T Committee to designate Aubagio (teriflunomide) as preferred and maintain the requirement for a clinical prior authorization 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 Multiple Sclerosis Agents are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Multiple Sclerosis Agents 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 Multiple Sclerosis Agents) 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
Multiple Sclerosis Agents