Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2416523
Decision Date:	02/14/2025	**Hearing Date:**	12/06/2024
Hearing Officer:	Emily Sabo	**Record Open to:**	01/10/2025

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Phuong Luc, Pharm.D., ForHealth Consulting at UMass Chan Medical School—Drug Utilization Program

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; Drug Utilization Review
Decision Date:	02/14/2025	**Hearing Date:**	12/06/2024
MassHealth's Rep.:	Phuong Luc, Pharm.D.	**Appellant's Rep.:**	[redacted]
Hearing Location:	Quincy Harbor South (Telephone)	**Aid Pending:**	No

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 October 14, 2024, MassHealth denied the Appellant's prior authorization request for butalbital 50 mg./acetaminophen 325 mg./caffeine 40 mg. tablet on the grounds that the Appellant's prescriber did not submit sufficient information to determine medical necessity. 130 CMR 450.204 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 28, 2024. 130 CMR 610.015(B) and Exhibit 2. 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 sufficient information to determine that the excess medication was medically necessary.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 406.413(C)(1) and the

MassHealth Drug List criteria, in denying the Appellant's prior authorization request because it did not demonstrate that butalbital-containing medications in excess of 20 tablets every 30 days was medically necessary.

Summary of Evidence

This hearing was held by telephone. The Appellant verified his identity. The testimony and record evidence is summarized as follows: the Appellant filed an appeal over a denial of a prior authorization request for the same medication, in which the Board of Hearings upheld the denial (appeal number 2410968). The MassHealth representative is a pharmacist and explained that requests for butalbital-containing agents exceeding quantity limits (which are greater than 20 units within 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.

See also Exhibit 5 at 31. The MassHealth representative explained that in contrast to appeal number 2410968, the present request included a neurology consult from [redacted]i. However, the MassHealth representative testified that the request did not contain any new information to establish why the requested dosage was medically necessary. The request was also missing documentation of the Appellant's prophylactic regimen and whether he had tried other migraine relief, which were medically preferred to butalbital-containing agents. Specifically, the record includes a letter sent to the Appellant from the MassHealth Drug Utilization Review Program, Appeals Department dated November 12, 2024, which states:

> We denied the request for prior authorization because we did not receive enough information. If your doctor can give us the following information in advance of the hearing, it is possible that we will be able to approve the request without a hearing. Please contact your doctor to see if the following information is available: [MassHealth selected]
> - Documentation of current prophylactic regimen[.]
> - 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[.]

Id. at 24.

The Appellant testified that he had been in a terrible car accident in [redacted] Due to the accident, he testified that his head is in pain and that he cannot move it back and forth and that he cannot look at light. The Appellant testified that in [redacted] physician of his, who has since retired, prescribed him a butalbital-containing medication that worked well for him and did not cause migraines. The Appellant testified that other medications he has tried upset his stomach and liver or were like a bomb going off in his head. The Appellant testified that he takes care of himself, and that he drinks enough water, does not drink soda, and eats fruits and vegetables. The Appellant testified that he has adapted to the butalbital-containing medication and that he has dropped from taking 6 per day to 3 per day. The Appellant testified that this regimen works for him and allows him to live independently. The Appellant testified that he wants to continue with what is working for him. The Appellant shared that in the years following his accident, he felt that doctors treated him like a "lab rat," and he does not want to repeat that experience. The Appellant stated that he had an upcoming appointment with a different neurologist, and the record was held open until December 27, 2024 for the Appellant to submit an updated prior authorization request that addressed

MassHealth's November 12, 2024 letter requesting additional documentation. Exhibit 8. The record was held open until January 10, 2025 for MassHealth's response.

While the record-open form also directed the Appellant to submit a copy of any submission to the Board of Hearings, he did not do so. In MassHealth's response, MassHealth indicated that during the record-open period, the Appellant submitted to the Drug Utilization Review unit two prior authorization requests from [redacted], one dated December 4, 2024, and the other dated December 24, 2024. The submission included notes from a medical appointment the Appellant had with [redacted] on December 12, 2024. [redacted] stated specialty is "Physical Medicine and Rehabilitation," not neurology. *See* Exhibit 10.

On January 8, 2025, MassHealth responded that

> The neurology consult from neurologist [redacted] notes 'butalbital-APAP-caffeine 50-325-40 mg 1 tablet twice a day as needed for headache orally, **max—20 per month**' under current medications. This does not align with the requested dose and frequency of '1 tablet by mouth as needed every 4 hours and total quantity of 180 per 30 days' that was listed on the PA form from [redacted]. The neurology consult makes no mention of prophylaxis to prevent migraine headaches or trials with other acute migraine treatment options, including triptans and CGRP inhibitors (or contraindication to these trials).
> . . . .
> [The Appellant submitted 13 pages during the record open period], which included two PA requests and medical records. The two PA requests noted a quantity requested of 90 per 15 days, which is the same monthly quantity of 180 from the appealed request. One PA had 'ISO TBI' documented meaning 'in the setting of traumatic brain injury' but no numerical value of frequency of migraine attacks (number/month) was provided. Medical records from a visit on December 12, 2024, conducted by [redacted], Physical Medicine and Rehabilitation, were attached noting under plan that 'following up with neurology/headache clinic.' The additional information submitted did not provide the documentation for approval of butalbital-acetaminophen-50-325-40 mg tablet over quantity limits.
> . . . .
> With respect to the need for current prophylaxis, MassHealth requires medical necessity for use of butalbital agents over quantity limits to prevent overuse, which can be linked to chronic daily headache and medication overuse headache. . . . Sufficient information has not been provided to indicate the appellant is on a current prophylaxis regimen to prevent migraine headaches.
>
> With respect to alterative acute treatment medications, practice guidelines do not recommend the routine use of butalbital containing agents. Butalbital-containing medications are scheduled C-III controlled substances, whereas other alternative

acute treatments are not controlled substances. Prophylactic regimens along with acute treatment medications such as triptans and CGRPs have established efficacy for migraine headache. Therefore, non-controlled alternatives are more conservative and sufficient information has not been provided to indicate that the appellant has tried two triptans and one oral CGRP inhibitor.

Lastly, with respect to the overall total regimen, there are notable concerns with the quantity requested. The documented frequency of migraines is a 'a couple a month' with a requested quantity of 180 per month. Butalbital-acetaminophen-caffeine Prescribing Information states under dosage and administration 'one or 2 tablets every 4 hours as needed. Total daily dosage should not exceed 6 tablets. **Extended and repeated use of this product is not recommended because of the potential for physical dependence.'** As mentioned above, the neurologist consult provider noted max 20 per month for quantity of butalbital-APAP-caffeine. Based on documentation of the appellant having a couple migraines per month, with the max dosage of the requested medication to not exceed six tablets, the MassHealth quantity limit of 20 tablets per month would be sufficient. Sufficient information has not been provided to explain why exceeding quantity limits is medically necessary.

Exhibit 10 at 2-4.

The MassHealth response included the Appellant's submission during the record open period, and three academic articles supporting MassHealth's position. Exhibit 10.

Findings of Fact

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

1. The Appellant is a MassHealth Standard Member between the ages of 21-64. Exhibit 4.

2. The Appellant was in a car accident [redacted] and since then he has suffered from head pain and headaches. Testimony.

3. On October 14, 2024, [redacted], a geriatric and internal medicine doctor, submitted a prior authorization request on behalf of the Appellant for butalbital-acetaminophen-caffeine 50-325-40 mg in the quantity of 180 per 30 days. Exhibit 5.

4. On October 14, 2024, MassHealth Drug Utilization Review denied the request. Exhibit 5.

5. On October 15, 2024, [redacted] submitted another prior authorization request on behalf of the Appellant for butalbital-acetaminophen-caffeine 50-325-40 mg in the quantity of 180 per 30 days. Exhibit 5.

6. On October 15, 2024, MassHealth Drug Utilization Review denied the request. Exhibits 1 & 5.

7. On October 28, 2024, the Appellant filed an appeal with the Board of Hearings. Exhibit 2.

8. On November 12, 2024, MassHealth sent the Appellant a letter indicating that the request was denied because MassHealth did not receive sufficient information and requested that the Appellant's doctor provide the Appellant's current prophylactic regimen, and documentation regarding the Appellant's trialing of triptans and oral CGRP inhibitors, or his contraindication preventing their use. Exhibit 5.

9. At the hearing, the record was held open until December 27, 2024, for the Appellant to meet with a neurologist and submit an updated prior authorization request with supporting documentation. Exhibit 8.

10. The record was held open until January 10, 2025, for MassHealth to review and respond. Exhibit 8.

11. During the record-open period, the Appellant submitted to the Drug Utilization Review unit two prior authorization requests from [redacted], one dated December 4, 2024, and the other dated December 24, 2024. The submission included notes from a medical appointment the Appellant had with [redacted] on December 12, 2024. [redacted] stated specialty is "Physical Medicine and Rehabilitation," not neurology. Exhibit 10.

12. MassHealth's review and response to the Appellant's record-open submission found that the Appellant's neurologist indicated 20 tablets per month maximum, which contradicted [redacted] request for 180 tablets per month. The review found that there was not sufficient clinical documentation of medical necessity and that what was submitted did not indicate the frequency of the Appellant's migraines, or information on prophylactic or alternative treatment. Exhibit 10.

Analysis and Conclusions of Law

Generally, MassHealth will only pay for services or prescriptions that are medically necessary. 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).

MassHealth publishes a Drug List that specifies those drugs that are payable under MassHealth.[1] 130 CMR 406.413(C)(1). Drugs on the Drug List may require prior authorization. 130 CMR 406.413(C)(2)(b).

The Drug List requires all prior authorizations "include clinical diagnosis, drug name, dose, and frequency." Exhibit 5 at 29. Further, a "preferred drug may be designated for this 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." *Id.*

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

[1] 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).

- 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.

Id. at 31.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). *See also*, Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

I am sympathetic to the Appellant's experience of pain, and I have heard his testimony that his current medication regimen works well for him. However, based on my review of the record, including the testimony presented, I find that the Appellant has not demonstrated the invalidity of MassHealth's determination. There is no explanation of why the neurologist, [redacted], stated that the Appellant is taking a maximum 20 butalbital-acetaminophen-caffeine tablets per month, while the request from [redacted] is for 180 tablets per month.[2] The Appellant's physicians have not provided information on the Appellant's headache frequency, prophylactic regimen, and inadequate response or adverse reaction to triptans and CGRP inhibitors, which are preferred drugs per the MassHealth Drug List. The Appellant's prior authorization request does not include sufficient documentation demonstrating medical necessity, and MassHealth did not err in denying the request.

Therefore, the appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

[2] MassHealth states that [redacted] is a geriatric and internal medicine doctor, not a neurologist. Exhibit 10 at 2.

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.

Emily Sabo
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