


ISSUE DATE July 23, 2018	EFFECTIVE DATE July 23, 2018	NUMBER *See below
SUBJECT Prior Authorization of Analgesics, Non-Opioid Barbiturate Combinations – 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:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Analgesics, Non-Opioid Barbiturate Combinations submitted for prior authorization.

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 delivery system. Providers rendering services under the MA managed care delivery system should address any questions related to Analgesics, Non-Opioid Barbiturate Combinations to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (DHS) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make

*01-18-12	09-18-13	27-18-11	33-18-12
02-18-07	11-18-07	30-18-07	
03-18-07	14-18-08	31-18-13	
08-18-14	24-18-08	32-18-07	

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>
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recommendations relating to the following:

- 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;
- New quantity limits;
- Classes of drugs to be added to the PDL; and
- Guidelines to determine medical necessity.

DISCUSSION:

During the May 16, 2018, meeting, the P&T Committee recommended a change in the status of several drugs within this class from non-preferred to preferred. In response to this change, the DHS is adding the standard guideline to determine medical necessity of a non-preferred drug within this class. The new medical necessity guideline was subject to public review and comment, and subsequently approved for implementation by DHS. In addition, DHS is revising the title of this handbook chapter to more accurately reflect the scope of drugs covered in this class and to be consistent with the terminology used in the title of other classes of drugs.

PROCEDURE:

The procedures for prescribers to request prior authorization of Analgesics, Non-Opioid Barbiturate Combinations are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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, Non-Opioid Barbiturate Combinations) 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
Analgesics, Non-Opioid Barbiturate Combinations

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Analgesics, Non-Opioid Barbiturate Combinations

A. Prescriptions That Require Prior Authorization

A prescription for a Non-Opioid Barbiturate Combination Analgesic that meets any of the following conditions must be prior authorized:

1. A preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred and non-preferred Analgesics, Non-Opioid Barbiturate Combinations at:
<https://papdl.com/preferred-drug-list>.
2. A preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:
<http://dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.

B. 5-Day Supply

5-Day supplies of an Analgesic, Non-Opioid Barbiturate Combination agent, pending approval of a request for prior authorization, are limited to one (1) 5-day supply per beneficiary during a six (6) month period.

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

In evaluating a request for prior authorization of an Analgesic, Non-Opioid Barbiturate Combination agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Is being treated for a condition that is U.S. Food and Drug Administration (FDA) approved or a medically accepted indication

AND

2. Is age-appropriate according to FDA-approved package labeling

AND

3. If age 65 years or older,

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- a. Received a risk assessment by the prescriber and the prescriber indicated that the benefits of the requested medication outweigh the risks for the beneficiary

AND

- b. Has documentation of prescriber counseling regarding the potential increased risks of the requested medication

AND

4. Is not taking primidone or other medication(s) containing a barbiturate

AND

5. Will be taking a dose that is consistent with FDA-approved package labeling

AND

6. Will not be taking the requested medication on more than three (3) days per month

AND

7. Has a diagnosis of headache based on the most current International Headache Society Classification of Headache Disorders

AND

8. Has a documented history of trial and failure, intolerance, or contraindication of standard abortive medication based on headache classification as recommended by the most recent American Academy of Neurology, American Academy of Family Physicians, World Health Organization, or European Academy of Neurology treatment guidelines

AND

9. If being treated for chronic daily headache, defined as the presence of headache on 15 days or more per month for at least three (3) months:

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- a. Has documentation of results of a physical examination and complete neurologic examination to rule out secondary causes of headache

AND

- b. Has documentation of an evaluation for the overuse of abortive medications, including but not limited to acetaminophen, NSAIDs, triptans, butalbital, caffeine, and opioids

AND

- c. Has documentation of prescriber counseling regarding behavioral modifications, such as cessation of caffeine and tobacco use, improved sleep hygiene, diet changes, and regular mealtimes

AND

- d. Is taking preventive drug therapy based on headache classification as recommended by the most recent American Academy of Neurology, American Academy of Family Physicians, World Health Organization, or European Academy of Neurology treatment guidelines

OR

- e. Has a contraindication or intolerance of standard preventive drug therapies

AND

- f. Has documentation of prescriber counseling regarding the potential adverse effects of Analgesics, Non-Opioid Barbiturate Combination agents, including the risk of medication overuse headache, misuse, abuse, and addiction

AND

- g. For beneficiaries with a history of substance use disorder, has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

AND

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10. Is being treated by a prescribing provider who confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Non-Opioid Barbiturate Combination

AND

11. For a non-preferred Analgesic, Non-Opioid Barbiturate Combination agent, has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Analgesic, Non-Opioid Barbiturate Combination agents.
12. In addition, if a prescription for either a preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination agent 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.

NOTE: As described in Section D, if the beneficiary does not meet the clinical review guidelines and/or the quantity limit 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.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C above, to assess the medical necessity of a prescription for a Non-Opioid Barbiturate Combination Analgesic. If the guidelines in Section C 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.