

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Myalgia and Neuropathy Agents (Formerly Fibromyalgia Agents)**

A. Prescriptions That Require Prior Authorization

Prescriptions for Myalgia and Neuropathy Agents that meet any of the following conditions must be prior authorized:

1. All prescriptions for non-preferred Myalgia and Neuropathy Agents, regardless of the quantity prescribed. See the most recent Preferred Drug List (PDL) for the list of preferred and non-preferred Myalgia and Neuropathy Agents at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. All prescriptions for preferred Myalgia and Neuropathy Agents medically accepted for the treatment of fibromyalgia , regardless of the quantity prescribed.
3. A prescription for a Myalgia and Neuropathy Agent 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/ucmprd/groups/webcontent/documents/document/s\\_002077.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002077.pdf)

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Myalgia and Neuropathy Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For requests for prior authorization of a preferred Myalgia and Neuropathy Agent medically accepted for the treatment of fibromyalgia, whether the recipient has:

a. A diagnosis of fibromyalgia

**AND**

b. A documented history of widespread pain as defined by the American College of Rheumatology present for at least three (3) months.

**AND**

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- c. A presence of 11 out of 18 paired, bilateral tender points as delineated by the American College of Rheumatology; see <http://www.nfra.net/Diagnost.htm> for a picture and description of the locations of tenderness

NOTE: Future final revisions to the American College of Rheumatology criteria for the classification of Fibromyalgia will apply when determining medical necessity. See the American College of Rheumatology website at <http://www.rheumatology.org/practice/clinical/classification/fibromyalgia/fibro.asp>

**AND**

- d. Been evaluated and treated for other causes of pain consistent with a differential diagnosis to include but not limited to the following:
- i. Rheumatic diseases
  - ii. Polymyalgia rheumatica
  - iii. Myositis
  - iv. Hypothyroidism
  - v. Neuropathies
  - vi. Hypovitaminosis D
  - vii. Liver disease

**AND**

- e. A history of therapeutic failure of, or a documented contraindication to, the following first line therapies:
- i. Non-pharmacologic therapies (Examples of non-pharmacologic therapies include, but are not limited to the following: heated pool treatment [with or without exercise], physiotherapy, cognitive-behavioral therapy, aerobic exercise, strength training, or relaxation, etc.),

**AND**

- ii. At least 1 pharmacological treatment from the following therapeutic classes or medications: tricyclic antidepressants, selective serotonin reuptake inhibitors, or gabapentin

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2. For requests for prior authorization of a non-preferred Myalgia and Neuropathy Agent medically accepted for the treatment of fibromyalgia, whether the recipient:
- a. Meets the guidelines listed above for a preferred Myalgia and Neuropathy Agents

**AND**

- b. Has a documented history of therapeutic failure, contraindication or intolerance to the preferred Myalgia and Neuropathy Agents

**OR**

3. For Gralise (gabapentin extended release) whether the recipient:

- a. Has a diagnosis of postherpetic neuralgia (PHN)

**AND**

- b. Has a documented history of therapeutic failure, contraindication or intolerance to tricyclic antidepressants and regular release gabapentin (titrated to maximal tolerated effective dose of 1800 mg/day)

**AND**

- c. Does not have a creatinine clearance less than 30 mL/min

**OR**

4. For Lidoderm (lidocaine topical patch) whether the recipient:

- a. Has a diagnosis of postherpetic neuralgia (PHN)

**AND**

- b. Has a documented history of therapeutic failure, contraindication or intolerance to tricyclic antidepressants and gabapentin

**OR**

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5. For all other non-preferred Myalgia and Neuropathy Agents, whether the recipient has a documented history of therapeutic failure, contraindication or intolerance to the preferred Myalgia and Neuropathy Agents with the same indication

**OR**

6. For requests for prior authorization of either a preferred or non-preferred Myalgia and Neuropathy Agent, whether the recipient 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.
7. In addition, if a prescription for either a preferred or non-preferred Myalgia and Neuropathy 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 that are set forth in the Quantity Limits Chapter.
8. For requests for renewals of prior authorization of either a preferred or non-preferred Myalgia and Neuropathy Agent, whether the MA recipient has a documented clinical response showing symptom improvement or stabilization

C. Clinical Review Process

All requests for prior authorization of a Myalgia and Neuropathy Agent will be automatically forwarded to a physician reviewer for a medical necessity determination.

The physician reviewer will prior authorize the prescription when:

1. The guidelines in Section B. are met, **OR**
2. In the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

References:

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3. Cymbalta. [package insert]. Eli Lilly and Company. Indianapolis, IN. 2010.
4. Lyrica [package insert]. Pfizer. New York, NY. 2009.
5. National Guideline Clearinghouse. Fibromyalgia Treatment Guideline. 2009.
6. Wolfe F, Smythe HA, Yunus MB, et al. "The American College Of Rheumatology 1990 Cirteria For The Classification Of Fibromyalgia." Arthritis and Rheumatism 33.2 (1990): 160-72.
7. National Guideline Clearinghouse. Guideline For The Management Of Fibromyalgia Syndrome Pain In Adults And Children. 2009.
8. Goldenberg, DL et.al. Differential Diagnosis of Fibromyalgia. UpToDate. Accessed October 28, 2011
9. Bajwa ZH et.al. Postherpetic Neuralgia, UpToDate. Accessed October 28, 2011