Maryland Opioid Authorization Criteria

7-day supply first fill for opioid naïve members

All opioids will be subject to a > 90 cumulative morphine milligram equivalent per day edit (includes both Long and short acting opioids).

Members who are receiving opioids for the following will be exempted from these requirements for formulary agents:

1. Cancer treatment (patients who are receiving pain medication as part of their *active* cancer treatment)
2. Sickle Cell Disease
3. Hospice or Palliative Care (Diagnosis code: Z51.5)
4. Long Term Care – if in long term care facility

Long acting opioids and cumulative dose greater than 90 morphine milligram equivalents (MME/day) will require prior authorization and must meet following general criteria for approval (Formulary and Non-formulary):

Member who is being discharged from the hospital or Emergency Room (ER), acute care inpatient Hospital (Hospital), Ambulatory Surgery Center (ASC), prescribers must meet following requirements:

- Prescriber has reviewed controlled substance prescriptions in a Prescription Drug monitoring program (e.g. CRISP- Chesapeake Regional Information System)
    - Documentation of daily MME/day. Provider should provide rationale for dose exceeding 90 MME/day.
- Prescriber has provided or offered a prescription for naloxone to patients or patient's household
- Prescriber has discussed the risks/benefits associated with opioid use with patient/patient's household
- Prescriber attest that patient is exempt from need for a Patient-Prescriber Pain Management/Opioid Treatment Agreement and random UDS, because he/she is being discharged from the Hospital/ASC/ER and opioid treatment prescribed by the discharging provider will be for less than 30 days ***or*** the need for further opioid use will be re-evaluated by an Outpatient provider within 30 days.
- Prescriber attests that the health benefit outweighs the risk of treatment with prescribed opioid treatment

Member who are receiving opioid treatment for ongoing care must meet following requirements (i.e., requests by an outpatient provider):

- Prescriber has reviewed controlled substance prescriptions in a Prescription Drug monitoring program (e.g. CRISP- Chesapeake Regional Information System)
    - Documentation of daily MME/day. Provider should provide rationale for dose exceeding 90 MME/day.
- Prescriber attests that patient-prescriber pain management contract has been signed and is in patient's medical records.
- Prescriber attests that patient has/will have random urine drug screens (UDS) before and during treatment.
- Prescriber has provided or offered a prescription for naloxone to patients or patient's household
- Prescriber attests that the health benefit outweighs the risk of treatment with prescribed opioid treatment

In addition, criteria for oxymorphone ER:

- For treatment of moderate to severe chronic pain
- Member had inadequate response (at least 2 weeks trial and at maximum tolerated doses) or intolerance to at least TWO formulary long-acting opioids (i.e., fentanyl patch, morphine sulfate ER, methadone)

In addition, criteria for Non-formulary Long-acting opioids:

- For treatment of moderate to severe chronic pain
- Member had inadequate response (at least 2 weeks trial and at maximum tolerated doses) or intolerance to oxymorphone ER AND at least TWO other formulary long-acting opioids

Nucynta ER:

- Member has diagnosis of diabetic peripheral neuropathy

In addition, criteria for Non-formulary short-acting opioids:

- Patient had inadequate response or intolerance to THREE formulary short-acting opioids

Initial/Renewal Approval duration:

- For Inpatient Hospital (Hospital), Ambulatory Surgery Center (ASC), and Emergency Room (ER) Prescribers: 1 month (30 days)
- Others: 6 months

References:

https://health.maryland.gov/mmcp/pap/docs/PA%20Forms/Universal%20Opioid%20PA%20Form%20(10.2017).pdf