Clinical Policy: Short Acting Narcotic Analgesics

Reference Number: PA.LTSS.Pharm.12
Effective Date: 08/18
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Line of Business: LTSS

Coding Implications
Revision Log

Description
Narcotic analgesics exert their analgesic effect through opiate receptors distributed in tissues throughout the body. All short acting opioid analgesics therapy (both preferred and non-preferred agents) that does not abide with this criteria will require prior authorization. See policy PA.LTSS.PHARM.11 for long acting narcotic analgesic policy.

FDA approved indication
Narcotic analgesics are indicated for the management and treatment of moderate to severe pain.

Policy/Criteria
** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria**

It is the policy Pennsylvania Health and Wellness will follow the **medically necessity criteria** established by the Pennsylvania Department of Human Services Medical Assistance Bulletin. The medical necessity is determined when the following criteria are met:

I. Short Acting Narcotics

A. Prescriptions requiring prior authorization

1. All non-preferred short acting narcotic analgesics.
2. Prescriptions for short acting narcotic analgesics that exceeds the quantity limit.
3. A prescription for either a preferred or non-preferred short acting narcotic analgesic when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs.
4. When the participant has a concurrent prescription for a buprenorphine agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension.
5. All hydromorphone prescriptions
6. All prescriptions that contain codeine when prescribed for a child under 21 years of age
7. Prescriptions for preferred or non-preferred short acting narcotic analgesics for participants under 21 years of age if
   a. More than a 3-day supply or
   b. The participant has a paid claim in their past 365 days for a short acting narcotic analgesic.
8. A prescription for a preferred narcotic short acting analgesic when prescribed for a participant 21 years or older when
   a. More than a 5-day supply is prescribed or
   b. The participant has a history of a paid claim for a narcotic short acting analgesic within the past 180 days.

B. A pharmacist may dispense a 72 hour supply of the prescribed medication without prior authorization for a new prescription.
1. The pharmacist may not dispense a 72 hour supply of a narcotic short acting analgesic that contains codeine when prescribed for a child under 21 years of age.

C. A pharmacist may dispense a 15 day supply of the prescribed medication without prior authorization if it is an ongoing.

D. Prior Authorization of a prescription for a preferred Analgesic, narcotic short acting will be automatically approved when the Point of sale adjudication system verifies a record of a paid claim 365 days prior to the date of service that documents:
   a. A diagnosis of active cancer, sickle cell with crisis, hospice or palliative care, or newborn drug withdrawal syndrome for a participant under 21 years of age and the Analgesic, Narcotic Short Acting does not contain codeine **or**
   b. A diagnosis of active cancer or sickle cell with crisis or documentation of current hospice/palliative care for an adult 21 years of age or older.

E. Medical necessity criteria for evaluating prior authorization requests
1. For nasal Butorphanol all of the following must be met **(a-d or e-h):**
   a. The participant is not opioid tolerant. Opioid tolerant is defined as taking at least morphine 60mg/day, transdermal fentanyl 25mcg/h, oxycodone 30mg/day, or hydromorphone 8mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.
   b. Has a diagnosis of pain
   c. Has a history of a contraindication, intolerance to or therapeutic failure of at least three unrelated (different opioid ingredient) preferred short acting narcotic analgesics
   d. Is being prescribed nasal butorphanol by a neurologist or pain medication specialist
   e. The participant is not opioid tolerant. Opioid tolerant is defined as taking at least morphine 60mg/day, transdermal fentanyl 25mcg/h, oxycodone 30mg/day, or hydromorphone 8mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.
   f. Has a diagnosis of migraine
   g. Has a history of a contraindication, intolerance to or therapeutic failure of the triptans for abortive therapy
   h. Has a history of a contraindication, intolerance to or therapeutic failure of the following preventative therapies:
      i. Beta blockers
      ii. Calcium channel blockers
      iii. Anticonvulsants
      iv. Selective serotonin reuptake inhibitor (SSRI) Antidepressants
      v. Tri-cycle antidepressants
      vi. Non-steroidal anti-inflammatories (NSAIDs)
2. For fentanyl IR products, all of the following must be met
   a. Diagnosis of cancer pain;
   b. Prescribed for the management of breakthrough pain;

c. Member is on fentanyl transdermal patches or another long-acting opioid taken around the clock;
d. Age ≥ 16 years (for Actiq requests) OR age ≥ 18 years (for Abstral, Fentora, Lazanda, or Subsys requests);
e. Failure of a trial of two formulary short-acting opioid analgesics unless all are contraindicated or clinically significant adverse effects are experienced;
f. For Abstral, Fentora, Lazanda and Subsys requests: Failure of a trial of generic fentanyl citrate oral transmucosal lozenge (Actiq) unless contraindicated or clinically significant adverse effects are experienced;

Approval duration: 6 months

3. For hydromorphone and all other non-preferred analgesics, narcotic short acting participant has a documented history of intolerance, a contraindication to, or therapeutic failure of at least three unrelated (different opioid ingredient) preferred Analgesics, narcotic short acting.
4. If the above are not met, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the participant.
5. When determining medical necessity of a prescription for a preferred or non-preferred short acting narcotic analgesic for a participant with a concurrent prescription for a buprenorphine agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension the request must be reviewed by a physician.
   a. Both of the prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescriptions. AND
   b. The participant has an acute need for therapy with a short acting narcotic analgesic and other therapy will be suspended during the treatment for acute pain.
6. For therapeutic duplication, whether
   a. The Participant is being titrated to, or tapered from, a drug in the same class **OR**
   b. Supporting peer-reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested.
7. Preferred or non-preferred Analgesic, narcotic long acting for participants **under 21** years of age must be all of the following:
   a. Documentation of pain that is caused by a medical condition
   b. Pain is not neuropathic or migraine in type
   c. Severe pain, as documented by a pain assessment tool measurement (e.g. a numeric or visual analog scale)
   d. Has documentation of the anticipated duration of therapy
   e. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:
      i. Non-pharmacologic techniques (i.e. behavioral, cognitive, physical and/or supportive therapies
      ii. Non-opioid analgesics (e.g. acetaminophen, NSAIDs)
   f. Has documentation that the Analgesic, Narcotic Short Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

g. Is prescribed a dose that is appropriate for the participant's age and/or weight, as listed in:
    i. The FDA-approved package insert or
    ii. Nationally recognized compendia for medically-accepted indications for off-label use or
    iii. Medically accepted standards of care that corroborate use, such as peer-reviewed literature or national treatment guideline
h. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
i. Has documentation that the participant or parent/guardian has been educated on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction
j. Was evaluated for risk factors for opioid-related harm; if participant is identified as high risk for opioid-related harm, the prescriber considered prescribing naloxone
k. Was assessed for recent use (within the past 60 days) of an opioid
l. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary
m. Has a recent urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

8. Preferred or non-preferred Analgesic, narcotic short acting for participants **over 21** years of age must be all of the following:
    a. Documentation of pain that is caused by a medical condition
    b. Pain is not neuropathic or migraine in type
    c. Moderate to severe, as documented by a pain assessment tool measurement (e.g. a numeric or visual analog scale)
    d. Has documentation of the anticipated duration of therapy
    e. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:
        i. Non-pharmacologic techniques (i.e. behavioral, cognitive, physical and/or supportive therapies
        ii. Non-opioid analgesics (e.g. acetaminophen, NSAIDs)
    f. Has documentation that the Analgesic, Narcotic Short Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy
    g. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
    h. Has documentation of education on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction
    i. Was assess for recent use (within the past 60 days) of an opioid
    j. Was evaluated for risk factors for opioid-related harm; if participant is identified at high risk for opioid-related harm, the prescriber consider prescribing naloxone
    k. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

l. Has a recent urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled

9. The prescribing provider confirms that he/she conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the participants controlled substance prescription history before prescribing the analgesic, narcotic short acting.

Approval duration: up to six (6) months

1. In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three (3) month authorization will be granted to allow for tapering of medication(s).
2. For members who require longer than a 3 month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

F. Quantity Limits – If the quantity of a prescription exceeds the quantity limit of 50 morphine milligram equivalents (MME) per day or is prescribed for greater than a 5 day supply, the determination of whether the prescription is medically necessary will take into account whether:

1. The participant has moderate to severe pain and
2. The medication is being prescribed by an appropriate specialist or in consultation with an appropriate specialist and
3. A narcotic analgesic, at the requested dose, is the most appropriate treatment option as documented by the following:
   a. Pain is inadequately controlled at the current quantity limit **and**
   b. Pain is inadequately controlled by other analgesics, narcotic short acting **or**
   c. The participant has a history of a contraindication or adverse reaction to alternative analgesics, narcotic short acting **AND**
   d. If the Participant would be more appropriately pain controlled by initiating or adjusting the dose of an Analgesic, Narcotic Long Acting
4. For doses that exceed the quantity limit of 50 (MME) per day or are prescribed for greater than a 5 day supply,:
   a. The quantity of a prescription for either a preferred or non-preferred analgesic, narcotic short acting exceeds the quantity limit and does not meet the guidelines listed above, but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the participant.

Approval duration: up to six (6) months

1. In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three (3) month authorization will be granted to allow for tapering of medication(s).
2. For members who require longer than a 3 month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

II. Continued Therapy

A. Must meet all**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies
2. Experienced an improvement in pain control and level of functioning while on the requested medication
3. Has documentation that the Analgesic, narcotic short acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy
4. Is being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder
5. Was evaluated for risk factors for opioid-related harm; if beneficiary is identified at high risk for opioid related harm, the prescriber considered prescribing naloxone
6. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary
7. If prescribed less than 50 morphine milligram equivalent (MME) per day, has a UDS (including testing for licit and illicit drugs with the potential for abuse; and specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 12 months that is consistent with prescribed controlled substances
8. If prescribed greater than 50 morphine milligram equivalent (MME) per day, has a UDS (including testing for licit and illicit drugs with the potential for abuse; and specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 3 months that is consistent with prescribed controlled substances
9. The prescribing provider confirms that he/she conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the participants controlled substance prescription history before prescribing the analgesic, narcotic short acting
10. If the above are not met, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the participant.

Approval duration: up to six (6) months

1. In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three (3) month authorization will be granted to allow for tapering of medication(s).
2. For members who require longer than a 3 month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

IV. Appendices/General Information

Appendix A: Abbreviation Key
MME: morphine milligram equivalents
NSAID: non-steroidal anti-inflammatory drug
PDL: Preferred drug list
PDMP: Prescription Drug Monitoring Program

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. Pennsylvania Medical Assistance Bulletin – Prior Authorization of Analgesics, Narcotic Long Acting and Analgesics, Narcotic Short Acting – Pharmacy Services dated June 7, 2017.

Reviews, Revisions, and Approvals	Date	Approval Date
Updated the requirement for a PA for any script duration exceeding 5 days.	08/18	
Clarified criteria for the use of fentanyl IR products; Updated the requirement for a PA for any script greater than 50 MME per day or prescribed for duration exceeding 5 days.	04/19	