MEDICAL ASSISTANCE
BULLETIN

ISSUE DATE
January 31, 2017

EFFECTIVE DATE
January 31, 2017

NUMBER
*See below

SUBJECT
Prior Authorization of Analgesics, Non-Narcotic
Barbiturate Combinations - Pharmacy Services

BY
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Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. 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:

1. Inform providers that the Department of Human Services (Department) will require prior authorization of Analgesics, Non-Narcotic Barbiturate Combinations.

2. Issue handbook pages that include instructions on how to request prior authorization of Analgesics, Non-Narcotic Barbiturate Combinations, 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.

BACKGROUND:

The Department’s 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

| 01-17-05   | 09-17-04   | 27-17-03   |
| 02-17-03   | 11-17-03   | 30-17-04   |
| 03-17-03   | 14-17-03   | 31-17-05   |
| 08-17-04   | 24-17-03   | 32-17-03   | 33-17-04   |

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 http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm
Prospective Drug Use Review (ProDUR) and Retrospective Drug Use Review (RetroDUR) programs.

DISCUSSION:

During the September 26, 2016 meeting, the DUR Board recommended that the Department require prior authorization of Non-Narcotic Barbiturate Combination Analgesics to ensure appropriate utilization and patient safety. The requirement for prior authorization and the guidelines to determine medical necessity, as recommended by the DUR Board, 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 Analgesics, Non-Narcotic Barbiturate Combinations are included in the attached updated provider handbook pages.

PROCEDURE:

The procedures for prescribers to request prior authorization of Analgesics, Non-Narcotic Barbiturate Combinations 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 chapters related to Analgesics, Non-Narcotic 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-Narcotic Barbiturate Combinations
I. Requirements for Prior Authorization of Analgesics, Non-Narcotic Barbiturate Combinations

A. Prescriptions That Require Prior Authorization

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

1. A prescription for a preferred or non-preferred Analgesics, Non-Narcotic Barbiturate Combinations, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred and non-preferred Analgesics, Non-Narcotic Barbiturate Combinations at: https://papdl.com/preferred-drug-list

2. A prescription for a preferred or non-preferred Analgesics, Non-Narcotic 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-Narcotic Barbiturate Combination agent, pending approval of a request for prior authorization, are limited to one (1) 5-day supply per recipient 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-Narcotic Barbiturate Combination agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

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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PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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

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 narcotics

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-Narcotic Barbiturate Combination agents, including the risk of medication overuse headache, misuse, abuse, and addiction

AND

g. For recipients 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
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 recipient’s controlled substance prescription history before prescribing the Analgesic, Non-Narcotic Barbiturate Combination

OR

11. Does not meet the clinical review guidelines above, but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

12. In addition, if a prescription for either a preferred or non-preferred Analgesic, Non-Narcotic 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.

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 a Non-Narcotic Barbiturate Combination Analgesic. 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 recipient.