

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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

A. Prescriptions That Require Prior Authorization

Prescriptions for Analgesics, Narcotic Long Acting that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Analgesic, Narcotic Long Acting regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Analgesic, Narcotic Long Acting at:
<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/MAPharmProg/>
2. A prescription for a preferred Analgesic, Narcotic Long Acting 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/PartnersProviders/MedicalAssistance/DoingBusiness/MAPharmProg/003675066.htm>
3. A prescription for Methadone.
4. A prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting when the recipient is taking more than one Analgesic, Narcotic Long Acting concurrently.

The PROMISe™ Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for an Analgesic, Narcotic Long Acting within the past 60 days.

5. A prescription for either a preferred or non-preferred Analgesic, Narcotic Long Acting when a recipient has a concurrent prescription for an Oral Buprenorphine Agent.

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 whether:

1. For Methadone - The MA recipient:
 - a. Is 18 years of age or older

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AND

- b. Has moderate to severe chronic pain

AND

- c. Is not being prescribed methadone for substance abuse treatment

AND

- d. Is not opioid naïve as evidenced by MA Program paid claims history or chart documentation

AND

- e. Is not taking benzodiazepines or skeletal muscle relaxants concomitantly

AND

- f. Does not consume frequent or excessive alcohol

AND

- g. Does not have a documented contraindication to methadone

AND

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

- 2. For all non-preferred Analgesic, Narcotic Long Acting – The recipient:

- a. Has a history of a contraindication to or therapeutic failure of preferred Analgesic, Narcotic Long Acting drugs.

AND

- b. Is prescribed an FDA-approved starting dose or there is documentation demonstrating an appropriate upward

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titration or an appropriate conversion from other opioid containing medications.

3. For all non-preferred Analgesic, Narcotic Long Acting drugs and Methadone 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.
4. 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:
 - 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.

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 moderate to 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

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AND

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

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.

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 Analgesic, Narcotic Long Acting. If the guidelines in Section B. 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

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2. The prescription is for an 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.

References:

1. Methadone: focus on safety. Pharmacist's Letter/Prescriber's Letter 2006; 22(9):220902
2. Cytochrome P450 drug interactions. Pharmacist's Letter/Prescriber's Letter 2006; 22(2):220233
3. Subutex [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
4. Suboxone [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
5. Suboxone/Subutex Pharmacist's Letter/Prescriber's Letter 2009;25(1):250101.