




Medical Assistance BULLETIN

ISSUE DATE November 7, 2024	EFFECTIVE DATE January 6, 2025	NUMBER *See below
SUBJECT Prior Authorization of Analgesics, Opioid Long-Acting – Pharmacy Services		BY  Sally 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: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>.

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 Analgesics, Opioid Long-Acting submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Analgesics, Opioid Long-Acting will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Analgesics, Opioid Long-Acting to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services’ (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included on the Statewide Preferred Drug List (PDL).

*01-25-02	09-25-02	27-25-02	33-25-02
02-25-02	11-25-02	30-25-02	
03-25-02	14-25-02	31-25-02	
08-25-03	24-25-02	32-25-02	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

DISCUSSION:

During the September 10, 2024, meeting, the P&T Committee recommended revisions to the medical necessity guidelines for Analgesics, Opioid Long-Acting to exclude buprenorphine products from the guidelines for documentation of a trial of Analgesics, Opioid Short-Acting and opioid tolerance.

The revisions to the guidelines to determine medical necessity of prescriptions for Analgesics, Opioid Long-Acting submitted for prior authorization, as recommended by the P&T Committee, 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 Analgesics, Opioid Long-Acting 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 Analgesics, Opioid Long-Acting) 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 and products 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

<https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II

Pharmacy Prior Authorization Guidelines

<https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html>

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Analgesics, Opioid Long-Acting

A. Prescriptions That Require Prior Authorization

All prescriptions for Analgesics, Opioid Long-Acting must be prior authorized.

B. Review of Documentation for Medical Necessity

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

1. For a non-preferred Analgesic, Opioid Long-Acting, **one** of the following:
 - a. For a non-preferred buprenorphine product, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine,
 - b. For a non-preferred tramadol product, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol,
 - c. For all other non-preferred Analgesics, Opioid Long-Acting, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting.

See the Preferred Drug List for the list of preferred Analgesics, Opioid Long-Acting at: <https://papdl.com/preferred-drug-list>; **AND**

2. For an Analgesic, Opioid Long-Acting when the beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR naltrexone for extended-release injectable suspension (Vivitrol), is prescribed both prescriptions by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s); **AND**
3. **One** of the following:
 - a. **One** of the following:
 - i. For a beneficiary under 18 years of age, **both** of the following:
 - a) Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome or is receiving palliative care or hospice services
 - b) The Analgesic, Opioid Long-Acting does not contain codeine or tramadol
 - ii. For a beneficiary 18 years of age or older, has a diagnosis of active cancer or sickle cell with crisis or is receiving palliative care or hospice services

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b. **All** of the following:

- i. Has documentation of pain that is **all** of the following:
 - a) Caused by a medical condition,
 - b) Not migraine in type,
 - c) Severe,
- ii. Has a history of therapeutic failure of or a contraindication or an intolerance to non-opioid analgesics (e.g., acetaminophen, NSAIDs, gabapentinoids, duloxetine, tricyclic antidepressants) appropriate for the beneficiary's condition,
- iii. For all Analgesics, Opioid Long-Acting except buprenorphine products, has documentation of a trial of Analgesics, Opioid Short-Acting,
- iv. For all Analgesics, Opioid Long-Acting except buprenorphine products, is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one week or longer),
- v. Is prescribed a dose that is appropriate based on FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
- vi. Was assessed for potential risk of opioid misuse or use disorder by the prescribing provider,
- vii. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined to be medically necessary,
- viii. 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, buprenorphine, and tramadol) that is consistent with prescribed controlled substances,
- ix. For a beneficiary under 18 years of age, is prescribed a drug and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions and is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature;

AND

4. For therapeutic duplication, **one** of the following:

- a. Is being transitioned to or from another Analgesic, Opioid Long-Acting with the intent of

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discontinuing one of the drugs

- b. Has a medical reason for concomitant use of the requested drugs that is supported by peer-reviewed literature or national treatment guidelines;

AND

- 5. If a prescription for an Analgesic, Opioid Long-Acting 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 the Quantity Limits Chapter and **all** of the following:
 - a. An opioid analgesic at the requested dose is the most appropriate treatment option as documented by at least **one** of the following:
 - i. Pain is inadequately controlled at the current quantity limit
 - ii. Pain is inadequately controlled by other Analgesics, Opioid Long-Acting or the beneficiary has a history of a contraindication or adverse reaction to alternative Analgesics, Opioid Long-Acting,
 - b. There is documentation demonstrating an appropriate upward titration of or an appropriate conversion from other opioid-containing drugs,
 - c. The requested dosing frequency is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.

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 approved. When the above guidelines are not met but the beneficiary is receiving ongoing opioid therapy, a 1-month approval will be issued to avoid abrupt discontinuation while the requested information to determine medical necessity is submitted.

FOR RENEWALS OF PRIOR AUTHORIZATION FOR ANALGESICS, OPIOID LONG-ACTING: The determination of medical necessity of a request for renewal of a prior authorization for an Analgesic, Opioid Long-Acting that was previously approved will take into account whether the beneficiary:

- 1. **One** of the following:
 - a. **One** of the following:

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- i. For a beneficiary under 18 years of age, **both** of the following:
 - a) Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome or is receiving palliative care or hospice services
 - b) The Analgesic, Opioid Long-Acting does not contain codeine or tramadol
 - ii. For a beneficiary 18 years of age or older, has a diagnosis of active cancer or sickle cell with crisis or is receiving palliative care or hospice services
- b. **All** of the following:
- i. Has documentation of improvement in pain control and/or level of functioning while on the requested agent,
 - ii. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary,
 - iii. Has results of a UDS testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol) at least every 12 months that is consistent with prescribed controlled substances

AND

2. If a prescription for an Analgesic, Opioid Long-Acting 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 the Quantity Limits Chapter and **all** of the following:
- a. An opioid analgesic at the requested dose is the most appropriate treatment option as documented by at least **one** of the following:
 - i. Pain is inadequately controlled at the current quantity limit
 - ii. Pain is inadequately controlled by other Analgesics, Opioid Long-Acting or the beneficiary has a history of a contraindication or adverse reaction to alternative Analgesics, Opioid Long-Acting,
 - b. There is documentation demonstrating an appropriate upward titration of or an appropriate conversion from other opioid-containing drugs,
 - c. The requested dosing frequency is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the

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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. When the above guidelines are not met but the beneficiary is receiving ongoing opioid therapy, a one-month approval will be issued to avoid abrupt discontinuation while the requested information to determine medical necessity is submitted.

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 Analgesic, Opioid Long-Acting. 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. Dose and Duration of Therapy

Requests for prior authorization of an Analgesic, Opioid Long-Acting will be approved for up to six months.

E. Five-Day Supplies

The Department will cover a five-day supply of the prescribed drug without prior authorization if, in the professional judgment of the dispensing pharmacist, the beneficiary has an immediate need for the drug, unless the dispensing pharmacist determines that taking the drug either alone or along with other drugs that the beneficiary may be taking would jeopardize the health and safety of the beneficiary. The maximum number of five-day supplies of a prescription for an Analgesic, Opioid Long-Acting that the Department will cover without prior authorization is one five-day supply per beneficiary during a six-month period.

In response to health and safety concerns, the Department will not cover a five-day supply of an Analgesic, Opioid Long-Acting that contains codeine or tramadol when prescribed for a child under 18 years of age.

F. References

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