MEDICAL ASSISTANCE BULLETIN

ISSUE DATE: October 16, 2019
EFFECTIVE DATE: January 1, 2020
NUMBER: *See below

SUBJECT: Prior Authorization of Antimigraine Agents, Triptans – Pharmacy Services

BY: Sally A. Kozak, Deputy Secretary
Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Antimigraine Agents, Triptans submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to Antimigraine Agents, Triptans to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

During a previous Department of Human Services’ (Department) Drug Utilization Review Board meeting, the board identified potential health and safety risks when two or more

| 02-19-88 | 11-19-87 | 30-19-86 |
| 03-19-87 | 14-19-86 | 31-19-93 |
| 08-19-96 | 24-19-88 | 32-19-86 |

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm
drugs within the same therapeutic class are used concurrently (therapeutic duplication). The board recommended that the Department require prior authorization of these drugs when the Department’s online claims adjudication system determines that there is a record of a recent paid claim for a different drug within the same therapeutic class. The Department is updating the prior authorization guidelines for Antimigraine Agents, Triptans to include a requirement for prior authorization of prescriptions for drugs in this class that may represent therapeutic duplication.

The revisions to the guidelines to determine medical necessity of Antimigraine Agents, Triptans were subject to public review and comment and subsequently approved for implementation by the Department.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Antimigraine Agents, Triptans are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Antimigraine Agents, Triptans) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

**ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

**RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements
http://www.dhs.pa.gov/provider/pharmacieservices/pharmacypriorauthorizationgeneralrequirements/index.htm

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
http://www.dhs.pa.gov/provider/pharmacieservices/drugsrequiringclinicalpriorauthorization/index.htm
I. Requirements for Prior Authorization of Antimigraine Agents, Triptans

A. Prescriptions That Require Prior Authorization

Prescriptions for Antimigraine Agents, Triptans that meet any of the following conditions must be prior authorized:

1. A non-preferred Antimigraine Agent, Triptan. See the Preferred Drug List (PDL) for the list of preferred Antimigraine Agents, Triptans at: https://papdl.com/preferred-drug-list.

2. An Antimigraine Agent, Triptan with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm.

3. An Antimigraine Agent, Triptan when there is a record of a recent paid claim for another Antimigraine Agent, Triptan in the Department of Human Services’ Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Antimigraine Agent, Triptan, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred Antimigraine Agent, Triptan, has a history of therapeutic failure, contraindication, or intolerance to the preferred Antimigraine Agents, Triptans; AND

2. For therapeutic duplication, one of the following:
   a. Is being titrated to or tapered from another drug in the same class
   b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

   AND

3. If a prescription for an Antimigraine Agent, Triptan is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account both of the following:
   a. Has a history of chronic, severe migraine as defined by the International Classification of Headache Disorders criteria
   b. Is using the requested medication in addition to a medication for migraine prophylaxis.

NOTE: If the beneficiary 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 beneficiary, the request for prior authorization will be
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 a prescription for an Antimigraine Agent, Triptan. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are 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 beneficiary.