



<b>ISSUE DATE</b>  December 10, 2011	<b>EFFECTIVE DATE</b>  January 3, 2012	<b>NUMBER</b>  *See below	
<b>SUBJECT</b>  Prior Authorization of Hepatitis C Agents – Pharmacy Services		<b>BY</b>    Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

**IMPORTANT REMINDER:** If you submit HIPAA compliant electronic healthcare claim transactions to the department, you need to be prepared for the ANSI X12 v5010 and NCPDP vD.0 upgrades in order to prevent the rejection of your claims. The CMS mandated compliance date for all covered entities to use the new standards is January 1, 2012. For additional information, visit the DPW website at:  
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Hepatitis C Agents 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.

*01-11-55	09-11-55	27-11-53	33-11-17
02-11-48	11-11-49	30-11-48	
03-11-49	14-11-49	31-11-54	
08-11-57	24-11-55	32-11-48	

**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)

**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 21, 2011 meeting, the DUR Board recommended that the Department amend the guidelines to determine medical necessity of Hepatitis C Agents to include HCV Protease Inhibitors and address ribavirin safety concerns as well as substance abuse and treatment compliance. The recommended guidelines to determine medical necessity of Hepatitis C Agents 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 Hepatitis C Agents are included in the attached updated provider handbook pages.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Hepatitis C Agents is 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 Hepatitis C Agents) in 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  
Hepatitis C Agents