Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 6, 2025	January 5, 2026	*See below

SUBJECT	BY
Prior Authorization of Analgesics, Acute Pain Agents – Pharmacy Services	Sally 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.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers of the addition of the Analgesics, Acute Pain Agents therapeutic class to the Statewide Preferred Drug List (PDL).
2. Issue new handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Analgesics, Acute Pain Agents submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Analgesics, Acute Pain Agents will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Analgesics, Acute Pain Agents to the appropriate managed care organization.

BACKGROUND:

*01-26-01	09-26-01	27-26-01	33-26-01
02-26-01	11-26-01	30-26-01	
03-26-01	14-26-01	31-26-01	
08-26-01	24-26-01	32-26-01	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included on the Statewide Preferred Drug List.
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

DISCUSSION:

During the September 24, 2025, meeting, the P&T Committee recommended that the Department add the Analgesics, Acute Pain Agents therapeutic class to the Statewide PDL and proposed guidelines to determine medical necessity of prescriptions for Analgesics, Acute Pain Agents.

The requirement for prior authorization and guidelines to determine medical necessity of prescriptions for Analgesics, Acute Pain Agents submitted for prior authorization, as recommended by the P&T Committee, 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 Analgesics, Acute Pain Agents 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 Analgesics, Acute Pain Agents) 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 and products that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I

Pharmacy Prior Authorization General Requirements
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html

I. Requirements for Prior Authorization of Analgesics, Acute Pain Agents

A. Prescriptions that Require Prior Authorization

All prescriptions for Analgesics, Acute Pain Agents must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Analgesics, Acute Pain Agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Is prescribed for the treatment of a diagnosis that is indicated in the U.S. Food and Drug (FDA)-approved package labeling or a medically accepted indication; **AND**

2. Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**

3. Is prescribed a dose and duration of therapy that are consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**

4. Does not have a contraindication to the prescribed drug; **AND**

5. Has a history of therapeutic failure of or a contraindication or an intolerance to **both** of the following:

   a. Acetaminophen
   b. An NSAID;

   AND

6. For Journavx (suzetrigine), **both** of the following:

   a. Has not received a 14-day supply of Journavx (suzetrigine) in the past 90 days
   b. If Journavx (suzetrigine) has been used in the past, has documentation that the beneficiary is experiencing a new episode of moderate to severe acute pain that is separate and distinct from the previous episode that was treated with Journavx (suzetrigine);

   AND

7. For a non-preferred Analgesics, Acute Pain Agent, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Acute Pain Agents. See the Preferred Drug List for the list of preferred Analgesics, Acute Pain Agents at: https://papdl.com/preferred-drug-list; **AND**

8. If a prescription for an Analgesics, Acute Pain Agent is for 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. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html.

   NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

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 a prescription for an Analgesics, Acute Pain Agent. 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 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 beneficiary.

D. Dose and Duration of Therapy

Requests for prior authorization of Journavx (suzetrigine) will be approved for up to 14 days.

E. References

1. Explain How Suzetrigine Stacks Up for Acute Pain. Pharmacist's Letter. March 2025, No. 410303
2. Journavx (suzetrigine) Prescribing Information. Boston, MA; Vertex Pharmaceuticals; January 2025.
3. Schwenk, E.S. Nonopioid pharmacotherapy for acute pain in adults. UpToDate. Accessed August 15, 2025.