Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: N/A**
Policy Number: PHW.PDL.692	**Effective Date: 01/01/2020** **Revision Date: 07/2020**
Policy Name: Analgesics, Non-Opioid Barbiturate Combinations	

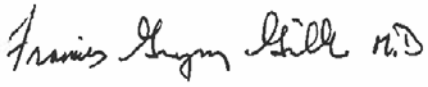
Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ✓ **Annual Review - No Revisions**
- ✓ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

Q3 2020 annual review: no changes.

Name of Authorized Individual (Please type or print): **Francis G. Grillo, MD**	**Signature of Authorized Individual:** 

Clinical Policy: Analgesics, Non-Opioid Barbiturate Combinations

Reference Number: PHW.PDL.692
Effective Date: 01/01/2020
Last Review Date: 07/2020

Revision Log

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health and Wellness® that Non-Opioid Barbiturate Combination Analgesics are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Analgesics, Non-Opioid Barbiturate Combinations

A. Prescriptions That Require Prior Authorization

A prescription for a Non-Opioid Barbiturate Combination Analgesic that meets any of the following conditions must be prior authorized:

1. A preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination, regardless of the quantity prescribed.

2. A preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination with a prescribed quantity that exceeds the quantity limit.

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of an Analgesic, Non-Opioid Barbiturate Combination agent, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Is being treated for a condition that is U.S. Food and Drug Administration (FDA) approved or a medically accepted indication

AND

2. Is age-appropriate according to FDA-approved package labeling

AND

3. If age 65 years or older,

   a. Received a risk assessment by the prescriber and the prescriber indicated that the benefits of the requested medication outweigh the risks for the beneficiary

   AND

   b. Has documentation of prescriber counseling regarding the potential increased risks of the requested medication

AND

4. Is not taking primidone or other medication(s) containing a barbiturate

AND

5. Will be taking a dose that is consistent with FDA-approved package labeling

AND

6. Will not be taking the requested medication on more than three (3) days per month

AND

7. Has a diagnosis of headache based on the most current International Headache Society Classification of Headache Disorders

AND

8. Has a documented history of trial and failure, intolerance, or contraindication of standard abortive medication based on headache classification as recommended by the most recent American Academy of Neurology, American Academy of Family Physicians, World Health Organization, or European Academy of Neurology treatment guidelines

AND

9. If being treated for chronic daily headache, defined as the presence of headache on 15 days or more per month for at least three (3) months:

   a. Has documentation of results of a physical examination and complete neurologic examination to rule out secondary causes of headache

   AND

b. Has documentation of an evaluation for the overuse of abortive medications, including but not limited to acetaminophen, NSAIDs, triptans, butalbital, caffeine, and opioids

AND

c. Has documentation of prescriber counseling regarding behavioral modifications, such as cessation of caffeine and tobacco use, improved sleep hygiene, diet changes, and regular mealtimes

AND

d. Is taking preventive drug therapy based on headache classification as recommended by the most recent American Academy of Neurology, American Academy of Family Physicians, World Health Organization, or European Academy of Neurology treatment guidelines

OR

e. Has a contraindication or intolerance of standard preventive drug therapies

AND

f. Has documentation of prescriber counseling regarding the potential adverse effects of Analgesics, Non-Opioid Barbiturate Combination agents, including the risk of medication overuse headache, misuse, abuse, and addiction

AND

g. For beneficiaries with a history of substance use disorder, has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

AND

10. Is being treated by a prescribing provider who confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Non-Opioid Barbiturate Combination

AND

11. For a non-preferred Analgesic, Non-Opioid Barbiturate Combination agent, has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Analgesic, NonOpioid Barbiturate Combination agents.

12. In addition, if a prescription for either a preferred or non-preferred Analgesic, Non-Opioid Barbiturate Combination agent 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 PA.CP.PMN.59 Quantity Limit Override

NOTE: As described in Section C, if the beneficiary does not meet the clinical review guidelines and/or the quantity limit 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 approved.

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 a Non-Opioid Barbiturate Combination Analgesic. 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

D. **Approval Duration: 6 months**

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020