

Clinical Policy: Analgesics, Non-Opioid Barbiturate Combinations

Reference Number: PHW.PDL.692

Effective Date: 01/01/2020

Last Review Date: 11/2024

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 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

All prescriptions for Analgesics, Non-Opioid Barbiturate Combinations must be prior authorized.

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 member:

1. Is prescribed the Analgesic, Non-Opioid Barbiturate Combination for an indication that is included in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication; **AND**
2. Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
3. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
4. If age 65 years or older, **both** of the following:
 - a. Received a risk assessment by the prescriber and the prescriber indicated that the benefits of the requested medication outweigh the risks for the member
 - b. Has documentation of prescriber counseling regarding the potential increased risks of the requested medication

AND

5. Is not taking primidone or other medication(s) containing a barbiturate; **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 history of therapeutic failure of or a contraindication or an intolerance to standard abortive medications based on headache classification as recommended by current consensus guidelines (such as guidelines from the American Academy of Neurology, American Academy of Family Physicians, and American Headache Society); **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, **all** of the following:
 - a. Has results of a physical examination and complete neurologic examination to rule out secondary causes of headache,
 - b. Had an evaluation for the overuse of abortive medications, including but not limited to acetaminophen, NSAIDs, triptans, butalbital, caffeine, and opioids,
 - c. Has been counseled by the prescriber regarding behavioral modifications, such as cessation of caffeine and tobacco use, improved sleep hygiene, diet changes, and regular mealtimes,
 - d. **One** of the following:
 - i. Is taking preventive drug therapy based on headache classification as recommended by current consensus guidelines (such as guidelines from the American Academy of Neurology, American Academy of Family Physicians, and American Headache Society World Health Organization, and European Academy of Neurology),
 - ii. Has a contraindication or intolerance of standard preventive drug therapies,
 - e. Has been counseled by the prescriber regarding the potential adverse effects of Analgesics, Non-Opioid Barbiturate Combination agents, including the risk of medication overuse headache, misuse, abuse, and addiction,
 - f. For members 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, and tramadol) that is consistent with prescribed controlled substances;

AND

10. For a non-preferred Analgesic, Non-Opioid Barbiturate Combination agent, has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Analgesic, Non-Opioid Barbiturate Combination agents; **AND**
11. If a prescription for an Analgesic, Non-Opioid Barbiturate Combination 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 set forth in PA.CP.PMN.59 Quantity Limit Override

NOTE: If the member 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 member, 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 member

D. Approval Duration: 6 months

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021: policy revised according to DHS revisions effective 01/05/2021	11/2020
Q1 2022 annual review: no changes.	11/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025: policy revised according to DHS revisions effective 01/06/2025.	11/2024