


ISSUE DATE November 15, 2021	EFFECTIVE DATE January 3, 2022	NUMBER *See below
SUBJECT Obsolete – Prior Authorization of Rilutek (riluzole) – Pharmacy Services		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform providers that the Department of Human Services (Department) will no longer require prior authorization for Rilutek (riluzole) in the fee-for-service (FFS) delivery system.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the FFS delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to the prior authorization of Rilutek (riluzole) to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

During the September 10, 2014, meeting, the Drug Utilization Review (DUR) Board recommended that the Department require prior authorization of Rilutek (riluzole) to ensure

*01-21-39	09-21-38	27-21-30	33-21-38
02-21-26	11-21-28	30-21-33	
03-21-26	14-21-29	31-21-41	
08-21-41	24-21-36	32-21-26	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

appropriate utilization and beneficiary safety. The requirement for prior authorization and the guidelines to determine medical necessity, as recommended by the DUR Board, were subject to public review and comment, and subsequently approved for implementation by the Department.

A recent review of pharmacy claims data conducted by the Department and a review of prior authorization requests for Rilutek (riluzole) received by the Department indicate that Rilutek (riluzole) is being utilized appropriately. A review of current medical literature and national compendia support the overall safety and efficacy of Rilutek (riluzole). The Department is removing the requirement for prior authorization of Rilutek (riluzole) based on history of appropriate drug utilization and the excellent safety profile of Rilutek (riluzole).

OBSOLETE BULLETIN:

MA Bulletin 01-14-51, 02-14-41, 03-14-44, 08-14-45, 09-14-44, 11-14-41, 14-14-41, 24-14-42, 27-14-42, 30-14-48, 32-14-41, 33-14-43, titled "Prior Authorization of Rilutek (riluzole) – Pharmacy Services," issued December 29, 2014.