Clinical Policy: Opioid Naïve 7- Day Supply First Limit

Reference Number: CP.HNCA.01
Effective Date:
Last Review Date: Revision Log
Line of Business: HIM, Commercial - HNCA

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Opioid analgesics exert their analgesic effect through opiate receptors distributed in tissues throughout the body. First fills of short-acting opioid medications will be limited to a 7-day supply for members who are opioid naïve. All opioid analgesic therapy (both preferred and non-preferred agents) that does not abide by this criterion will require prior authorization.

FDA approved indication
Opioid analgesics are indicated for the management and treatment of moderate to severe pain.

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Health Net that short acting opioid analgesics exceeding a 7- day supply in an opioid-naïve individual (no opioids within the previous 90 days), are medically necessary when the following criteria are met:

I. Initial Approval Criteria

A. Cancer, Sickle Cell Disease, Palliative care, Hospice, or End-of-life Care (must meet all)

1. Prescribed for pain associated with cancer diagnosis or request is from hematologist, oncologist, or palliative care provider, or hospice program, or end-of- life care.
2. Request is for a preferred drug, unless member has previously failed, is intolerant to or has contraindications to two or more preferred drugs, if available.

Approval duration: 6 months

B. Short term Therapy (Requests for < 28 day supply) (must meet all):

1. Member is on no more than two different opioid analgesics concurrently;
2. If request is for an abuse-deterrent formulation (ADF), medical justification supports inability to use a generic non-abuse-deterrent formulation of the same active ingredient as the requested opioid
3. Total opioid dose does NOT exceed 90 morphine milligram equivalents (MME)/day.

Approval duration: 1 month

C. Long Term Therapy (defined as a claims history of ≥ 28-day supply of opioid within a 90 day period) (must meet all)**:**

1. Previously received short term opioid therapy via Health Net benefit;

2. Failure of at least two non-opioid pharmacologic therapies (such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, anticonvulsants, antidepressants, etc.) or non-pharmacologic treatments (such as cognitive behavioral therapy [CBT], physical therapy, etc.), unless contraindicated or clinically significant adverse effects are experienced
3. Request is for a preferred drug, unless member has previously failed, is intolerant to or has contraindications to two or more preferred drugs, if available;
4. If request is for an ADF, medical justification supports inability to use a generic non-ADF of the same active ingredient as the requested opioid;
5. Member will be maintained on no more than two opioid analgesics concurrently;
   **If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic*
6. Total opioid dose does not exceed 90 MME/day *or* for member who is stable on doses ≥ 90 MME/day for more than seven days of therapy, one of the following is met:
   a. Provider submits documentation that a dose taper will be attempted;
   b. Provider submits documentation that a dose taper has been attempted within the past six months and notes the reason(s) for taper failure;
      **Provider will be advised that doses higher than the current dose will not be approved in the future*

Approval duration: 3 months

D. Other diagnoses/indications - Not applicable

II. Continued Therapy

A. Long Term Therapy (must meet all)**:**

1. Currently receiving medication via health plan benefit or member has previously met initial approval criteria;
2. Request is for a preferred drug, unless member has previously failed, is intolerant to or has contraindications to two or more preferred drugs, if available;
3. If request is for an ADF, medical justification supports inability to use a generic non-ADF of the same active ingredient as the requested opioid;
4. Prescriber provides documentation supporting continued need for opioids and inability to discontinue opioid therapy;
5. Member will not be maintained on more than two opioid analgesics concurrently;
   If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic
6. If total opioid dose ≥ 90 MME/day, one of the following is met:
   a. Dose reduction has occurred since previous approval, if applicable;
   b. A dose taper has been attempted within the past three months and was not successful;
      Reason(s) for taper failure must be provided.
   c. Medical justification why a taper should not be attempted or for any dose increase that has occurred since previous approval, if applicable;
   d. Prescribed by or in consultation with a pain management specialist;

Approval duration: 6 months

B. Other diagnoses/indications – Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable

IV. Appendices/General Information

Appendix A: Abbreviation Key
MME: morphine milligram equivalents
NSAID: non-steroidal anti-inflammatory drug
PDMP: Prescription Drug Monitoring Program
SNRI: serotonin-norepinephrine reuptake inhibitor
TCA: tricyclic antidepressant

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
Contraindications: significant respiratory depression; acute or severe bronchial asthma; gastrointestinal obstruction, including paralytic ileus; hypersensitivity to the opioid active ingredient, salts, or any component of the product.

Boxed warnings: potential for addiction, abuse, and misuse; life-threatening respiratory depression; accidental ingestion; neonatal opioid withdrawal syndrome; cytochrome P450 3A4 interactions; risks from concomitant use with benzodiazepines or other CNS depressants.

Appendix D: General Information
In 2016 the Centers for Disease Control and Prevention (CDC) published clinical guidelines for prescribing opioids for chronic non cancer pain. The recommendations apply to primary care physicians who prescribe opioids in an outpatient setting for conditions unrelated to active cancer treatment, palliative care, and end-of-life care. The scope of this coverage policy also excludes sickle cell disease due to the complex nature of pain management in these conditions. For the treatment of chronic non cancer pain (defined by the guideline as pain that typically lasts greater than 3 months or past the time of normal tissue healing), a preference is given to non-pharmacologic and non-opioid pharmacologic therapy. According to the CDC 2016 Guidelines for Prescribing Opioids, "When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed."

Opioid Morphine Equivalent Conversion Factors

Type of Opioid	MME Conversion Factor
Buprenorphine patch	12.6
Buprenorphine tab or film	10
Codeine	0.15
Fentanyl buccal or SL tablets, or lozenge/troche	0.13
Fentanyl film or oral spray	0.18
Fentanyl nasal spray	0.16
Fentanyl patch	7.2

Type of Opioid	MME Conversion Factor
Hydrocodone	1
Hydromorphone	4
Levorphanol tartrate	11
Meperidine hydrochloride	0.1
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
>60 mg/day	12
Oxycodone	1.5
Oxymorphone	3
Tapentadol	0.4
Tramadol	0.1

V. Dosage and Administration

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for information on appropriate dosage and administration.

VI. Product Availability

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for product availability information.

VII. References

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. JAMA. 2016 Apr 19; 315(15):1624-45.
2. Initial and Continued Approval follow-up periods based on the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain – 2016. http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf
3. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. J Addict Med. 2015 Sep-Oct;9(5):358-67.
4. Brown EG, Serrano D, Kirchmeyer K. Guidelines for Prescribing Controlled Substances for Pain. In: California MBo, editor. Calfornia. 2014; http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf.

Reviews, Revisions, and Approvals	Date	Approval Date
New policy.	06.14.19	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.