

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Analgesics, Narcotic Short Acting

A. Prescriptions That Require Prior Authorization

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

1. A prescription for a non-preferred Analgesic, Narcotic Short Acting regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Analgesics, Narcotic Short Acting at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred Analgesic, Narcotic Short 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/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for either a preferred or non-preferred Analgesic, Narcotic Short Acting when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs in PROMISE, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
4. A prescription for either a preferred or non-preferred Analgesic, Narcotic Short Acting when a recipient has a concurrent prescription for an Oral Buprenorphine Agent.
5. A prescription for Hydromorphone regardless of the quantity prescribed.

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 Short Acting, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For transmucosal fentanyl products - The recipient has a diagnosis of cancer

AND

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- a. The recipient is opioid tolerant. Opioid tolerant is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/h, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.

AND

- b. The prescriber is an American Board of Medical Specialties (ABMS) Certified Oncologist or Pain Specialist

AND

- c. The recipient has a history of a contraindication to the preferred Analgesics, Narcotic Short Acting

- 2. For Nasal Butorphanol - The recipient is not opioid tolerant (Opioid tolerant is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/h, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.)

AND

- a. Has a diagnosis of pain

AND

- b. Has a history of a contraindication, intolerance to or therapeutic failure of at least three unrelated (different opioid ingredient) preferred Analgesics, Narcotic Short Acting Medication (single entity or combination products)

AND

- c. Is being prescribed nasal butorphanol by a neurologist or pain medication specialist

OR

- d. Has a diagnosis of migraine

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AND

- e. Has a history of a contraindication, intolerance to or therapeutic failure of the triptans for abortive therapy

AND

- f. Has a history of a contraindication, intolerance to or therapeutic failure of the following preventative therapies:
 - i. Beta blockers
 - ii. Calcium channel blockers
 - iii. Anticonvulsants
 - iv. Selective serotonin reuptake inhibitor (SSRI) Antidepressants
 - v. Tri-cyclic antidepressants
 - vi. Non-steroidal anti-inflammatories (NSAIDs)
- 3. For Hydromorphone and all other non-preferred Analgesics, Narcotic Short Acting – The recipient has a history of a contraindication to, intolerance, or therapeutic failure of at least three unrelated (different opioid ingredient) preferred Analgesics, Narcotic Short Acting Medication (single entity or combination products for breakthrough pain)
- 4. For Hydromorphone and all non-preferred Analgesics, Narcotic Short Acting that do not meet the clinical review guidelines listed above, when, In the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.
- 5. When determining medical necessity of a prescription for a preferred or non-preferred Analgesic, Narcotic Short 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 Short 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 an acute need for therapy with an Analgesic, Narcotic Short Acting and the Oral

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Buprenorphine therapy will be suspended during the treatment for acute pain.

6. For therapeutic duplication, whether:
 - a. The recipient is being titrated to, or tapered from, a drug in the same class

OR

 - b. Supporting peer-reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

OR

 7. 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.

Quantity Limits - In addition, if the quantity of a prescription for either a preferred or non-preferred Analgesic, Narcotic Short 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 one or more of the following:
 - a. Pain is inadequately controlled at the current quantity limit

AND

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- b. Pain is inadequately controlled by other Analgesics, Narcotic Short Acting or the recipient has a history of a contraindication, or adverse reaction to alternative Analgesics, Narcotic Short Acting

AND

4. The recipient would be more appropriately pain controlled by initiating or adjusting the dose of an Analgesic, Narcotic Long Acting

OR

5. If the quantity of a prescription for either a preferred or non-preferred Analgesic, Narcotic Short 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 an Analgesic, Narcotic Short 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

2. The prescription is for an Analgesic, Narcotic Short 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. Cytochrome P450 drug interactions. Pharmacist's Letter/Prescriber's Letter 2006; 22(2):220233

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2. Subutex [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
3. Suboxone [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
4. Suboxone/Subutex Pharmacist's Letter/Prescriber's Letter 2009; 25(1):250101.