

Select Health of South Carolina
Short Acting Opioid Prior Authorization Criteria

Prior Authorization Group Description	Short Acting Opioid Products for Naïve Members
Applicable Drug Criteria	<p align="center">***For Naïve Members Only***</p> <p>(Naïve members are members who have not filled a prescription for a short-acting opioid in the past 60 days as of March 1, 2018.)</p> <ol style="list-style-type: none"> 1. Short Acting Opioids >90 Morphine Milligram Equivalents (MME) 2. Short Acting Opioids prescribed for >5 days 3. If more than 1 opioid prescription per 30 days is medically necessary. 4. For non-preferred opioid requests, prescribers must demonstrate that 3 formulary alternatives have been tried and failed. <p><i>Note: Any member determined to be naïve for opioids will remain naïve as long as he or she is a member of the health plan. This includes members who have a lapse in coverage and return to active member status.</i></p>
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), the Drug Package Insert (PPI), or disease state-specific standard of care guidelines.
Exclusion Criteria	Members taking buprenorphine-containing products for opioid dependence.
Required Medical Information	See “other criteria”
Age Restrictions	<p>Ages 18 and older:</p> <ul style="list-style-type: none"> • Tramadol, tramadol/acetaminophen.

	<ul style="list-style-type: none"> • Single codeine products and codeine/chlorpheniramine combinations. <p>Ages 12 and older:</p> <ul style="list-style-type: none"> • Codeine/acetaminophen combinations. • Codeine containing cough meds (including codeine/promethazine and codeine/guaifenesin.)
Prescriber Considerations	<ul style="list-style-type: none"> • Prescriptions written by participating hematologists, oncologists or hospice providers will be exempt from these limits. • 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 will receive authorization for a request exceeding these limits.
Coverage Duration	<ul style="list-style-type: none"> • If the request for initial authorization to exceed these limits is approved, the approval duration will be for up to one month. • For re-authorization, the request should be approved for three months. • Approvals for members with sickle cell disease, cancer, or under palliative or hospice care will be for up to six months.
Other Criteria	<p><u>Initial Authorization for Short Acting Opioid Products:</u></p> <ol style="list-style-type: none"> 1. Diagnosis is for pain uncontrolled by non-opioid medications. 2. Patient is currently using or has been prescribed a separate non-opioid medication such as Tylenol or Motrin for baseline pain relief OR a medical reason is given why non-opioid therapy cannot be used. 3. The prescriber provides documentation supporting medical necessity for dosing above 90 MME and/or above a 5-day supply. For example: <ol style="list-style-type: none"> a. Acute injury b. Surgical procedure

	<p>4. Per S.C. Code §44-53-1645, the SCRIPTS database was checked before provision of a controlled substance prescription.</p>
<p>Other Criteria (cont.)</p>	<p><u>Reauthorization for Short Acting Opioid Products must include:</u></p> <ol style="list-style-type: none"> 1. That the dose requested is titrated down from initial authorization. If not, the prescriber has explained medical necessity for continued dosing above 90MME per day and/or above the 5-day supply limit including: <ol style="list-style-type: none"> a. A treatment plan that includes a proposed regimen for reducing the dose of opioid or a reason is given why a dose decrease is not recommended for the member. b. Documentation of member’s response to the requested medication (ex. decreased pain, improved level of functioning or quality of life.) 2. Per S.C. Code §44-53-1645, the SCRIPTS database was checked before provision of a controlled substance prescription. 3. If patient has a high-risk condition as stated in the CDC guideline for prescribing Opioids for chronic pain such as: <ol style="list-style-type: none"> a. sleep apnea or other causes of sleep-disordered breathing, b. renal or hepatic insufficiency, c. depression or other mental health conditions, d. alcohol or other substance use disorders. OR if a member of a special population, such as: <ol style="list-style-type: none"> e. older adults, f. pregnant women, The prescriber must attest to discussing heightened risks of opioid use that he/she has educated patient on naloxone use, and that he/she has considered prescribing naloxone. <p>Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.</p>