I. Requirements for Prior Authorization of Antimigraine Agents, Triptans

A. Prescriptions That Require Prior Authorization

Prescriptions for Antimigraine Agents, Triptans that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Antimigraine Agent, Triptan. See Preferred Drug List (PDL) for the list of preferred Antimigraine Agents, Triptans at: www.providersynergies.com/services/documents/PAM_PDL.pdf

2. A prescription for a preferred Antimigraine Agent, Triptan with a prescribed quantity that exceeds the quantity limit. 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. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antimigraine Agent, Triptan, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Antimigraine Agents, Triptans.

OR

2. 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 recipient

In addition, if a prescription for either a preferred or non-preferred Antimigraine Agent, Triptan is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account whether the recipient has documentation of a history of:

1. Chronic, severe migraine as defined by the International Classification of Headache Disorders (ICHD) criteria

AND

2. Concurrent use of prophylactic migraine medication

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 the request for a prescription for an Antimigraine Agent, Triptan. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When the non-preferred Antimigraine Agent, Triptan being prescribed is therapeutically equivalent to other non-preferred Antimigraine Agents, Triptans, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly, therapeutically equivalent, non-preferred Antimigraine Agent, Triptan. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Antimigraine Agent, Triptan authorized by the reviewer, 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 recipient.