Clinical Policy: Long Acting Narcotic Analgesics

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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 long acting opioid analgesics therapy (both preferred and non-preferred agents) that does not abide with this criteria will require prior authorization. See PA.LTSS.Pharm.12 for policy on short acting opioids.

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. Long Acting Narcotics

A. All prescriptions for analgesics, narcotic long acting must be prior authorized

1. A pharmacist may dispense a 72 hour supply of the prescribed medication without prior authorization if it is a new medication.
2. A pharmacist may dispense a 15 day supply of the prescribed medication without prior authorization if it is an ongoing medication .
3. Prior Authorization of a prescription for a preferred Analgesic, narcotic long 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 or newborn drug withdrawal syndrome for a participant under 21 years of age **or**
   b. A diagnosis of active cancer or sickle cell with crisis for an adult 21 years of age or older.
   c. Documentation of current hospice/palliative care.
4. Non-preferred analgesics, narcotic long acting has all of the following:
   a. Documented history of intolerance, a contraindication to, or therapeutic failure of the preferred Analgesics, narcotic long acting.
   b. Is prescribed an FDA-approved starting dose or there is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid containing medications.
5. Preferred or non-preferred Analgesic, narcotic long 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. 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 Long Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy
g. Has documentation of a trial of Analgesics, Narcotic Short Acting
h. Is opioid-tolerant (defined as taking at least morphine 60mg/day, transdermal fentanyl 25mcg/hour, oxycodone 30mg/day, oral hydromorphone 8mg/day or an equi-analgesic dose of another opioid for one week or longer)
i. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
j. Was evaluated for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
k. Has documentation of education on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction
l. Was assess for recent use (within the past 60 days) of an opioid
m. 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
n. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary
o. 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

6. 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 Long Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

g. Has documentation of a trial of Analgesics, Narcotic Short Acting
h. Is opioid-tolerant
i. 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
j. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
k. 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
l. 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
m. Was assess for recent use (within the past 60 days) of an opioid
n. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary
o. 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

7. 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 long acting
8. If prescribed for a participant with concurrent prescription for a buprenorphine agent or naltrexone for extended-release injectable suspension refer to physician reviewer. The physician reviewer will consider whether;
    a. Both 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 a need for therapy with an analgesic narcotic long acting and the other therapy will be suspended during the treatment for pain
9. 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.

B. Quantity Limits – If the quantity of a prescription exceeds the quantity limit

1. The participant has 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 long acting **or**
   c. The participant has a history of a contraindication or adverse reaction to alternative analgesics, narcotic long acting
4. For doses that exceed the FDA-approved starting dose,
   a. there is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid-containing medications **and**
   b. The requested dosing frequency dose not exceed the maximum FDA-approved dosing frequency **or**
   c. The quantity of a prescription for either a preferred or non-preferred analgesic, narcotic long 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. Experienced an improvement in pain control and level of functioning while on the requested medication
2. Has documentation that the Analgesic, narcotic long acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy
3. Is being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder
4. 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
5. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary
6. 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
7. 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
8. 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 long acting
9. 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.
10. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies

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.

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