| New Hampshire Healthy Families | |
|---|---|
| **CLINICAL POLICY** | |
| DEPARTMENT: Pharmacy | DOCUMENT NAME: Opioid Analgesics |
| PAGE: **1** of **6** | REFERENCE NUMBER: NH.PPA.12 |
| EFFECTIVE DATE: 6/16 | REPLACES DOCUMENT: N/A |
| RETIRED: | REVIEWED: 2/16, 12/16, 10/17 |
| PRODUCT TYPE: Medicaid | REVISED: 4/16, 7/16 |

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

**Description:** Opioid analgesics provide relief of acute or chronic pain symptoms. These criteria will serve as parameters to optimize opioid analgesic therapy in members. The goal is to provide optimal pain control with as few medications as possible, to improve quality of care, curb abuse, prevent duplicative therapy and decrease the potential for adverse effects.

**FDA Labeled Indications:** The management of moderate to severe pain.

**PDL Medications are covered preferentially**

Available Preferred Drug List (PDL) medications are preferentially covered for first line use. Non-PDL medications are eligible for authorization only after the trial and failure of 2 PDL medications (Please refer to New Hampshire Healthy Families Policy NH.PMN.16 Request for Medically Necessary Drug not on the PDL). Trial and failure may include insufficient response, adverse effects/intolerance, allergic reactions, or contraindications. Other trial and failure reasons may be reviewed on a case by case basis.

**Coverage of Opioid Medications**

**Prior Authorization required**:

- For short-acting and long-acting opioid prescriptions which have morphine equivalent doses of greater than100mg per day **will require** submission of a completed *New Hampshire Healthy Families Prior Authorization Form for Long-acting and Short-acting opioids exceeding MED 100 form* (**see Appendix A**) if the prescriber has not already submitted one on behalf of the member receiving the prescription within the previous 3 months (or 6 months for members residing in hospice care facilities and for members diagnosed with cancer).

**Criteria for Approval:**

Both criteria must be met for all members:

a. All prescribers **must** provide the rationale for prescribing an opioid dose which is greater than 100 daily morphine equivalent dose (MED) or a dose which will put the member over the 100 daily MED limit; **and**
b. Attestation of completion of a pain assessment form at practice location

Approve for **six months** if:

a. members are diagnosed with cancer; **or**
b. members are residing in a hospice-care facility or similar

Approve for **three months** if all criteria are met:

a. State PDMP is accessed and reviewed; **and**
b. The prescriber must have a plan of evaluating the patient within three months (within six months for cancer patients); **and**
**c.** Submission of a pain management contract between the prescriber and the patient; **and**
d. The patient must be compliant with appointments; **and**
e. Attestation that the provider is aware of the risks associated with concomitant use of benzodiazepines and narcotic opioids and has made all reasonable attempts to reduce/discontinue use of benzodiazepines (i.e. reaching out to other prescriber for tapering plan or tapering if they are the prescriber of benzodiazepines).

*FSMB=Federation of State Medical Boards AAPM= American Association of Pain Management

**Table 1: Short-Acting Opioids**

| PDL | BRAND (Non-PDL) | Approximate Morphine Equivalents per mg | Approximate Daily Dose equal to 100 Morphine Equivalents |
|---|---|---|---|
| **Short Acting Tramadol products** | | 0.10 | 1000mg |
| tramadol | n/a | | |
| tramadol and APAP | n/a | | |
| **Short Acting Codeine products** | | 0.15 | 666mg |
| codeine sulfate | n/a | | |
| codeine and APAP | Tylenol with Codeine (codeine and APAP) | | |
| butalbital/APAP/caffeine and codeine | n/a | | |
| butalbital/ASA/caffeine and codeine | n/a | | |
| **Short Acting Dihydrocodeine products** | | 0.15 | 666mg |
| n/a | Trezix (dihydrocodeine/APAP/ caffeine) | | |
| n/a | Synalgos-DC (dihydrocodeine/ASA/caffeine) | | |

| | | | | | |
|---|---|---|---|---|---|
| **Short Acting Meperidine products** | | | | 0.15 | 666mg |
| meperidine…… | Demerol (meperidine) | | | | |
| | Meperitab (meperidine) | | | | |
| **Short Acting Tapentadol products** | | | | 0.30 | 333mg |
| n/a…… | Nucynta (tapentadol) | | | | |
| **Short Acting Morphine products** | | | | 1.00 | 100mg |
| morphine…… | n/a | | | | |
| **Short Acting Hydromorphone products** | | | | 4 | 25mg |
| hydromorphone…… | Dilaudid (hydromorphone) | | | | |
| **Short Acting Hydrocodone products** | | | | 1.00 | 100mg |
| hydrocodone and APAP…… | Co-gesic | Maxidone | Vicodin | | |
| | Hycet | Norco | Xodol | | |
| | Hydrogesic | Polygesic | Zamicet | | |
| | Lorcet | Stagesi | Zolvit | | |
| | Margesic - H | Verdrocet | Zydone | | |
| n/a…… | Ibudone (hydrocodone and ibuprofen) | | | | |
| | Vicoprofen (hydrocodone and ibuprofen) | | | | |
| **Short Acting Oxycodone products** | | | | 1.50 | 66mg |
| oxycodone…… | Oxecta (oxycodone) | | | | |
| oxycodone and ASA…… | Percodan (oxycodone and ASA) | | | | |
| oxycodone and APAP…… | Magnacet (oxycodone and APAP) | | | | |
| | Percocet (oxycodone and APAP) | | | | |
| | Primlev (oxycodone and APAP) | | | | |
| | Tylox (oxycodone and APAP) | | | | |
| Roxicet (oxycodone and APAP soln)……. | n/a | | | | |
| **Short Acting Oxymorphone products** | | | | 3.00 | 33mg |
| n/a…… | Opana (oxymorphone) | | | | |

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|---|---|
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| PAGE: **4** of **6** | REFERENCE NUMBER: NH.PPA.12 |
| EFFECTIVE DATE: 06/16 | REPLACES DOCUMENT: |
| RETIRED: | REVIEWED: 2/16, 12/16, 10/17 |
| PRODUCT TYPE: Medicaid | REVISED: 4/16, 7/16 |

**Table 2: Long-Acting Opioids**

| PDL | BRAND (Non-PDL) | Approximate Morphine Equivalents per mg | Approximate Daily Dose equal to 100 Morphine Equivalents |
|---|---|---|---|
| **Long Acting Tapentadol products** | | 0.30 | 333mg |
| n/a | Nucynta (tapentadol) | | |
| **Long Acting Hydrocodone products** | | 1.00 | 100mg |
| n/a | ZohydroTM ER (hydrocodone) | | |
| **Long Acting Morphine products** | | 1.00 | 100mg |
| morphine sufate ER | Avinza (morphine) | | |
| | Kadian (morphine) | | |
| | MS Contin (morphine) | | |
| | Oramorph SR (morphine) | | |
| Embeda (morphine and naltrexone) | n/a | | |
| **Long Acting Hydromorphone products** | | 4 | 25mg |
| hydromorphone ER | Exalgo (hydromorphone) | | |
| **Long Acting Oxycodone products** | | 1.50 | 66mg |
| Hysingla ER (oxycodone and naltrexone) | Oxycontin (oxycodone) | | |
| **Long Acting Oxymorphone products** | | 3.00 | 33mg |
| n/a | Opana ER (oxymorphone) | | |
| **Long Acting Fentanyl products** | | 100.00 | 1mg |
| fentanyl patch | Duragesic (fentanyl) | | |

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| PRODUCT TYPE: Medicaid | REVISED: 4/16, 7/16 |

Approval: Cancer and hospice patients (6 months)
All other approvals (3 months)

References: *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, July 2013*; Federation of State Medical Boards. (*Accessed July 25, 2015).* ***See Appendix B***

*Opioid Contracts/Agreements: The American Association of Pain Management's Take on the Subject. (Accessed July 27, 2015).* ***See Appendix C***

| Revision Log | |
|---|---|
| Revision | Date |
| Revised and added criteria for approval to meet new Morphine Equivalent Dose 120 Guidelines and added new prior authorization form to go along with a pain charting tool. | 4/16 |
| Changed benzodiazepine criteria to " Attestation that the provider is aware of the risks associated with concomitant use of benzodiazepines and narcotic opioids and has made all reasonable attempts to reduce/discontinue use of benzodiazepines (i.e. reaching out to other prescriber for tapering plan or tapering if they are the prescriber of benzodiazepines)" Changed all Morphine Equivalent Dose 120's to 100's. Adjusted morphine equivalent dose Table. Removed requirement for a pain assessment form and changed to requires attestation of completing a pain assessment form at practice site. | 7/16 |
| Annual Review, No changes | 12/16 |
| Annual Review, No Changes | 10/17 |

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

Pharmacy Director: Approval on file

Chief Medical Director: Approval on file

nh healthy families

envolve Pharmacy Solutions

# NH HEALTHY FAMILIES

## PRIOR AUTHORIZATION REQUEST FORM

**For Long and Short-Acting Narcotics Exceeding MED 100 daily use only**

**Submit request via: Fax – 1-866-399-0929 or MAIL to Envolve Pharmacy Solutions c/o Prior Authorization Department at 5 River Park Place East, Suite 210, Fresno, California 93720**

**The patient's medical record must substantiate the information provided on this form and compare for consistency.**

Patient name:_____ DOB :_____

Medicaid ID number: _____ Diagnosis: _____

Prescriber name: _____ NPI/DEA:_____

Office phone number: _____ Office fax number: _____

Pharmacy requested: _____

***Prior authorization is required for all patients receiving more than 100mg morphine or its equivalent every 24 hours.**

| Preferred Long-Acting Opioids (GENERICS ONLY) | | | | |
|---|---|---|---|---|
| **Known Brand Name** | **Generic Name** | **Doses/ Dosage Form** | **Morphine dose equivalent** | **Restrictions** |
| **MS Contin** | Morphine Sulfate ER | Tab: 15, 30, 60, 100, 200 | 1.0 | Limit 3 tabs per day |
| **Duragesic** | Fentanyl TD Patch 72HR | Patches: 12.5, 25, 50, 75, 100 mcg/ hr | 2.4 | Limit 10 patches per 30 days |
| **OxyContin** | Oxycodone ER 12HR Deter | Tabs: 10, 15, 20, 20, 40, 60, 80 mg | 1.5 | ***PA required* criteria avail upon request**<br>Limit 2 per day |

| Preferred Short-Acting Opioids (GENERICS ONLY) | | | | |
|---|---|---|---|---|
| **Known Brand Name** | **Generic Name** | **Doses/ Dosage Form** | **Morphine dose equivalent** | **Restrictions** |
| **Tylenol-Codeine** | Acetaminophen/ Codeine | Tabs: 300-15 mg, 300-60 Mg<br>Oral Soln: 120-12 mg/ 5mL | 0.15 | Limit 6 tabs per day<br>Oral Soln: Limit 30 mL per day |
| **Norco, Lortab, Hycet** | Hydrocodone/ Acetaminophen | Tabs: 7.5-325 mg, 10-325 mg<br>Oral Soln: 7.5-325 mg/ 15 mL | 1.0 | Limit 6 tabs per day<br>Oral Soln: Limit 180 mL per day |
| **Dilaudid** | Hydromorphone | Tabs: 2, 4, 8 mg<br>Suppository: 3mg | 4.0 | Limit 8 tabs per day; 12 supp per day |
| **Codeine Sulfate** | Codeine sulfate | Tabs:15,30,60mg | 0.15 | Limit 2 tabs per day |
| **Ultracet** | Tramadol-Acetaminophen | Tab: 37.5-325 mg | 0.1 | Limit 4 tabs per day |
| **Demerol** | Meperidine | Tabs: 50, 100 mg<br>Oral Soln: 50 mg/ 5 mL | 0.1 | Limit 6 tabs per day |
| **Morphine Sulfate IR** | Morphine Sulfate IR | Tabs: 15, 30 mg<br>Oral Soln: 10 mg/ 5mL, 20 mg/ 5 mL<br>Supp: 5, 10, 20, 30 mg | 1.0 | Limit 6 tabs per day<br>Limit 24 supp per day<br>Limit 240 mL per day |
| **Roxicodone** | Oxycodone IR | Cap: 5 mg<br>Tabs: 5, 10, 20 mg<br>Oral Soln: 20 mg/ mL | 1.5 | Limit 6 caps/tabs per day<br>Limit 6 mL per day |
| **Percodan** | Oxycodone-Aspirin | Tab: 4.8-325 mg | 1.5 | Limit 6 tabs per day |
| **Fiorinal-Codeine** | Butalbital-Aspirin-Caff w/ Codeine | Cap: 50-325-40-30 mg | 0.15 | Limit 4 caps per day |
| **Fioricet-Codeine** | Butalbital-Acetaminophen-Caff w/ Codeine | Cap: 50-325-40-30 mg | 0.15 | Limit 4 caps per day |

**Requested Drug** _____ **Dosage** _____**Dosage Form**_____

**Directions** _____

_____

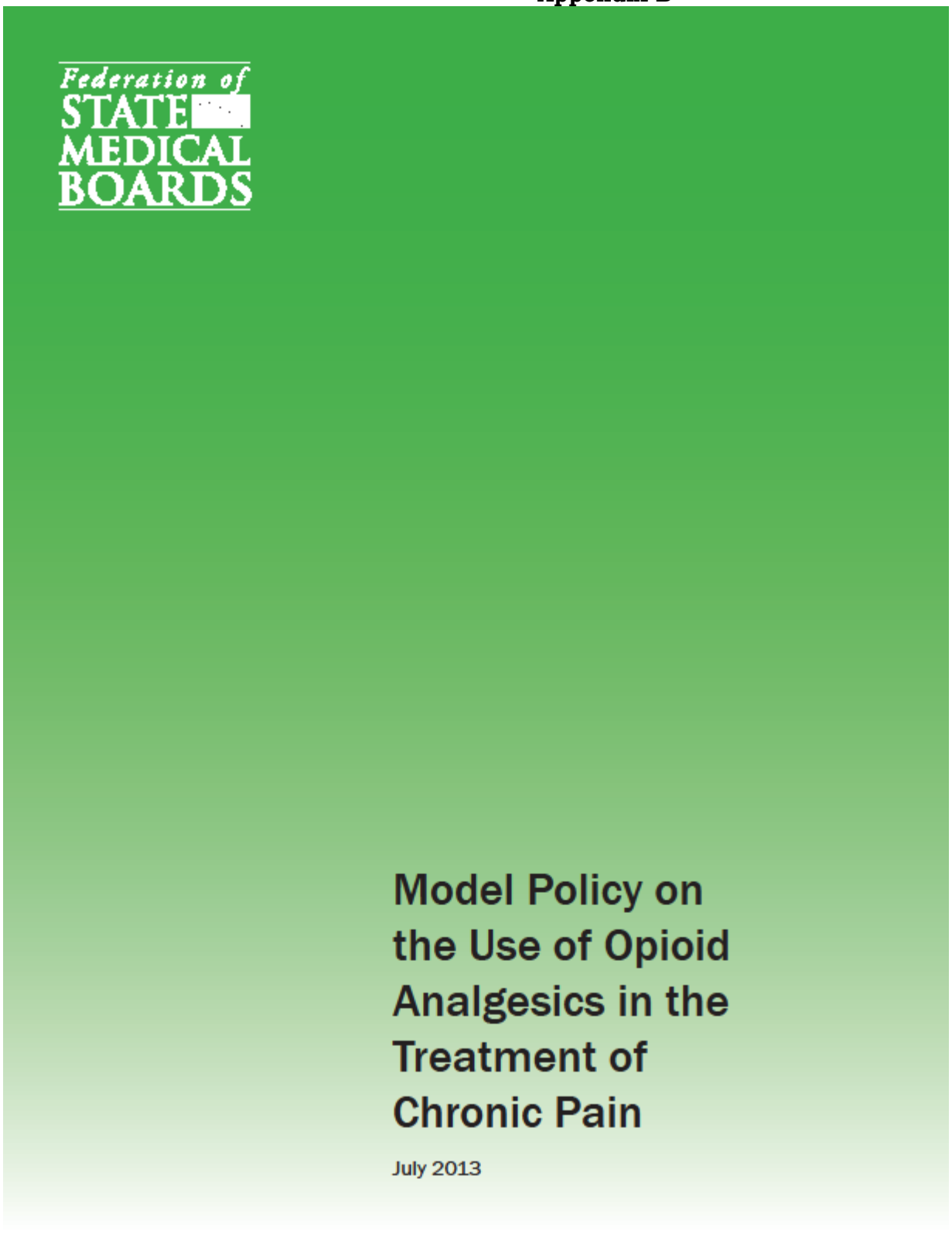
| **Please fill out the form completely-write N/A if not applicable. Each response is required for approval.** | | |
|---|---|---|
| 1. What is the **diagnosis and ICD-10** code for the patient? _____ | | |
| 2. Is the patient diagnosed with cancer requiring narcotics to control cancer-related pain? (**If YES, skip to question 8**) | ☐Yes | ☐No |
| 3. Is the patient currently a resident of a long-term care or hospice facility? If yes, what is the name & address of the facility? (**Skip to question 9**) _____ | ☐Yes | ☐No |
| 4. I am aware of the risks associated with concomitant use of benzodiazepines and narcotic opioids and have made every attempt to reduce/discontinue their use. | ☐Yes | ☐No |
| 5. Has the Prescription Drug Monitoring Profile been checked for this patient? (Required for approval.) | ☐Yes | ☐No |
| 6. How often will the patient be reevaluated for pain control and dose | | |
| 7. Is the pain management contract attached? (required) | ☐Yes | ☐No |
| 8. Has patient been compliant with appointments? (required) | ☐Yes | ☐No |
| 9. What is the rationale for prescribing >100 morphine equivalent dose individually or cumulatively? (required) _____ | | |
| 10. I attest to have completed a pain assessment form to be maintained and updated on the practice site premises? (required) | ☐Yes | ☐No |

Prescriber Signature (required) _____ Date: _____

**This signature certifies that the information provided here is accurate and substantiated by the patient's medical records.**

Revised 7/20/18

**Appendix B**

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**Appendix C**

AMERICAN ACADEMY OF PAIN MANAGEMENT

# Prescribing Issue

## Opioid Agreements & Contracts

### Opioid Agreements/Contracts: The American Academy of Pain Management's Take on the Subject

The American Academy of Pain Management's Board of Directors unanimously endorsed the Conjoint Statement of the American Pain Society and the American Academy of Pain Medicine concerning the use of long-term opioid therapy for patients suffering with chronic pain in September 1998. Rather than create another position statement, the Academy's Directors elected to support the 1997 Conjoint Statement of the other pain organizations. The Academy does not recommend opioid medications alone or in combination with other therapies for all patients under all circumstances, but advise practitioners with prescribing privileges to consider all potential therapies when working with patients suffering from painful disorders. Patients should have individualized plans for care that comprehensively address their physical, psychological, social and spiritual needs. To do less is to offer only fragmented care with little likelihood of addressing all of their treatment needs.

Practitioners must fully realize what an agreement/contract signifies when negotiating treatment options with patients for any medical services including, but not limited to, the prescribing of controlled substances. Agreements/contracts between practitioners and patients minimally define behavior between both parties of the agreement/contract. There are no "bullet-proof" agreements/contracts that are binding for all patients, under all circumstances, for all states and legal jurisdictions. Practitioners using agreements/contracts with their patients taking controlled substance medications should obtain legal advice specific for the jurisdiction where they practice before using these documents.

Minimally, agreements/contracts should define all aspects of care, not just the use of the controlled substances. Patients receiving opioid therapies must have clearly articulated treatment goals (pain will be reduced or performance of activities of daily living will be enhanced), defined measures for outcome (pain level will be "x"/10 or number of blocks walked each day will be "y", etc.), identified/defined "other services and treatments" beyond only controlled substances (PT, OT, home stretching program, use of biofeedback, hours of TENS wear per day, etc.), and clear rules with consequences for contractual violation (lost prescriptions, need for a police report if medications is stolen, requirements for urine drug testing, etc.). Since agreements/contracts tie all parties, these documents should be as comprehensively written as possible.

American Academy of Pain Management • 13947 Mono Way #A • Sonora, CA 95370 • Phone: 209-533-9744
Fax: 209-533-9750 • e-mail: aapm@aapainmanage.org • www.aapainmanage.org

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