

Drug Policy

Policy:	Extended Use of Opioid Medication	Annual Review Date: 01/18/2024 Last Revised Date: 01/18/2024
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OVERVIEW

The United States opioid epidemic has resulted in serious health consequences for patients¹. As the situation in Ohio continues to increase these risks, additional management of opioid medications is required. Prescription opiates are often the gateway to heroin use and 74 percent of those that died from a drug overdose in 2015 had a history of a controlled substance prescription.² The Center of Disease Control and Prevention issued prescribing guidelines in March of 2015. The State of Ohio has also created guidelines and rules related to the appropriate use of opioids.^{3,4}

POLICY STATEMENT

This policy involves the use of opioids. Prior authorization is recommended for pharmacy benefit coverage of extended use (beyond 90 days) of opioid medication. All products in the opioid class are targeted and examples include but are not limited to: hydrocodone/acetaminophen, oxycodone, morphine, codeine, and fentanyl. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Some members may also be subject to the long-acting opioid step therapy. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with opioids as well as the monitoring required for adverse events and long-term efficacy, initial approval requires opioids be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below. Documentation may be required.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of opioids is recommended in those who meet the following criteria:

Chronic Opioid Use – Patients with Cancer, in Hospice, or with a Terminal Condition

1. Request is for chronic pain which is defined as pain continuing for longer than three months despite interventions or pain which is associated with a progressive terminal disease or illness.

Approval: indefinitely

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Chronic Opioid Use – All Other Patients

1. The member's pain has been evaluated by one or more physicians who specialize in treatment of the area where the perceived pain located or a pain specialist; AND
2. If the member is taking over 80 Morphine Equivalent Dosage of the opioid requested, provider must verify the dose has been titrated and the lowest appropriate dose is being used²; AND
3. The prescriber attests that they have reviewed controlled substance medication history by running an Ohio Automated Rx Reporting System (OARRS) Report (or respective prescription monitoring program in the provider's state of practice if available) and they will continue to check OARRS (or respective prescription monitoring program in the provider's state of practice) at a minimum every 3 months, as recommended by the CDC's Prescribing Opioids for Chronic Pain Guidelines; AND
4. If the patient is taking a benzodiazepine or muscle relaxant concurrently, the prescriber is aware of the risk versus benefit of the combination and attests continuation of concurrent therapy is clinically necessary; AND
5. The provider must have a pain management contract with the patient; AND
6. The patient has been thoroughly evaluated and assessed on a regular basis by the provider to determine pain levels, quality of life, medication effectiveness, and an evaluation of possible addiction [provider must supply information such as patient charts and documentation upon first fill]; AND
7. The prescriber provides a treatment plan including the use of non-opioid analgesic and/or non-pharmacological interventions and expected opioid treatment duration; AND
8. Realistic benefits and known risks (e.g. addiction, overdose) of opioid therapy have been discussed with the patient and expected benefits for pain and function are anticipated to outweigh risks to the patient; AND
9. Patient has been counseled on safe storage and disposal of opioids by prescriber; AND
10. Patient has been counseled on the dangers of combining opioids with alcohol or other CNS depressants; AND
11. The provider verifies no concurrent substance abuse treatments are being prescribed (examples including but are not limited to: Suboxone (buprenorphine/naloxone), Vivitrol (naloxone), oral naloxone, buprenorphine).

Approval: 1 year (365 days)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Opioids have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation

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supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Cochran G, Gordon AJ, Gellad WF et al. Medicaid prior authorization and opioid medication abuse and overdose. *Am J Manag Care*. 2017 May 1;23(5):e164-e171. Available at: <http://www.ajmc.com/journals/issue/2017/2017-vol23-n5/medicaid-prior-authorization-and-opioid-medication-abuse-and-overdose/>
2. New limits on prescription opiates will save lives and fight addiction. Release from John R. Kasich. 2017. Communication Department. Available at : <http://mha.ohio.gov/Default.aspx?tabid=828> .
3. Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point". Governor's Cabinet – Opiate Action Team. October 2013. Available at: <http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Guidelines-Chronic-Pain.pdf>
4. Summary: Progressive Opioid Prescribing Guidelines for a Safer Ohio. Available at: <http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/20160112-GCOAT-Prescribing-Guidelines-Summary.pdf>
5. Morphine Equivalent Dose Calculator. Available at: https://www.ohiopmp.gov/Portal/MED_Calculator.asp
6. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

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Appendix:

Opioids

Generic Name	Brand Name	Schedule
Buprenorphine	BUTRANS, BUPRENEX	Schedule III
Butorphanol	BUTORPHANOL NS	Schedule IV
Codeine (acetaminophen and other combination products)	TYLENOL W. CODEINE #3, TYLENOL W. CODEINE #4	Schedule III
Dihydrocodeine/ASA/caffeine	SYNALGOS-DC	Schedule III
Fentanyl	DURAGESIC, ACTIQ, ABSTRAL, LAZANDA, FENTORA, SUBSYS, SUBLIMAZE, ONSOLIS, IONSYS	Schedule II
Hydrocodone	ZOHYDRO ER	Schedule II
Hydrocodone (acetaminophen combination products)	XODOL, MAXIDONE, ZYDONE, LORCET, HYCET, ZAMICET, CO-GESIC, ZOLVIT, STAGESIC, LIQUICET, LORTAB, VICODIN, NORCO	Schedule II <i>(Effective October 6, 2014)</i>
Hydrocodone (ibuprofen combination products)	IBUDONE, REPRESAIN, VICOPROFEN	Schedule II
Hydromorphone	DILAUDID, EXALGO	Schedule II
Meperidine	DEMEROL	Schedule II
Methadone	DOLOPHINE, METHADOSE	Schedule II
Morphine Sulfate	MS CONTIN, AVINZA, DURAMORPH, KADIAN, DEPODUR, ASTRAMORPH, IMFUMORPH	Schedule II
Oxycodone	OXECTA, ROXICODONE, OXYCONTIN	Schedule II
Oxycodone (acetaminophen, aspirin and other combination products)	PERCODAN, PERCOCET, ROXICET, ENDOCET, XOLOX, TYLOX, PRIMLEV, MAGNACET, XARTEMIS XR	Schedule II
Oxymorphone	OPANA, NUMORPHAN	Schedule II
Tapentadol	NUCYNTA	Schedule II
Tramadol	ULTRAM, ULTRACET, RYZOLT, CONZIP, RYBIX	Schedule IV <i>(Effective August 18, 2014)</i>

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Benzodiazepines

Generic Name	Brand Name	Schedule	FDA Label
Alprazolam	ALPRAZOLAM, XANAX, NIRAVAM	Schedule IV	Benzodiazepine
Chlordiazepoxide Hydrochloride	A-POXIDE, CHLOR POX, CHLORDIA-XE CHLORDIAZEPOXIDE, CHLORDIAZEPOXIDE HCL CHLORDIAZEPOXIDE HYDROCHLORIDE, LIBACA, LIBRITABS, LIBRIUM, MITRAN, POXI, REPOSANS-10, RO-POXIDE, SEREEN, SK-LYGEN, SPAT-10, SPAZ-10, SPAZ-5	Schedule IV	Benzodiazepine
Clobazam	ONFI	Schedule IV	Benzodiazepine
Clonazepam	CLONAZEPAM, CLONAZEPAM, KLONOPIN	Schedule IV	Benzodiazepine
Clorazepate Dipotassium	CLORAZEPATE, CLORAZEPATE DIPOASSIUM, GEN-XENE, TRANXENE, TRANXENE T-TAB, TRANXENE-SD	Schedule IV	Benzodiazepine
Dextrose/Lorazepam	LORAZEPAM-DEXTROSE	Schedule IV	Benzodiazepine
Dextrose/Midazolam Hydrochloride	MIDAZOLAM-DEXTROSE	Schedule IV	Benzodiazepine
Diazepam	DIASTAT, DIASTAT ACUDIAL, DIASTAT PEDIATRIC, DIASTAT UNIVERSAL, DIAZEPAM, DIAZEPAM INTENSOL, DIAZEPAM RECTAL DELIVERY SYSTEM, DIZAC, D-VAL, ED-VAL, Q-PAM, RO-AZEPAM, T-QUIL, VALIUM, VALRELEASE, X-O SPAZ, ZETRAN	Schedule IV	Benzodiazepine Derivative
Estazolam	ESTAZOLAM, PROSOM	Schedule IV	Triazolobenzodiazepine Derivative
Flurazepam Hydrochloride	DALMANE, FLURAZEPAM HYDROCHLORIDE, FLURAZEPAM	Schedule IV	Benzodiazepine
Lorazepam	ATIVAN, LORAZ, LORAZEPAM, LORAZEPAM AMERINET, NOVAPLUS LORAZEPAM, PROBATE, LORAZEPAM-SODIUM CHLORIDE	Schedule IV	Benzodiazepine
Midazolam	MIDAZOLAM, MIDAZOLAM HCL AMERINET CHOICE, MIDAZOLAM HYDROCHLORIDE, NOVAPLUS MIDAZOLAM HYDROCHLORIDE, VERSED, MIDAZOLAM HYDROCHLORIDE-SODIUM CHLORIDE	Schedule IV	Benzodiazepine
Oxazepam	OXAZEPAM, SERAX	Schedule IV	Benzodiazepine
Quazepam	DORAL, DORMALIN	Schedule IV	Benzodiazepine
Temazepam	RESTORIL, TEMAZ, TEMAZEPAM	Schedule IV	Benzodiazepine
Triazolam	HALCION, TRIAZOLAM	Schedule IV	Triazolobenzodiazepine

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