



<b>ISSUE DATE</b>  August 27, 2010	<b>EFFECTIVE DATE</b>  September 13, 2010	<b>NUMBER</b>  *See Below
<b>SUBJECT</b> Prior Authorization of Analgesics, Narcotic Short Acting - Pharmacy Services		<b>BY</b>   Michael Nardone, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to issue updated Prior Authorization of Pharmaceutical Services Handbook pages for Analgesics, Narcotic Short Acting that include instructions on how to request prior authorization of prescriptions for drugs that require prior authorization, 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.

*01-10-25	09-10-27	27-10-20
02-10-19	11-10-19	30-10-19
03-10-21	14-10-20	31-10-28
08-10-26	24-10-22	32-10-19

**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 [www.dpw.state.pa.us/PartnersProviders](http://www.dpw.state.pa.us/PartnersProviders)

**DISCUSSION:**

The Department is re-issuing the Handbook pages for Analgesics, Narcotic Short Acting to reflect the recommendations of the DUR Board during the June 2, 2010 DUR Board meeting. Edits include the requirement for prior authorization of Hydromorphone, the addition of guidelines to determine medical necessity of Hydromorphone, modification to the guidelines to determine medical necessity of prescriptions that exceed established quantity/daily dose limits, and other editorial changes. All changes to 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.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of non-preferred drugs, preferred drugs that require prior authorization, and drugs not subject to the preferred drug list (PDL) that require prior authorization and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization 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 specific therapeutic classes of drugs) in reviewing the prior authorization request to determine medical necessity.

The requirements for prior authorization and clinical review guidelines to determine medical necessity of Analgesics, Narcotic Short Acting are included in the attached updated provider handbook pages.

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

Analgesics, Narcotic Short Acting