

Clinical Policy: Opioid Analgesics

Reference Number: CA.CP.PMN.97

Effective Date: 02.19

Last Review Date: 04.19

Line of Business: Medicaid

[Revision Log](#)

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. All opioid analgesics therapy (both preferred and non-preferred agents) that does not abide with this criteria will require prior authorization.

FDA Approved Indication(s)

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

Policy/Criteria

Provider must submit documentation (including such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of California Health and Wellness and Health Net that opioid analgesics are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

- A. Short Term Therapy** (prior authorization will NOT be required for opioid use meeting all of the following. Requests for > 28 day supply of opioid or for extended release opioids will be evaluated using the Long Term Therapy criteria.):
1. Member has received < 28 day supply of opioid in the last 90 days;
 2. Request is for \leq seven day supply;
 3. Member is on no more than two different opioid analgesics concurrently;
 4. Request is for an immediate release opioid;
 5. 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
 6. Total opioid dose does NOT exceed 90 morphine milligram equivalents (MME)/day.
- B. Cancer, Sickle Cell Disease, or Palliative Care** (must meet all):
1. Prescribed for pain associated with cancer, sickle cell disease, or palliative 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;
 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. If request is for Oxycontin, failure of at least one preferred long-acting narcotic analgesic.

CLINICAL POLICY

Opioid Analgesics

5. For request for more than two agents concurrently, prescriber must submit a documented clinical rationale supporting that the addition of an extended release agent and the upward titration of existing opioid analgesics is inappropriate or contraindicated;
6. Request does not exceed the FDA indicated dosing and frequency guidelines.

Approval duration: 12 months

C. Members Transitioning from Short Term Therapy to Long Term Therapy

Long Term Therapy (defined as a claims history of ≥ 28 -day supply of opioid within a 90 day period or request for an extended release opioid) (must meet all):

1. Previously received short term opioid therapy via California Health and Wellness® or Health Net® benefit;
2. Prescribed for the treatment of non-cancer/non-malignant pain outside of active cancer treatment, sickle cell disease treatment and palliative care;
3. If request is for an extended release agent, a documented failure of an immediate release opioid;
4. Member meets one of the following:
 - a. Failure of at least two nonopioid pharmacologic therapies (such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, anticonvulsants, antidepressants, etc.) or nonpharmacologic treatments (such as cognitive behavioral therapy [CBT], physical therapy, exercise chiropractic services, transcutaneous electrical nerve stimulation [TENS], etc.), unless contraindicated or clinically significant adverse effects are experienced;
 - b. Member has had a total of 90 cumulative days of opioid therapy in the last 120 days;
5. 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;
6. 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;
7. If request is for Oxycontin, failure of at least one preferred long-acting narcotic analgesic.
8. 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*
9. 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*
10. Provider agrees to continuously assess the member's pain management regimen for possible discontinuation of opioid therapy (i.e., pain contract);
11. Documentation that the provider has reviewed the Prescription Drug Monitoring Program (PDMP) to identify concurrently prescribed controlled substances;.

CLINICAL POLICY

Opioid Analgesics

Approval duration: Three months

D. Other diagnoses/indications – Not applicable

II. Continued Therapy

A. Cancer, Sickle Cell Disease, or Palliative Care (must meet all):

1. Currently receiving therapy for pain associated with cancer, sickle cell disease, or palliative care;
2. 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;
3. If request is for Oxycontin, failure of at least one preferred long-acting narcotic analgesic.
4. If member is receiving more than two opioid analgesics concurrently, at least one of the following requirements has been met:
 - a. Prescriber previously provided a documented clinical rationale for the use of > two opioid analgesics concurrently;
 - b. Prescriber provides a documented clinical rationale supporting that addition of an extended release agent or upward titration of existing opioid analgesics is inappropriate or contraindicated;
5. Request does not exceed the FDA indicated dosing and frequency guidelines.

Approval duration: 12 months

B. Long Term Therapy (must meet all):

1. Currently receiving long term (defined as a history of chronic opioid use in the three months preceding the request) opioid therapy via California Health and Wellness® or Health Net® benefit or documentation supports that member is currently receiving opioids and has received this medication for at least 28 days in last 90 days;
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. If request is for Oxycontin, failure of at least one preferred long-acting narcotic analgesic.
5. Prescriber provides documentation supporting continued need for opioids and inability to discontinue opioid therapy;
6. 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
7. 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 six months and was not successful;
Reason(s) for taper failure must be provided.

CLINICAL POLICY

Opioid Analgesics

- 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;
 - e. Documentation that the patient is being managed under a pain medication contract signed by both the provider and the patient individually and dated within the past six months;
8. Documentation that the provider has reviewed the PDMP to identify concurrently prescribed controlled substances.

Approval duration: 6 months

C. 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

PDL: Preferred drug list

PDMP: Prescription Drug Monitoring Program

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. California. 2014; http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf.

CLINICAL POLICY

Opioid Analgesics

Reviews, Revisions, and Approvals	Date	Approval Date
New policy. Replaces CP.PMN.97	11/18	01/19
Modified pain contract from 1 year to six months. Modified length of approval for continued approval long term therapy section from three to six months. Added Oxycontin criteria requiring failure of at least 1 preferred narcotic analgesic.	03/19	04/19

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

CLINICAL POLICY

Opioid Analgesics

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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.