Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: N/A**
Policy Number: PHW.PDL.110	**Effective Date: 01/01/2020** **Revision Date: 07/2020**
Policy Name: Analgesics, Opioid Long-Acting	

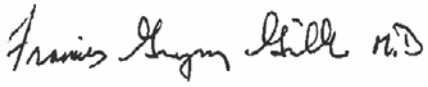
Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ✓ **Annual Review - No Revisions**
- ✓ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

Q3 2020 annual review: no changes.

Name of Authorized Individual (Please type or print): **Francis G. Grillo, MD**	**Signature of Authorized Individual:** 

Clinical Policy: Analgesics, Opioid Long-Acting

Reference Number: PHW.PDL.110
Effective Date: 01/01/2020
Last Review Date: 07/2020

Revision Log

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health and Wellness® that Long-Acting Opioid Analgesics are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Analgesics, Opioid Long Acting

A. Prescriptions That Require Prior Authorization

All prescriptions for Analgesics, Opioid Long Acting must be prior authorized:

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Analgesic, Opioid Long Acting, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For all non-preferred Analgesics, Opioid Long Acting, whether the beneficiary has a documented history of intolerance, a contraindication to, or therapeutic failure of the preferred Analgesics, Opioid Long Acting.

AND

2. For a preferred or non-preferred Analgesic, Opioid Long Acting for a beneficiary with a concurrent prescription for a Buprenorphine Agent with a Food and Drug Administration (FDA) approved indication for opioid dependence or naltrexone for extended-release injectable suspension (Vivitrol), the physician reviewer will consider whether:

   a. Both of the prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

   AND

   b. The beneficiary has a need for therapy with an Analgesic, Opioid Long Acting and the other therapy will be suspended during the treatment for pain

AND

3. Whether the beneficiary:

    a. Is under 18 years of age, has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome, or is receiving palliative care or hospice services, and the Analgesic, Opioid Long Acting does not contain codeine or tramadol.

    OR

    b. Is 18 years of age or older and has a diagnosis of active cancer or sickle cell with crisis, or is receiving palliative care or hospice services

    OR

4. For a prescription for either a preferred or non-preferred Analgesic, Opioid Long Acting when prescribed for a beneficiary under 21 years of age who does not meet the guidelines in #3 above, whether the beneficiary:

    a. Has documentation of pain that is:

        i. Caused by a medical condition

        AND

        ii. Not neuropathic or migraine in type

        AND

        iii. Severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

    AND

    b. Has documentation of the anticipated duration of therapy

    AND

    c. 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)

        AND

ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

AND

d. Has documentation that the Analgesic, Opioid Long Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

AND

e. Has documentation of a trial of Analgesics, Opioid Short Acting

AND

f. Is opioid-tolerant

AND

g. Is prescribed a medication and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions 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 guidelines

AND

h. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider

AND

i. Has documentation that the beneficiary or parent/guardian has been educated on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse, and addiction

AND

j. Was evaluated for risk factors for opioid-related harm; if beneficiary identified at high risk for opioid-related harm, the prescriber considered prescribing naloxone

AND

k. Was assessed for recent use (within the past 60 days) of an opioid

AND

l. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

AND

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

AND

5. For a prescription for either a preferred or non-preferred Analgesic, Opioid Long Acting when prescribed for an adult 21 years of age or older who does not meet the guidelines in #3 above, whether the beneficiary:

   a. Has documentation of pain that is:

      i. Caused by a medical condition

      AND

      ii. Not neuropathic or migraine in type

      AND

      iii. Severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

   AND

   b. Has documentation of the anticipated duration of therapy

   AND

   c. 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)

AND

ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

AND

d. Has documentation that the Analgesic, Opioid Long Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

AND

e. Has documentation of a trial of Analgesics, Opioid Short Acting

AND

f. Is opioid-tolerant (defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day or an equi-analgesic dose of another opioid for one week or longer)

AND

g. Is prescribed a medication and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions 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 guidelines

AND

h. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider

AND

i. Has documentation of education on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse, and addiction

AND

j. Was assessed for recent use (within the past 60 days) of an opioid

AND

k. 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

AND

l. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

AND

m. Has a recent UDS (including testing for licit and illicit drugs with the potential for abuse; and specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

AND

6. For all Analgesics, Opioid Long Acting, whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Opioid Long Acting

Quantity Limits - In addition, if the quantity of a prescription for either a preferred or non-preferred Analgesic, Opioid Long Acting exceeds the quantity limit, the determination of whether the prescription is medically necessary will take into account whether:

1. The beneficiary has severe pain

AND

2. The medication is being prescribed by an appropriate specialist or in consultation with an appropriate specialist

AND

3. An opioid 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, Opioid Long Acting

    OR

    c. The beneficiary has a history of a contraindication or adverse reaction to alternative Analgesics, Opioid Long Acting

AND

4. For doses that exceed the FDA-approved starting dose, there is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid-containing medications

AND

5. The requested dosing frequency does not exceed the maximum FDA-approved dosing frequency

NOTE: As described in Section C, if the beneficiary does not meet the clinical review guidelines and/or the quantity limit guidelines listed above, but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

FOR RENEWALS OF PRESCRIPTIONS FOR ANALGESICS, OPIOID LONG ACTING: Requests for prior authorizations of renewals for Analgesics, Opioid Long Acting that were previously approved will take into account whether the beneficiary:

1. Experienced an improvement in pain control and level of functioning while on the requested agent

AND

2. Has documentation that the Analgesic, Opioid Long Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

AND

3. Is being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder

AND

4. Was evaluated for risk factors for opioid-related harm; if the beneficiary is identified at high risk for opioid-related harm, the prescriber considered prescribing naloxone

AND

5. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

AND

6. If prescribed less than 50 Morphine Milligram Equivalents (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

OR

7. If prescribed greater than or equal to 50 MME per day, has a UDS (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 3 months that is consistent with prescribed controlled substances

AND

8. Whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Opioid Long Acting

NOTE: As described in Section C, if the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a

prescription for an Analgesic, Opioid Long Acting. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription.

The prior authorization request will be referred to a physician reviewer for a medical necessity determination when any of the following occur:

1. The guidelines are not met

OR

2. The beneficiary is concurrently being prescribed a Buprenorphine Agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension (Vivitrol)

Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. **Approval Duration:**

PA Health & Wellness will limit authorization of prescriptions for Analgesics, Opioid - Long Acting to three (3) months of therapy**.**

A pharmacist may dispense a 72-hour supply for a newly prescribed medication without prior authorization if, in the professional judgment of the pharmacist, the beneficiary has an immediate need for the medication, unless the pharmacist determines that taking the medication either alone or along with other medications that the beneficiary may be taking, would jeopardize the health and safety of the beneficiary. Similarly, a pharmacist may dispense a 15-day supply of the prescribed medication without prior authorization if it is an ongoing medication.

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Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020