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Healthy Connections

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Long Acting Opioid Prior Authorization Criteria

Prior Authorization Group Description	**SHSC - Long Acting (LA) Opioid Containing Products**
Applicable Drug Criteria	**PREFERRED PRODUCTS:** **Duragesic patch (fentanyl patch)** **Morphine sulfate ER tablet** **NON-PREFERRED PRODUCTS*:** **Belbuca film** **Belladonna-opium suppository** **Butrans patch (buprenorphine patch)** **Nucynta ER tablet** **Oxycontin ER tablet (oxycodone HCL ER tablet)** **Oxymorphone HCL ER tab** **Tramadol HCL ER tablet** **Zohydro ER capsule** *All other long acting products not listed or a new market entry.
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert (PPI).
Exclusion Criteria	Members taking buprenorphine-containing products for opioid dependence.
Required Medical Information	See “other criteria”
Age Restrictions	N/A

Prescriber Considerations	• Prescriptions written by participating hematologists, oncologists or hospice providers will be exempt from these limits. • Consideration will be given to providers who request prior authorization for an opioid prescription for a member being treated for sickle cell disease, cancer, or receiving palliative or hospice care services.
Coverage Duration	• Providers should see new patients every month for the first three months of treatment until the patient is stable with their medication regimen. • The approval duration will be for a one month period for the first three months, and then for a three month period thereafter, if required. • If all criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.
Other Criteria	**Initial and Reauthorization Criteria For Long-Acting Products:** 1. Diagnosis is chronic pain and patient previously utilized short-acting (SA) opioids for this condition for at least three months without adequate pain relief and now requires around-the-clock pain management. 2. A pain treatment plan and goals (updated upon re-authorization) consistent with the SC LLR Joint Revised Pain Management Guidelines is provided 3. Patient is currently using or has been prescribed a **separate** non-opioid medication for baseline pain relief OR a medical reason is given why non-opioid therapy cannot be used. Non-opioid medication can include, but is not limited to: • Antidepressants: Amitriptyline, Nortriptyline, Duloxetine, Venlafaxine, Savella • Anticonvulsants: Gabapentin capsules, Carbamazepine Muscle Relaxants: Baclofen, Cyclobenzaprine, Methocarbamol, Tizanidine

	tablets • NSAIDs: Aspirin, Celebrex (ST required), Diclofenac, Etodolac, Ibuprofen, Indomethacin, Meloxicam, Nabumetone, Naproxen, Salsalate, Sulindac • Non-Opioid Analgesics: Acetaminophen 4. Non-pharmacological treatment modalities should be part of the overall pain management plan. 5. Dose prescribed is based on use of a functional pain scale with comparison to baseline and/or previous functional pain scale. Functional pain scale must be included in documentation. 6. Prescriber has attested to the following: • An **Opioid Treatment Agreement** signed by both the patient and prescriber is on file. • Checking the **SCRIPTS** monitoring program for each request. • Benefits and potential harms of opioid use have been discussed with patient. In addition, risks of combining opioids with other central nervous system depressants such as benzodiazepines, alcohol, other sedatives, skeletal muscle relaxants, illicit drugs such as heroin, or other opioids have been discussed with patient. • If patient has a high-risk condition stated in the CDC guidelines (ex. sleep apnea or other causes of sleep-disordered breathing, patients with renal or hepatic insufficiency, older adults, pregnant women, patients with depression or other mental health conditions, and patients with alcohol or other substance use disorders) prescriber attests to discussing heightened risks of opioid use and has educated patient on naloxone use and has considered prescribing naloxone. 7. For non-formulary opioid products, patient must meet criteria 1-6 and try and fail two (2) formulary long-acting opioid drugs. **Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.**