MEDICATION POLICY:

Chronic Opioid

Generic Name: Chronic Opioid

Therapeutic Class or Brand Name: Chronic Opioid

Applicable Drugs (if Therapeutic Class): N/A

Preferred: generic long-acting and short acting opioids.

Non-preferred: Arymo® ER (morphine), Belbuca™ (buprenorphine buccal film), Butrans® (buprenorphine Transdermal System), Conzip® (tramadol hydrochloride), Hysingla™ ER (hydrocodone bitartrate), MS Contin® (morphine), MorphaBond™ ER (morphine), Nucynta® ER (tapentadol), Oxycontin® (oxycodone hydrochloride), Xtampza™ ER (oxycodone), and Zohydro® ER (hydrocodone).

Policy also applies to any other non-preferred long-acting or short-acting opioid analgesics not listed.

Date of Origin: 6/15/2015

Date Last Reviewed / Revised: 10/15/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when ONE of criteria I or II is met)

I. The patient has a current diagnosis of cancer or is enrolled in a hospice program.

II. The patient is being treated for chronic noncancer pain AND all of criteria A through E are met:

A. Documentation that the prescriber has obtained and evaluated the patient's medical history and physical examination. Documentation must include the following 1 through 4:

1. Diagnosis including a description of the nature and intensity of the pain.
2. Current and past treatments that have been tried but were inadequate to meet the goals of pain management, including a) through b):
   a) Nonpharmacologic therapy (i.e., physical therapy, exercise, cognitive behavioral therapy).
   b) Non-opioid medications (i.e., NSAIDs, antidepressants, antiepileptics). Must include the name of medication(s), date(s), and duration of treatment.
3. The effect of the pain on physical and psychological function.
4. The risk for aberrant behavior has been assessed.

B. Documentation of a written treatment plan that defines goals that will be used to determine treatment success. Treatment plan should include the following:

1. Method being used for tracking and documenting of pain relief.
2. Functional improvement, and adverse reactions and a follow-up plan with specific time intervals to monitor treatment.
3. Documentation of pain levels and functional status at baseline and during treatment should be objective and should consistently measure the same elements to adequately determine the degree of progress.

C. Documentation of an informed consent and treatment agreement for chronic opioid therapy (example may be accessed at https://www.lni.wa.gov/forms-publications/F252-091-000.pdf) signed by the prescriber and patient that includes the following 1 through 5:
   1. The risks and benefits of using opioid therapy.
   2. Patient responsibilities including the following a) through d):
      a) Patient should only receive prescriptions from one prescriber and one pharmacy whenever possible. Patients who demonstrate the inability to or have failed to comply with this will be required to be restricted to only one prescriber and one pharmacy.
      b) Patient should expect and allow routine urine drug testing when requested.
      c) Complying with appropriate frequency of all prescription refills.
      d) Reasons for which drug therapy may be discontinued (i.e., violation of agreement).
   3. The provider has reviewed the states Prescription Drug Monitoring Program (PDMP) database for the member's controlled substance prescription history.
   4. The patient is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
   5. Provider has evaluated the member for risk factors for opioid-related harm. If the member is at high risk for opioid-related harm or Morphine Milligram Equivalents is ≥90 mg/day, prescriber has provided or offered a prescription for naloxone to the patient or patient's household.

D. Opioid doses and/or frequencies greater than the standard approved by the FDA require both of the following 1 AND 2:
   1. Documented trial and failure of the standard FDA-approved dose and frequency.
   2. Written medical justification supported by appropriate medical literature as to why greater than the FDA-approved dose and/or frequency is required.

E. Documented trial and failure of, or contraindication to, at least two preferred long-acting or short-acting narcotics. Must include the names of the preferred products tried or contraindicated, length of therapy, and reason for discontinuation.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- Opioid doses exceeding the recommended morphine equivalent dose (MED) of 90mg per day require appropriate written medical justification as to why such doses are required. The lowest possible effective dose should be used. The total daily dose of opioids should not be increased above 90mg oral morphine equivalent dose (MED) per day without either the patient demonstrating improvement in function and pain or first obtaining a consultation from a practitioner qualified in chronic pain management. Risks substantially increase at doses at or above 100mg so early attention to the 90mg MED benchmark dose is worthwhile. See Appendix for more information.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity is limited to a maximum of a 30-day supply per fill.

APPROVAL LENGTH

- **Authorization:** Up to 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective for pain.
    - For a diagnosis of chronic noncancer pain, the following 1 through 4 must also be documented:
        1. Objective progress towards treatment plan goals with chronic opioid therapy. Patient should show both functional improvement and pain relief.
        2. Medication records (including date, name of medication, dosage, and quantity prescribed) that correspond with medical reasons for continuing or modifying opioid therapy.
        3. Physical, behavioral, and non-opioid therapies (i.e., physical therapy, exercise, cognitive behavioral therapy, NSAIDs, antidepressants, antiepileptics) are used as indicated in combination with chronic opioid therapy.
        4. A random urine drug screening has been performed within the past 12 months and the state Prescription Drug Monitoring Program (PDMP) has been checked (more often for patients determined to be at higher risk of aberrant behavior).
        5. The patient is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
        6. Provider has evaluated the member for risk factors for opioid-related harm. If the member is at high risk for opioid related harm or Morphine Milligram Equivalents is ≥90mgmg/day, prescriber has provided or offered a prescription for naloxone to the patient or patient's household.

APPENDIX

Morphine Equivalent Dosing For CNCP for Selected Opioids			
Opioid	**Approx. Equianalgesic Dose (Oral & Transdermal)**	**Recommended Daily Dose Threshold for pain consult (not equianalgesic)**	**Recommended starting dose for opioid naïve patients**
Morphine ***(Reference)***	30mg	***90mg***	I.R. = 10mg q 4 hours S.R. = 15mg q 12 hours
Codeine	200mg	600mg	30mg q 4-6 hours
Fentanyl Transdermal	12.5mcg/hour	37.5mcg/hour	Use only in opioid tolerant patients on ≥ 60 MED daily for a week or more
Hydrocodone	30mg	90mg	5 -10mg q 4-6 hours
Hydromorphone	7.5mg	22.5mg	2mg q 4-6 hours
Methadone	Chronic: 4mg	20mg	2.5 – 5mg bid - tid
Oxycodone	20mg	60mg	I.R. = 5mg q 4-6 hours S.R. = 10mg q 12 hours
Oxymorphone	10mg	30mg	I.R. = 5 – 10mg q 4-6 hours S.R. = 10mg q 12 hours

CNCP = Chronic noncancer pain; I.R. = Immediate release; S.R.= Sustain release

Meperidine and propoxyphene should not be prescribed for CNCP.

MED calculator on-line may be accessed at http://agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm.

Maximum Acetaminophen Dosing for Adults is 4,000mg/24 hour
Hepatotoxicity can result from prolonged use or doses in excess of the recommended maximum daily dose of acetaminophen, including over-the-counter products.

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