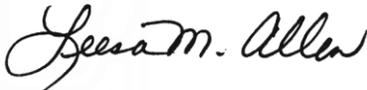


<b>ISSUE DATE</b>  January 6, 2016	<b>EFFECTIVE DATE</b>  January 20, 2016	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Methotrexate - Pharmacy Service	<b>BY</b>   Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs	

**IMPORTANT REMINDER:** All providers (including all associated service locations - 13 digits) who enrolled on or before **March 25, 2011** must revalidate their enrollment information no later than **March 24, 2016**. New enrollment application including all revalidation requirements may be found at [http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994) Please send in your application(s) as soon as possible.

**PURPOSE:**

The purpose of this bulletin is to:

1. Inform providers that the Department of Human Services (Department) is adding the Methotrexate class of drugs to the Preferred Drug List (PDL).
2. Issue handbook pages that include instructions on how to request prior authorization of prescriptions for Methotrexate, 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's 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,

*01-16-06	09-16-06	27-16-06	
02-16-06	11-16-06	30-16-06	
03-16-06	14-16-06	31-16-06	
08-16-06	24-16-06	32-16-06	33-16-06

**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 Web site at  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

new quantity limits, and 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 November 3, 2015 meeting, the P&T Committee recommended that the Department add the Methotrexate class of drugs to the PDL. The proposed guidelines to determine medical necessity of Methotrexate were subject to public review and comment, and subsequently approved for implementation by the Department. The revised clinical review guidelines to determine the medical necessity of Methotrexate are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Methotrexate 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 chapters related to Methotrexate) 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  
Methotrexate

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Methotrexate**

A. Prescriptions That Require Prior Authorization

The following prescriptions for Methotrexate require prior authorization:

1. A prescription for a non-preferred Methotrexate. See the Preferred Drug List (PDL) for the list of preferred Methotrexates at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. A prescription for a preferred or non-preferred Methotrexate with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:  
[http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/s\\_002077.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/s_002077.pdf)

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Methotrexate, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, a contraindication to or intolerance of the preferred products

**OR**

2. Does not meet the clinical review guideline listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.
3. In addition, if a prescription for either a preferred or non-preferred Methotrexate is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B above, to assess the medical necessity of the request for a prescription for Methotrexate. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.