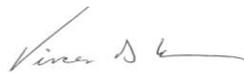


<b>ISSUE DATE</b> November 22, 2013	<b>EFFECTIVE DATE</b> December 2, 2013	<b>NUMBER</b> *See below
<b>SUBJECT</b>  Prior Authorization of Antipsychotics - Pharmacy Services		<b>BY</b>    Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to issue handbook pages that include instructions on how to request prior authorization of prescriptions for Antipsychotics 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 September 18, 2013 meeting, the DUR Board recommended that the Department modify the guidelines to determine medical necessity of Antipsychotics when prescribed for children under 18 years of age as part of the ongoing effort to address appropriate use of medications, and to mitigate the potential for adverse consequences resulting from inappropriate or over-utilization of medications for this population.

*01-13-52	09-13-50	27-13-49	33-13-49
02-13-44	11-13-44	30-13-44	
03-13-44	14-13-45	31-13-57	
08-13-49	24-13-46	32-13-44	

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at <a href="http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm">http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</a></p>
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The guidelines to determine medical necessity of Antipsychotics, 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 Antipsychotics are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Antipsychotics 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 Antipsychotics 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  
Antipsychotics