

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Antidepressants, Other

a. Prescriptions That Require Prior Authorization

Prescriptions for Antidepressants, Other which meet any of the following conditions, must be prior authorized:

1. A prescription for a non-preferred Antidepressant, Other, regardless of the quantity prescribed. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Antidepressants, Other.
2. A prescription for a preferred Antidepressant, Other with a prescribed quantity that exceeds the quantity limit. See Quantity Limits Attachment 1 in the Quantity Limits Chapter for the list of drugs with quantity limits.

GRANDFATHER PROVISION – The Department will grandfather prescriptions for non-preferred Antidepressants, Other, within quantity limits, for those recipients currently being prescribed a non-preferred Antidepressant, Other. The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify the record of a prescription for a non-preferred Antidepressant, Other within the past 90 days from the date of service of the new claim. If there is a record of a prescription for a non-preferred Antidepressant, Other, a prescription or a refill for the same Antidepressant, Other, within the quantity limits, will be automatically approved.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antidepressant, Other, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For Cymbalta, whether the recipient has:
 - a. A diagnosis of diabetic peripheral neuropathic pain

AND

- b. A history of therapeutic failure of Gabapentin

OR

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- c. A diagnosis of fibromyalgia

AND

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

AND

- e. 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 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/publications/classification/fibromyalgia>

AND

- f. Been appropriately evaluated for other causes of pain to include but not limited to those conditions listed in the National Guideline Clearinghouse fibromyalgia treatment guideline

NOTE: Future revisions to the Differential Diagnosis listing in the National Guideline Clearinghouse, fibromyalgia treatment guideline, will apply when determining medical necessity. See the National Guideline Clearinghouse website at: <http://www.guideline.gov>

AND

- g. A history of therapeutic failure of, or a documented contraindication to, the following first line therapies:
 - i. Non-pharmacologic therapies such as heated pool treatment (with or without exercise), physiotherapy, cognitive-behavioral therapy, aerobic exercise, strength training, or relaxation.

AND

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- ii. At least one (1) antidepressant from the following classes/products: tricyclics, SSRIs or SNRIs, OR one (1) muscle relaxant,

AND

- iii. Gabapentin

AND

- h. For subsequent requests for prior authorization of a prescription for Cymbalta for the treatment of fibromyalgia, whether the MA recipient has a documented clinical response showing symptom improvement or stabilization

OR

- i. A diagnosis of depression and a documented history of:

- i. Therapeutic failure of two (2) preferred Antidepressants, Other

OR

- ii. A contraindication to the preferred Antidepressants, Other (Example: Recipient has hypertension; therefore, Effexor is contraindicated)

OR

- iii. Therapeutic failure of the SSRIs

- 2. For all other non-preferred Antidepressants, Other, whether the recipient has a history of:

- a. Therapeutic failure of two (2) preferred Antidepressants, Other

OR

- b. A contraindication to the preferred Antidepressants, Other (Example: Recipient has hypertension; therefore, Effexor is contraindicated)

OR

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c. Therapeutic failure of the SSRIs

OR

3. For all non-preferred Antidepressants, Other, whether the recipient does not meet the clinical review guidelines listed in B.1. or 2. 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 Antidepressant, Other 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.

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. If the guidelines in Section B. 1 or 2. are met and the prescription is not for nefazodone, the reviewer will prior authorize the prescription. If the guidelines are not met, or if the prescription is for nefazodone, 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.

References:

1. Cymbalta [package insert]. Indianapolis, IN: [Eli Lilly and Company](#); June, 2008.
2. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990. Criteria for the classification of fibromyalgia: report of the multicenter criteria committee. *Arthritis Rheum* 1990; 33: 160172.
3. Cymbalta (duloxetine) for fibromyalgia. Pharmacist's Letter/Prescriber's Letter 2008;24(7):240712.
4. University of Texas School of Nursing, Family Nurse Practitioner program. Fibromyalgia treatment guideline. University of Texas, School of Nursing. 2005. http://www.guideline.gov/summary/summary.aspx?doc_id=7352
5. Rooks DS, Fibromyalgia treatment update. Curr Opin Rheumatol. 2007 Mar 19 (2): 111-7.