

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Analgesics, Narcotic Long Acting**

**A. Prescriptions That Require Prior Authorization**

All prescriptions for Analgesics, Narcotic Long Acting must be prior authorized:

1. See Preferred Drug List (PDL) for the list of preferred Analgesics, Narcotic Long Acting at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. See Quantity Limits for the list of drugs with quantity limits at:  
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

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

In evaluating a request for prior authorization of a prescription for an Analgesic, Narcotic Long Acting, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For all non-preferred Analgesics, Narcotic Long Acting – Whether the recipient:
  - a. Has a documented history of intolerance, a contraindication to, or therapeutic failure of the preferred Analgesics, Narcotic Long Acting.

**AND**

- b. Is prescribed an FDA-approved starting dose or there is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid containing medications.

**AND**

2. For a prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting when there is a record of 4 or

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more paid claims for Analgesics, Narcotic Long Acting and Analgesics, Narcotic Short Acting, whether:

- a. The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines that corroborate use of the quantity of medication being prescribed

**AND**

- b. The multiple prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

3. For a prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting when prescribed for a child under 21 years of age, whether the recipient:

- a. Has documentation of pain that is:
  - i. Caused by a medical condition

**AND**

- ii. Not neuropathic or migraine in type

**AND**

- iii. Severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

**AND**

- b. Has documentation of the anticipated duration of therapy

**AND**

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- c. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:
  - i. Non-pharmacologic techniques (i.e., behavioral, cognitive, physical and/or supportive therapies)

**AND**

- ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

**AND**

- d. Has documentation of a trial of Analgesics, Narcotic Short Acting

**AND**

- e. Is prescribed a dose that is appropriate for the recipient's age and/or weight, as listed in:

- i. The FDA-approved package insert

**OR**

- ii. Nationally recognized compendia for medically-accepted indications for off-label use

**OR**

- iii. Medically accepted standards of care that corroborate use, such as peer-reviewed literature or national treatment guidelines

**AND**

- f. Has documentation that the recipient or parent/guardian has been educated on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction

**AND**

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- g. Was assessed for recent use (within the past 60 days) of an opioid analgesic

**AND**

- h. For a recipient with a history of substance use disorder, has a recent urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone and fentanyl) that is consistent with prescribed controlled substances

**AND**

- 4. For a prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting when prescribed for an adult 21 years of age or older, whether the recipient:

- a. Has documentation of pain that is:

- i. Caused by a medical condition

**AND**

- ii. Not neuropathic or migraine in type

**AND**

- iii. Severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

**AND**

- b. Has documentation of the anticipated duration of therapy

**AND**

- c. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:

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- i. Non-pharmacologic techniques (i.e., behavioral, cognitive, physical and/or supportive therapies)

**AND**

- ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

**AND**

- d. Has documentation of a trial of Analgesics, Narcotic Short Acting

**AND**

- e. Is opioid-tolerant (defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day or an equi-analgesic dose of another opioid for one week or longer)

**AND**

- f. Has documentation of education on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction

**AND**

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

**AND**

- 5. When determining medical necessity of a prescription for a preferred or non-preferred Analgesic, Narcotic Long Acting for a recipient with a concurrent prescription for an Oral Buprenorphine Agent, the physician reviewer will consider whether:

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- a. The prescription for the Oral Buprenorphine Agent and the Analgesic, Narcotic Long Acting are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

- b. The recipient has a need for therapy with an Analgesic, Narcotic Long Acting and the Oral Buprenorphine therapy will be suspended during the treatment for pain

**OR**

6. For all Analgesics, Narcotic Long Acting that do not meet the clinical review guidelines listed above, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

Quantity Limits - In addition, if the quantity of a prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting exceeds the quantity limit, the determination of whether the prescription is medically necessary will take into account the guidelines in the Quantity Limits Handbook Chapter and whether:

1. The recipient has severe pain

**AND**

2. The medication is being prescribed by an appropriate specialist or in consultation with an appropriate specialist

**AND**

3. A narcotic pain reliever at the requested dose is the most appropriate treatment option as documented by the following:
  - a. Pain is inadequately controlled at the current quantity limit

**AND**

- b. Pain is inadequately controlled by other Analgesics, Narcotic Long Acting

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**OR**

- c. The recipient has a history of a contraindication or adverse reaction to alternative Analgesics, Narcotic Long Acting

**AND**

- 4. For doses that exceed the FDA-approved starting dose, there is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid-containing medications.

**AND**

- 5. The requested dosing interval does not exceed the maximum FDA-approved dosing interval.

**OR**

- 6. The quantity of a prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting exceeds the quantity limit and does not meet the guidelines listed above, but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

FOR RENEWALS OF PRESCRIPTIONS FOR ANALGESICS, NARCOTIC LONG ACTING: Requests for prior authorizations of renewals for Analgesics, Narcotic Long Acting that were previously approved will take into account whether:

- 1. The recipient experienced an improvement in pain control and level of functioning while on the requested agent

**AND**

- 2. For a recipient with a history of substance use disorder, has a recent UDS (including testing for licit and illicit drugs with the potential for abuse; and specific testing for oxycodone and fentanyl) that is consistent with prescribed controlled substances

C. Automated Prior Authorization

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Prior authorization of a prescription for a preferred Analgesic, Narcotic Long Acting will be automatically approved when the PROMISe Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim 365 days prior to the date of service that documents:

1. A diagnosis of cancer, sickle cell with crisis or newborn drug withdrawal syndrome for a recipient under 21 years of age.

**OR**

2. A diagnosis of cancer or sickle cell with crisis for an adult 21 years of age or older.

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 the request for a prescription for an Analgesic, Narcotic Long Acting. If the guidelines in Section C. are met, the reviewer will prior authorize the prescription.

The prior authorization request will be referred to a physician reviewer for a medical necessity determination when any of the following occur:

1. The guidelines are not met

**OR**

2. The prescription is for a Analgesic, Narcotic Long Acting with a concurrent prescription for an Oral Buprenorphine Agent

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.

F. Dose and Duration of Therapy

The Department will limit authorization of prescriptions for Analgesics, Narcotic Long Acting to three (3) months of therapy.

References:

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