

Medically Appropriateness PA criteria for opioid approval

Approval for opioid analgesics for use outside of the treatment of pain associated with cancer, or a severe and/or life threatening illness not expected to improve for a member on palliative care must meet the below criteria.

1. Is the member being treated for an OHP funded *condition* (*Review for relevant comorbid conditions*)
 - a. Yes; Move to question 2
 - b. No; Deny category 1: Not a covered benefit

2. Does the condition being treated have an associated guideline note that addresses funding for opioid use (i.e. Guideline note 60 for conditions of the back and spine), and does documentation demonstrate member is eligible for opioid coverage under guideline note language?
 - a. Yes, member **eligible** for opioid coverage under guideline note language; Move to question 3
 - b. Yes, member is **not eligible** for opioid coverage under guideline note language; Deny category 5: Not medically appropriate
 - c. No associated guideline note for condition; Move to question 3

3. Has the member experienced an overdose event required ED of hospital care in the past 2 years?
 - a. No; Move to question 4.
 - b. Yes; Deny category 5: not medically appropriate

4. Is the prescriber reviewing the Oregon Prescription Drug Monitoring Program (OPDMP) at least every 3 months to verify member has had opioids from a single provider AND has the patient had a urinary drug screen (UDS) within the past year to verify absence of illicit drugs and non-prescribed opioids?
 - a. Yes; move to question 5.
 - b. No; Deny category 5: Not medically appropriate.

5. Is the member currently using non-opioid pain treatment (i.e. NSAIDs, APAP, muscle relaxants, physical therapy, yoga and/or acupuncture) as appropriate for condition **AND**
 - Member has been evaluated by pain management in the last 12 months **OR**
 - PCP has provided documentation of improvement in function compared to baseline (prior to use of opioid analgesics) with validated tools to assess function such as the Short Form McGill Pain Questionnaire (SF-MPQ), and Modified Somatic Perception Questionnaire (MSPQ) or PEG-3 scale (Pain/Enjoyment/General Activity)?
 - a. Yes; move to question 6.
 - b. No; Deny category 5: Not medically appropriate

All Cat 5 denials are reviewed by pharmacist and/or medical director for determination of clinical appropriateness.

6. Does the total daily dose of ALL opioids prescribed exceed a Morphine Equivalent Dose (MED) of 90?

Short acting opioid	90 MED equivalent	Notes
Codeine	600mg	Codeine is not recommended for pediatric use
Fentanyl patch	37.5 mcg/hr	Use only in opioid-tolerant patients who have been taking ≥ 60 MED for a week
Hydrocodone	90mg	
Hydromorphone	22.5mg	
Methadone	20mg	Methadone exhibits a non-linear relationship due to its long half-life and accumulates with chronic dosing
Morphine	90mg	
Oxycodone	60mg	
Oxymorphone	30mg	
Tapentadol	225mg	
Tramadol	300mg ER, 400mg is not 90 MED	300mg ER and 400mg IR is maximum daily dose per package labeling

- a. No; Move to question 7.
- b. Yes; Deny category 5: Not medically appropriate

7. Is the member using any sedatives with evidence of increased risk for harm when combined with opioid medication?

Benzodiazepine	Alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, estazolam, flurazepam, lorazepam, midazolam, oxazepam, quazepam, temazepam and triazolam
Barbiturates	Bulbital, phenobarbital, secobarbital
Muscle Relaxants	Carisoprodol
Hypnotics	Eszopiclone, meprobamate, suvorexant, zaleplon, zolpidem
Alcohol	Evidence of alcohol abuse

- a. No, move to long-acting or short-acting opioid criteria as appropriate
- b. Yes, Deny category 5: Not medically appropriate

Opioids, Long Acting

Medications	Dosage Form	Recommended Restrictions
Fentanyl	12.5mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 100mcg/hr patches	PA required
Methadone	5mg, 10mg tablets	PA required
Morphine sulfate ER	15mg, 30mg tablets	PA required
Morphine sulfate ER	60mg tablets	PA required
Oxycodone ER	10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg tablets	Non-formulary

- **Members with a history of chronic opioid use covered by the plan may be eligible for a short-term approval if a patient-specific taper plan is documented. Subsequent approvals must document progress toward taper.**
- 1. Is the member being treated for pain associated with cancer or in palliative care with a severe and/or life threatening illness that is not expected to improve?

 - a. Yes; Move to question 4
 - b. No; Move to question 2
- 2. Is the long acting opioid (LAO) being used in an opioid tolerant member with a condition(s) associated with severe, persistent pain that is otherwise disabling and associated with significant functional impairment?

Extended release/long-acting opioids should be reserved for the management of cancer pain, use in palliative care, or conditions associated with persistent pain that is otherwise disabling and associated with significant functional impairment. They are not indicated for “as-needed” analgesia

 - a. Yes; Move to question 3
 - b. No; Deny category 5: Not medically appropriate
- 3. Is the member concurrently on other short or long-acting opioids?

There is insufficient evidence for the use of concurrent opioid products (i.e. LAO with SAO) and CDC guidelines do not recommend this practice. Continuous, regularly scheduled use of LAO has not demonstrated superiority in efficacy of safety when compared to SAO. In the setting of LAO use in chronic pain management outside of active cancer pain, palliative care, or end-of-life care, there is insufficient safety data to support the use of SAO for breakthrough pain.

 - a. No; Move to question 4
 - b. Yes; Deny category 5: Not medically appropriate
- 4. Is the request for request for preferred formulary option morphine sulfate ER tablets?

 - a. Yes; Approve for up to 6 months – (12 months for cancer, palliative or end of life care)
 - b. No; Move to question 5

All Cat 5 denials are reviewed by pharmacist and/or medical director for determination of clinical appropriateness.

5. Is the request for fentanyl patches?
 - a. Yes--Member has tried and failed or has contraindication or intolerance to preferred morphine sulfate ER tablets; – May approved up to 6 months (12 months for cancer, palliative or end of life care)
 - b. Yes—Member has not tried and failed or has contraindication or intolerance to preferred morphine sulfate ER tablets; Deny category 5: Not medically appropriate
 - c. No; Move to question 6

6. Has the member had an inadequate response or contraindication to preferred formulary long-acting opioid medications morphine sulfate ER and fentanyl?
 - a. Yes; approve for up to 6 months -- (12 months for cancer, palliative or end of life care)
 - b. No; Deny category 15: Not a covered benefit

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Opioids, Short Acting

Medications	Dosage Form	Restrictions (from Nov P & T)
APAP/codeine	120-12mg/mL	Non - formulary
APAP/codeine	300-15mg, 300-30mg, 300-60mg tablets	QL of 7 days per fill. Max of 14 days per 180 days, allowed for ages 12 and up only.
Codeine	15mg, 30mg, 60mg tablets	QL of 7 days per fill. Max of 14 days per 180 days, allowed for ages 12 and up only.
Hydrocodone/APAP	7.5/325mg/15mL solution	QL 240 mL. Max of 2 fills per 180 days
Hydrocodone/APAP	5-325mg, 7.5-325mg, 10-325mg tablets	QL of 7 days per fill. Max of 14 days per 180 days
Hydrocodone-ibuprofen	7.5mg/200mg tablets	QL of 7 days per fill. Max of 14 days per 180 days
Hydromorphone	2mg, 4mg tablets	QL of 7 days per fill. Max of 14 days per 180 days
Hydromorphone	8mg tablets	PA required, QL of 7 days per fill. Max of 14 days per 180 days
Morphine sulfate	15mg, 30mg tablets	QL of 7 days per fill. Max of 14 days per 180 days PA age <18
Oxycodone	5mg, 10mg, 15mg tablets	QL of 7 days per fill. Max of 14 days per 180 days. PA<18
Oxycodone	20mg,	PA required, QL of 7 days per fill. Max of 14 days per 180 days
Oxycodone	30mg tablets	PA required, QL of 7 days per fill. Max of 14 days per 180 days
Oxycodone/APAP	5-325mg, 7.5-325mg, 10-325mg tablets	QL of 7 days per fill. Max of 14 days per 180 days. PA age <18
Tramadol	50mg tablets	QL of 7 days per fill. Max of 14 days per 180 days

***Member with a history of chronic opioid use covered by the plan may be eligible for a short-term approval if a patient-specific taper plan is document. Subsequent approvals must document progress toward taper.**

1. Is the requested medication on the formulary?
 - a. Yes; Move to question 3.
 - b. No; Move to question 2.

2. Has the member had inadequate response or contraindication to formulary medications?
 - a. Yes, Move to question 3.
 - b. No; Deny category 15: Not a covered benefit.

3. Is the member being treated for cancer related pain or in palliative care with a severe and/or life threatening illness that is not expected to improve
 - a. Yes; **Approve for 12 months**
 - b. No; Move to question 4.

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4. Has the member's pain occurred due to an acute injury, severe flare of chronic condition, or surgery within the last 6 weeks?
 - a. Yes; May **approve** short acting opioid up to MED of 90 for a period of up to **6 weeks** after the date of an acute injury, procedure or onset of flare.
 - b. No; Move to question 5.

5. Is the opioid prescribed for pain related to a condition that is appropriate for opioid treatment?

See table below- Note -The CDC advises non opioid therapy for chronic pain outside of active cancer, palliative, and end-of-life care

Medications not appropriate for treatment with opioids	
Migraine Headaches	There is insufficient evidence for opioid use in migraine or other types of headache. Opioids generally not as effective as migraine-specific medications and their use is complicated by their potential for tolerance, dependence, addictions and overdose
Tension Headaches	
Chronic pelvic pain	
Fibromyalgia	Studies have shown less symptom improvement in patients using opioids
Neuropathy	Analgesic efficacy of opioids in chronic neuropathic pain not established
Osteoarthritis	Exceptions may be made for member's awaiting surgery

- a. Yes; **Approve for up to 6 months.**
- b. No; Deny category 5: Not medically appropriate.