

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410968
Decision Date:	9/23/2024	Hearing Date:	08/12/2024
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Phuong Luc, PharmD



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization – Pharmaceutical
Decision Date:	9/23/2024	Hearing Date:	08/12/2024
MassHealth's Rep.:	Phuong Luc, PharmD	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated July 3, 2024, MassHealth denied the appellant's prior authorization request for butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg tablet in excess of 20 tablets every 30 days. (Exhibit 1.) The appellant filed this appeal in a timely manner on July 15, 2024, and the appellant's prescription is being temporarily authorized pending the outcome of this appeal.¹ (Exhibit 2; 130 CMR 610.015(B); 610.036.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for butalbital-containing medications in excess of 20 tablets every 30 days because the request did not include a diagnosis or neurological consultation notes.

¹ MassHealth's representative testified that the appellant had gotten the prescription filled by a third-party insurance company, with MassHealth as a secondary payer. This third-party insurance was no longer in effect for the appellant, but MassHealth agreed to honor the prescription pending this appeal.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 406.413(C)(1) and the MassHealth Drug List criteria, in determining that the appellant's prior authorization request requires a diagnosis and a neurological consult due to the quantity of the medication requested.

Summary of Evidence

This is the appellant's second hearing regarding this medication. His earlier appeal (Appeal No. 2403126) was with regards to the name brand medication, Fioricet. This appeal was withdrawn following the hearing because the appellant understood that MassHealth does not generally cover the name brand version of this medication, and the prior authorization request required a neurological consult. At the time of this appeal, the appellant's doctor had already submitted a prior authorization for the generic medication, and MassHealth had already issued another denial with specific instructions as to what was needed to have this prescription approved.²

A third prior authorization request was filed on July 3, 2024, submitted by the appellant's primary care physician. This prior authorization sought 180 tablets to be taken as needed. Attached to this request was the letter from the doctor who submitted the last two prior authorization request. This letter dated January 17, 2024, states that the appellant had been referred to another hospital in [REDACTED] for a consultation with a headache neurologist. It was expected that the neurology consult would happen in the next one to three months. This letter also explained that the prior authorization request was for a substantial reduction in quantity to the dosage the appellant had historically been taking.

On July 3, 2024, MassHealth denied the prior authorization request with the comment:

Your prior authorization request for BUTALB-ACETAMIN-CAFF 50-325-40 is denied. Prior authorization is not required for butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg tablet formulation in quantities less than or equal to 20 units per 30 days. Prescriber may resubmit a new prior authorization request with additional clinical documentation (e.g., frequency of headaches, previous trials, prophylactic therapies, neurology consult notes and taper plan).

² The specifics of this prior authorization request were not reviewed because the denial occurred after the appellant had filed the appeal regarding Fioricet. At the hearing, the appellant alleged that a neurologist had been consulted and signed off on the prior authorization request for butalbital, and he understood that if he filed a new appeal that neurologist's consultation would be reviewed to ensure it satisfied MassHealth's requirements for prior authorization. The appellant did not file an appeal.

(Exhibit 7, p. 8.)

In preparation of this appeal, MassHealth also sent the appellant an additional checklist documenting what information the agency needs in order to approve the appellant's requested dosage. This letter, dated July 26, 2024, required the prescriber to identify:

Name of condition for which butalbital 50 mg/acetaminophen 325 mg/
caffeine 40 mg tablet is prescribed

Dose and frequency of butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg
tablet prescribed

...

Documentation of current prophylactic regimen [and]

[Whether your] doctor is a neurologist, or a copy of consult notes from a
neurologist [must be] provided

(Exhibit 7, pp. 10-11.)

If the prescription were to treat a migraine headache, the provider must also provide:

Documentation that you have tried TWO triptans and they did not work, or
you had unacceptable side effects. Alternatively, documentation that you have
a contraindication that prevents the use of ALL triptans.

Documentation that you have tried ONE oral CGRP inhibitor, and it did not
work, or you had unacceptable side effects. Alternatively, documentation that
you have a contraindication that prevents the use of ALL oral CGRP inhibitors.

(Exhibit 7, p. 11.)

The appellant testified that he knew he needed to get a neurologist consultation. He had scheduled one, but then had to cancel it. He could not remember why. He did not fully understand why his doctor needed to document a diagnosis. He testified that he was in a horrific car accident in [REDACTED] and he has suffered from chronic back and neck pain and headaches ever since. He had been given Fioricet once when he was in the hospital, and thought it worked really well. At the time, his doctor just prescribed it for him afterwards, and he did not have a problem getting it. Recently, his doctor retired and his coverage switched to MassHealth. Since that time, it has been much harder to get the prescription in the dosages he is used to.

MassHealth's representative explained that the medication has been found to have negative health effects when taken at high dosages and frequencies, which is why MassHealth is asking for additional documentation regarding the prescription. The appellant understood that he could not be approved for the prescription until he had a neurological consult. However, he testified that he

was terrified of driving, and did not want to have to travel to [REDACTED] for one. He was informed he would need to speak with his primary care physician about getting a more local referral.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant was in a car accident in [REDACTED]. Since then, he has suffered from chronic pain and headaches. (Testimony by the appellant.)
2. The appellant has historically taken Fioricet, the name brand version of butalbital with acetaminophen and caffeine. The prescribing doctor retired, and the appellant's insurance changed to MassHealth. (Testimony by the appellant.)
3. The appellant's new physician wrote a prescription for Fioricet, which was denied in part because the appellant had not requested the generic version. This denial was appealed, and the appeal was withdrawn at a hearing because MassHealth would not cover the name brand version of the drug. (Testimony by the appellant and MassHealth's representative; see also Exhibit 7, p. 6; Appeal No. 2403126.)
4. The same prescriber resubmitted a prescription for the generic butalbital with acetaminophen and caffeine, but it was also denied. (Testimony by MassHealth's representative.)
5. The appellant's PCP submitted a prior authorization request on July 3, 2024, seeking 180 butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg tablets, to be taken as needed. Attached to this prior authorization request was a letter from the previous prescriber stating that the appellant had been referred out for a neurology consult. (Exhibit 7, pp. 3-6.)
6. MassHealth denied this request because of missing clinical documentation. This denial noted that prior authorization is not needed for prescriptions of 20 tablets per 30 days. (Exhibit 1; Exhibit 7, p. 8.)
7. On July 26, 2024, MassHealth sent out a checklist detailing what additional clinical information was needed. Specifically, the appellant's provider needed to document: the condition for which the medication was prescribed; the dose and frequency the tablets are prescribed to be taken; and documentation that the appellant has consulted with a neurologist. (Exhibit 7, pp. 10-11.)
8. If the prescription were to treat migraine headaches, the provider also needed to document the trial of at least two triptans or document a contraindication that prevents all triptans; and the trial of an oral CGRP inhibitor that was ineffective. (Exhibit 7, p. 11.)

9. The appellant has yet to receive a neurological consult. (Testimony by the appellant.)

Analysis and Conclusions of Law

Generally, MassHealth will only pay for services or prescriptions that are medically necessary. (See 130 CMR 450.204.) A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(130 CMR 450.204(A).)

Other than some exclusions that are unrelated to the requested medication, MassHealth publishes a Drug List that “specifies those drugs that are payable under MassHealth. ... The MassHealth Drug List can be viewed online at www.mass.gov/druglist, and copies may be obtained upon request.” (130 CMR 406.413(C)(1).) Drugs on the Drug List may require prior authorization, as listed on the Drug List. (130 CMR 406.413(C)(2)(b).)

The Drug List requires all prior authorizations “include clinical diagnosis, drug name, dose, and frequency.” (Exhibit 7, p. 16.) Further, a “preferred drug may be designated for [a] therapeutic class. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.” (Exhibit 7, p. 16.) Any request for “butalbital-containing agents exceeding quantity limits (> 20 units/30 days)” must document the following:

- Documentation of the following is required for a diagnosis of tension headache:
 - appropriate diagnosis; and
 - headache frequency; and
 - current prophylactic regimen; and
 - prescriber is a neurologist or neurology consult notes are provided; and

- inadequate response or adverse reaction to three or contraindication to all of the following: NSAIDs, acetaminophen, aspirin, acetaminophen/caffeine, and acetaminophen/aspirin/caffeine.
- Documentation of the following is required for a diagnosis of migraine headache:
 - appropriate diagnosis; and
 - headache frequency; and
 - current prophylactic regimen; and
 - **prescriber is a neurologist or neurology consult notes are provided; and**
 - inadequate response or adverse reaction to two or contraindication to all triptans; and
 - inadequate response or adverse reaction to two or contraindication to all of the following: NSAIDs, acetaminophen, aspirin, acetaminophen/caffeine, acetaminophen/aspirin/caffeine, and ergot alkaloid; and
 - inadequate response or adverse reaction to one or contraindication to all oral CGRP inhibitors.

(Exhibit 7, p. 18 (emphasis added); also Available at <https://mhdل.pharmacy.services.conduent.com/MHDL/pubtheradetail.do?id=511&drugId=2118> (last visited September 17, 2024).)

The appellant’s prescribers have not identified a diagnosis for the appellant’s requested medication. Further, because the appellant’s requested dose of a butalbital-containing agent exceeds 20 units per 30-day period, the documentation must also include clinical notes from a neurologist, presumably supporting the diagnosis and prescription amount. Without this information, this appeal must be DENIED.

The appellant is aware that he needs to pursue a neurological consult, and he may resubmit after he has neurological notes that support his prescription.

Order for MassHealth

Remove Aid Pending.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter

30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Drug Utilization Review Program, ForHealth Consulting at UMass Chan Medical School, P.O. Box 2586, Worcester, MA 01613-2586