Clinical Policy: Opioid Analgesics

Reference Number: HIM.PA.139
Effective Date: 12.01.17
Last Review Date: 02.18 Revision Log
Line of Business: Health Insurance Marketplace

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Opioid analgesics exert their analgesic effect through opiate receptors distributed in tissues throughout the body.

This policy applies to all formulary long and short acting opioids requiring prior authorization or any non-formulary drug request that has met the formulary exception criteria – HIM.PA.103.

FDA Approved Indication(s)
Opioid analgesics are indicated for the management and treatment of moderate to severe pain.

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Cancer or Palliative Care (must meet all)**:**

1. Prescribed for pain associated with cancer or for palliative care (hospice or any terminal condition);
2. If request is for a formulary long-acting or short acting agent requiring prior authorization: member has failed an adequate trial of two other short-acting opioids analgesics dosed around the clock, unless contraindicated or clinically significant adverse effects are experienced;
3. If total dose of opioid exceeds 80 MME/day, member is stable (history of > 7 days of therapy) on current dose or documentation supports gradual upward titration of dose.

Approval duration: 12 months

B. Long Term Therapy (defined as a claims history of ≥ 90-day supply of opioid) (must meet all)**:**

1. Prescribed for the treatment of pain outside of active cancer treatment or palliative care;
2. Failure of at least 2 non-opioid ancillary treatments (such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, anticonvulsants, antidepressants, etc.) unless contraindicated or clinically significant adverse effect are experienced;
3. If request is for a formulary long-acting or short acting agent requiring prior authorization: member has failed an adequate trial of two other short-acting opioids

analgesics dosed around the clock, unless contraindicated or clinically significant adverse effects are experienced;

4. Member will be maintained on no more than 2 opioid analgesics concurrently;
   **If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic.*
5. Total opioid dose does not exceed 80 MME/day or for members who are stable (history of > 7 days of therapy) on doses higher than 80 MME/day, one of the following is met (a or b):
   a. Provider will initiate a dose taper;
      **Future approval will require decrease from current dose*
   b. Documentation that a dose taper has been attempted within the past 6 months, with the reasons for taper failure;
6. Provider agrees to continuously assess the member's pain management regimen for possible discontinuation of opioid therapy;
7. Documentation that the provider has reviewed the Prescription Drug Monitoring Program (PDMP) to identify concurrently prescribed controlled substances.

Approval duration: 3 months

C. Combination of opioid and benzodiazepine (must meet all)

1. Prescribed for the treatment of pain outside of active cancer treatment or palliative care;
2. Documentation that the provider has acknowledged combined use of opioid medication and benzodiazepine;
3. Prescribed for short term (< 3 months) use or provider will discontinue concurrent use of benzodiazepine and opioid therapy within a 3-month period;
   **Re-authorization request for concurrent use of opioid and benzodiazepine will not be approved*

Approval duration: duration of request or 3 months (whichever is less)

D. Other diagnoses/indications – Not applicable

II. Continued Therapy

A. Cancer or Palliative Care (must meet all)**:**

1. Prescribed for pain associated with cancer or palliative care;
2. If total dose of opioid exceeds 80 MME/day, member is stable (history of > 7 days of therapy) on current dose or documentation supports gradual upward titration of dose.

Approval duration: 12 months

B. Long Term Therapy (must meet all)**:**

1. Member has previously met all initial approval criteria for long-term opioid use;
2. Prescriber provides documentation supporting inability to discontinue opioid therapy;
3. Member will not be maintained on > 2 opioid analgesics concurrently;
   **If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic.*
4. Total opioid dose should NOT exceed 80 MME/day or if the current dose is higher than 80 MME/day, one of the following is met (a, b or c):
   a. Dose reduction has occurred since previous approval;

b. A dose taper has been attempted within the past 6 months and was not successful; **Reason(s) for taper failure must be provider*
c. Prescribed by or consultation with a pain management specialist;

5. If the requested dose is for > 80 MME/day, an increase in dose has not occurred since previous approval;
6. Documentation that the provider has reviewed the PDMP to identify concurrently prescribed controlled substances.

Approval duration: 3 months

C. Combination of opioid and benzodiazepine (must meet all)

1. Currently receiving concurrent opioid and benzodiazepine therapy via Centene benefit or member has previously met the initial approval criteria;
2. Documentation supports that discontinuation of combination opioid and benzodiazepine therapy has been attempted in the last 3 months without success;
3. Prescribed by or in consultation with a pain management specialist.

Approval duration: duration or request or 3 months (whichever is less)

D. Other diagnoses/indications – Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized – Not applicable

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
MME: morphine milligram equivalents
NSAID: non-steroidal anti-inflammatory drug
PDMP: Prescription Drug Monitoring Program

Appendix B: General Information

Opioid Oral Morphine Milligram Equivalent (MME) Conversion Factors	
Type of Opioid (strength units)	**MME Conversion Factor**
Codeine (mg)	0.15
Dihydrocodeine (mg)	0.25
Fentanyl buccal or SL tablets, or lozenge/troche (mcg)	0.13
Fentanyl film or oral spray (mcg)	0.18
Fentanyl nasal spray (mcg)	0.16
Fentanyl patch (mcg)	7.2
Hydrocodone (mg)	1
Hydromorphone (mg)	4
Levorphanol tartrate (mg)	11
Meperidine hydrochloride (mg)	0.1
Methadone (mg)	
>0, ≤ 20	4

>20, ≤ 40	8
>40, ≤ 60	10
>60	12
Morphine (mg)	1
Opium (mg)	1
Oxycodone (mg)	1.5
Oxymorphone (mg)	3
Pentazocine (mg)	0.37
Tapentadol (mg)	0.4
Tramadol (mg)	0.1

V. Dosage and Administration

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for information on appropriate dosage and administration.

VI. Product Availability

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for product availability information.

VII. References

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. JAMA. 2016 Apr 19; 315(15):1624-45.
2. Initial and Continued Approval follow-up periods based on the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain – 2016. http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf
3. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. J Addict Med. 2015 Sep-Oct;9(5):358-67.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy adapted from Medicaid CP.PPA.12.	08.17	11.17
1Q18 annual review: -Added step therapy criteria adapted from HIM.PA.97, which will be retired. - Since all long acting agents may require prior authorization, step therapy requirement changed to require 2 short acting agents, adequately dosed - References reviewed and updated.	12.06.17	02.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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