

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Opiate Dependence Treatments (Formerly Oral Buprenorphine Agents)

A. Prescriptions That Require Prior Authorization

Prescriptions for Opiate Dependence Treatments that meet any of the following conditions must be prior authorized:

1. A prescription for an Oral Buprenorphine Agent, regardless of the quantity prescribed
2. A prescription for a non-preferred Opiate Dependence Treatment. See the Preferred Drug List (PDL) for the list of preferred and non-preferred Opiate Dependence Treatments at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
3. A prescription for an Opiate Dependence Treatment 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>

REMINDER: A prescription for a Benzodiazepine, Narcotic Analgesic, or Skeletal Muscle Relaxant requires prior authorization when a recipient has a concurrent prescription for an Oral Buprenorphine Agent.

B. Review of Documentation for Medical Necessity

In evaluating an initial request for prior authorization of a prescription for an Oral Buprenorphine Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. Whether the recipient:
 - a. Has a diagnosis of opioid dependence as documented by the following:
 - i. A history consistent with the most current Diagnostic and Statistical Manual of Mental Disorder (DSM) criteria

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AND

- ii. An initial urine drug screen (includes testing for substances of abuse) that is consistent with the diagnosis of opioid dependence

OR

- iii. A history of opioid dependence and active withdrawal as documented by a Clinical Opiate Withdrawal Scale (COWS) score greater than or equal to 9 at the time of treatment initiation

OR

- iv. A history of opioid dependence with cravings and failure of intensive treatments such as substance abuse or behavioral health treatment in combination with an opioid antagonist

AND

- b. Has documentation of a signed consent form authorizing the certified physician to release the recipient's medical information in the patient record for the purposes of referral to substance abuse or behavioral health treatment

AND

- c. Has documentation of an initial evaluation by a licensed Drug & Alcohol (D&A) provider or a Single County Authority (SCA) to determine the recommended level of care

AND

- d. Has documentation of a referral to or participation in a substance abuse or behavioral health treatment program, or behavioral health counseling. Treatment programs and counseling must be conducted by a licensed Drug & Alcohol (D&A) provider and must be consistent with the

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recommended level of care determined in the
evaluation by the D&A provider or the SCA.

AND

- e. Is being prescribed an Oral Buprenorphine Agent by a prescriber who has been issued a unique identification number by the Drug Enforcement Agency (DEA) certifying prescribing authority for Buprenorphine Agents

AND

- f. Is not taking a Benzodiazepine

AND

- 2. For Buprenorphine without Naloxone, whether the recipient is unable to take Suboxone because the recipient:

- a. Is pregnant

OR

- b. Has a documented history of allergic reaction to Naloxone

AND

- 3. For a non-preferred Opiate Dependence Treatment, whether the recipient has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Opiate Dependence Treatments

OR

- 4. 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.

In evaluating a request for prior authorization of a renewal of a prescription for an Oral Buprenorphine Agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient :

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1. Demonstrates compliance with the Oral Buprenorphine Agent therapy as documented by a recent urine drug screen (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone) that is:

- a. Positive for Buprenorphine and Norbuprenorphine

AND

- b. Consistent with prescribed controlled substances.

AND

2. Has a documented history in the medical record of abstinence from alcohol

AND

3. Has documentation of:

- a. An initial evaluation by a licensed Drug & Alcohol (D&A) provider or a Single County Authority (SCA) to determine the recommended level of care **AND**

- b. Participation with a licensed drug and alcohol (D&A) or behavioral health provider at the recommended level until successful completion of the program **AND**

- c. Upon successful completion of the program, participation in a substance abuse or behavioral health counseling or treatment program or an addictions recovery program

AND

4. Is being prescribed an Oral Buprenorphine Agent by a prescriber who has been issued a unique identification number by the Drug Enforcement Agency (DEA) certifying prescribing authority for Buprenorphine Agents

AND

5. Is not taking a Benzodiazepine

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OR

6. Does not meet the clinical review guidelines for a renewal 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 an Opiate Dependence Treatment 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 an Opiate Dependence Treatment. If the guideline in Section B is met, the reviewer will prior authorize the prescription. If the guideline is 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.

D. Dose and Duration of Therapy

Requests for prior authorization of Oral Buprenorphine Agents will be approved for a period of up to three (3) months.

References:

1. SUBOXONE® [package insert]. Richmond, VA: Reckitt Benckiser Pharmaceuticals Inc.; 2006.
2. SUBUTEX® [package insert]. Richmond, VA: Reckitt Benckiser Pharmaceuticals Inc.; 2006.