Aetna Better Health®

Pharmacy Prior Authorization
Opioid Guideline – Clinical Guideline

Eligible plans: CA, KY, NJ

All Long-Acting opiates require Prior Authorization. All Short Acting opiates have a seven Day Supply limit for members 18 and older or a three Day Supply limit for members less than 18 years of age. In addition, all opiates will be limited to a 90 MED (Morphine Equivalent Dosing) per day. Members with pain due to active cancer, palliative care, or end-of-life care will be exempt from these requirements.

A signed treatment plan along with a completed Opioid Prior Authorization (PA) form must be submitted.

Note: Short Acting Mucosal Fentanyl agents are not subject to this guideline and have a separate Prior Authorization guideline.

General Authorization Criteria:

Provider attests to all of the following prior to initiating treatment:

1. For the treatment of chronic pain, non-pharmacologic therapy (e.g. physical therapy, exercise, Cognitive Behavioral Therapy, weight loss) and non-opioid therapy (e.g. topical diclofenac, nonsteroidal anti-inflammatory drugs (NSAIDs) , tricyclic antidepressants (TCAs), and serotonin and norepinephrine reuptake inhibitors (SNRIs), or anticonvulsants) were tried before prescribing opioids

2. Established treatment plan with realistic goals for pain and function (e.g., pain may still persist while function has improved) and when treatment will be stopped

   The treatment plan must also addreses the following:
   a. Consequences of lost medication
   b. Consequences of obtaining controlled substances from other prescribers
   c. Member agreement to only use one pharmacy

3. Addresses harm and benefits before treatment and periodically during treatment (i.e., increased risks of respiratory depression, combination use with benzodiazepines, risks to other household members including children, cognitive limitations, and side effects)

4. Treatment will be prescribed at the lowest effective dose

5. The treatment plan is reviewed within 1 to 4 weeks of starting opioid therapy for chronic pain and with any dose escalation and re-evaluated every three months

6. Provider has performed the following risk assessment:

   - Checked the state's Prescription Monitoring Program/Prescription Drug Monitoring Program (PMP/PDMP) for opioid over dosages or dangerous combinations

- Reviewed a urine drug screen (UDS) or serum medication level prior to initiating treatment with short acting opioids and/or long acting opioids

- Offered a prescription for naloxone to patients or patient's household if patient has risk factors of prior overdose, substance use disorder, doses in excess of 90 Morphine Equivalent Dosing (MED)/day or concomitant benzodiazepines use.

- For evidence of Substance use Disorder, prescriber will offer or arrange for evidence based treatment where needed

7. Females of reproductive age should be counseled about opioid use during pregnancy and neonatal abstinence syndrome (NAS)

Additional Prior Authorization Criteria:

Long Acting Opioids

Preferred Agents: fentanyl patch, morphine sulfate extended release (ER), methadone, and oxymorphone extended release (ER)

Documentation is required to support the medical necessity of exceeding the recommended 90 Morphine Equivalent Dosing (MED) per day.

Member must meet the following:

1. For treatment of chronic pain
2. Provider has initiated treatment with an immediate release opioid for at least two weeks before considering Extended release/Long acting opioids; use should be reserved for severe, continuous pain and not for intermittent use
3. For oxymorphone extended release (ER):
   - Member had an inadequate response or intolerance to at least two formulary long-acting opioids (i.e., fentanyl patch, morphine sulfate extended release (ER), methadone); trials of formulary agents were for at least two weeks
4. In addition for non-formulary agents, member had inadequate response or intolerance to oxymorphone extended release (ER) and at least 2 formulary long-acting opioids for at least 2 weeks (i.e., fentanyl patch, morphine sulfate extended release (ER), or methadone)

Short-Acting Opioids

Member must meet the following:

- Documentation to support the medical necessity of exceeding the recommended Morphine Equivalent Dosing (MED) or day supply limit
- In addition for all other non-formulary agents, member had inadequate response or intolerance to at least two other formulary short-acting opioids

Initial Approval Duration:

- Cancer, End-of-Life, Palliative Care: one year
- Chronic Pain: six months
- Acute Pain: 30 days or less

*Medications with a Morphine Equivalent Dosing (MED) > 200 will require a Medical Director Review

Renewals:

Documentation to support the following:

☐ Sustained improvement in Pain or Function (e.g. PEG scale with a 30% response from baseline); if no response, a tapering plan has been initiated to discontinue treatment

☐ Performed a UDS test at least annually

☐ Reviewed and verified the states PMP for prescriptions from other providers, benzodiazepines use, or extended release (ER)/long acting (LA) for acute pain

☐ Calculated the Morphine Equivalent Dosing (MED), a dosage limit > 50 Morphine Equivalent Dosing (MED), provider has offered Naloxone to the member; doses > 90 Morphine Equivalent Dosing (MED) requires referral to a Pain Specialist

(note: naloxone is available on the formulary without Prior Authorization)

☐ For continued concomitant use of opioid and benzodiazepines, provider has counseled member on the Food and Drug Administration (FDA) black box warning on the dangers of prescribing opioids in combination with benzodiazepines and will prescribe at the lowest effective dosage and duration

- Chronic Pain: 6 months
- For Acute Pain: 30 days or less

Additional information:

Food and Drug Administration (FDA) Black Box warning on concomitant use with benzodiazepines:

Food and Drug Administration (FDA) black box warning: Health care professionals should limit prescribing opioid pain medicines with benzodiazepines or other central nervous system (CNS) depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other central nervous system (CNS) depressants, including alcohol. www.fda.gov/Drugs/DrugSafety/ucm518473.htm

References:

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2. National Institute for Health and Care Excellence (NICE). Neuropathic pain - pharmacological management. The pharmacological management of neuropathic pain in adults in non-specialist settings. London (UK): National Institute for Health and Care Excellence (NICE);. . (Clinical guideline; no. 173). Updated February 2017
3. Xtampza ER (oxycodone hydrochloride) extended-release capsule package insert. Cincinnati OH: Patheon Pharmaceuticals. April 2016
4. Butrans (buprenorphine transdermal system) package insert. Stamford, CT: Purdue Pharma L.P Updated June 2014
5. Nucynta (tapentadol extended-release oral tablets) package insert. Titusville, NJ: Janssen Pharmaceuticals, Inc. Updated December 2016
6. Xartemis XR (acetaminophen; oxycodone) extended-release tablets. Hazelwood MO: Mallinckrodt Brand Pharmaceuticals, Inc. Updated March 2014
7. Belbuca (buprenorphine) buccal film package insert. Endo Pharmaceuticals Inc Updated October 2015
8. Embeda (morphine; naltrexone) package insert. New York, NY: Pfizer, Inc June 2009
9. 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