Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Opioid Analgesics for Chronic Pain***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***June 2017 (effective 1/1/2018)***

Last P & T Committee Approval Date: *August 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for opioid analgesics used in the treatment of chronic pain.

DEFINITIONS

Benzodiazepine: controlled substance that has United States food and drug administration approved labeling indicating that it is a benzodiazepine, benzodiazepine derivative, triazolobenzodiazepine, or triazolobenzodiazepine derivative, including the following drugs and their varying salt forms or chemical congeners: alprazolam, chlordiazepoxide hydrochloride, clobazam, clonazepam, clorazepate, diazepam, estazolam, flurazepam hydrochloride, lorazepam, midazolam, oxazepam, quazepam, temazepam, and triazolam

Chronic Pain: pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the

normal course of progression, may reasonably be expected to result in a terminal condition.

Hospice Care Program: coordinated program of home, outpatient, and inpatient care and services that is operated by a person or public agency and that provides the following care and services to hospice patients, including services as indicated below to hospice patients' families, through a medically directed interdisciplinary team, under interdisciplinary plans of care established pursuant to section 3712.06 of the Ohio Revised Code, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement

Opioid Analgesic: controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol

SBIRT (Screening, Brief Intervention, and Referral to Treatment): comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders

Terminal Condition: an irreversible, incurable, and untreatable condition that is caused by disease, illness, or injury and will likely result in death. A terminal condition is one in which there can be no recovery, although there may be periods of remission

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

Opioid analgesics are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

The following circumstances are exempt from utilization management and opioid use can be approved indefinitely:

- Member is a hospice patient in a hospice care program
- Member has been diagnosed with a terminal condition but is not a hospice patient in a hospice care program
- Member has cancer or another condition associated with cancer or a history of cancer

The use of opioid analgesics for the treatment of chronic pain will be subject to prior authorization under the following circumstances:

- Use of an opioid analgesic for > 90 days
- Use of an opioid treatment regimen that exceeds 80mg of morphine equivalent daily dose (MED)
- Concurrent use of a benzodiazepine and opioid analgesic

If the prescribed opioid regimen meets any of the circumstances outlined above, the request will be reviewed for medical necessity based on a review of documentation showing ALL of the following:

- Diagnosis for which the pain treatment is indicated
- Patient specific treatment plan including intended duration of therapy, complete medication regimen, any patient treatment agreements, referrals to pain management, and/or plans to taper therapy
- List of previous therapies (for example: trial and failure of lower strength opioid analgesics, non-opioid treatments, and/or nonpharmacological therapy)
- Assessment and counseling on the potential adverse effects of long-term opioid therapy (for example: overdose counseling, medication counseling, follow up schedule)
- Counseling and assessment for the risk of substance abuse (for example: use of a screening tool such as SBIRT or other documentation provider has evaluated the patient for risk)For members on concurrent benzodiazepine treatment documentation the provider is routinely monitoring for side effects or dependence related to benzodiazepine use
- Claims confirm the treatment plan provided by the provider (for example: titration schedule if noted, transition to other opioids or non-opioid analgesics)

- Evidence of follow up plan for the patient to assess need for continued opioid therapy

Reauthorization Criteria:

All prior authorization renewals are reviewed every 6 months to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 6-month intervals based upon documentation of the current treatment plan and chart documentation from the prescriber of follow up with the patient and continued need for opioid therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 3 months
Members with exemptions (see above)	Indefinite
Reauthorization	Up to 6 months

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

Ohio Revised Code 1751.691
Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-terminal Pain 80mg of a Morphine Equivalent Daily Dose Trigger Point.
http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Guidelines-Chronic-Pain.pdf

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*6/28/17, 02/18*
Criteria Update	*08/18*