Clinical Policy: Short-Acting Opioid Analgesics

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Line of Business: Arizona Medicaid (AzCH-CCP and Care1st) 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 short-acting opioid analgesics (both preferred and non-preferred agents) that do not abide by this criteria will require prior authorization.

AHCCCS preferred Short-Acting Opioids: hydromorphone (Dilaudid®), morphine IR, oxycodone IR (Roxicodone), tramadol (Ultram)

AHCCCS preferred Short-Acting Opioid Combinations: acetaminophen with codeine, hydrocodone/acetaminophen (Hydrogesic ®/Verdrocet®), hydrocodone/ibuprofen (Reprexain®), oxycodone/acetaminophen, oxycodone/ibuprofen

Non-Preferred: other short-acting opioids and opioid combinations not listed on the PDL guide are non-preferred and would require preferred alternatives be used in addition to the clinical requirements below.

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

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

AHCCCS defines **initial** fill as: An initial prescription for a short-acting opioid medication is one in which the member has not previously filled any opioid prescription for a short-acting opioid medication within **60 days** of the date of the pharmacy filling the current prescription as evidenced by the member's PBM prescription profile.

Members under 18 years of age
A prescriber shall limit the **initial and refill** prescriptions for any short-acting opioid medication for a member under 18 years of age to no more than a 5-day supply

Members 18 years of age and older
A prescriber shall limit the **initial** prescription for any short-acting opioid medication for a member 18 years of age and older to no more than a 5-day supply

CLINICAL POLICY
Short-Acting Opioid Analgesics

It is the policy of Arizona Complete Health-Complete Care Plan and Care1st that short-acting opioid analgesics can be given the **Exception for 5-day Supply Limitation** when the following criteria are met:

I. Initial Approval Criteria

A. Members under 18 years of age – Exception Criteria for 5-day Initial and Refill Supply Limitation (must meet all)**:**

1. Request is one of the following (a or b);
   a. Member has one the following Conditions and Care Exclusion from the 5-day Supply Limitation; * *For additional information on the exclusions, refer to Appendix B*
      i. Active oncology diagnosis;
      ii. Hospice and/or End-of-life Care;
      iii. Palliative Care;
      iv. Skilled nursing facility (SNF) care;
      v. Children on opioid wean at time of hospital discharge;
      vi. Traumatic injury, excluding post-surgical procedures;
      vii. Post-surgical procedures;
   b. Prescribed for the treatment of non-cancer/non-malignant chronic pain outside of active cancer treatment, hospice and/or end-of-life care, palliative care, SNF care, opioid wean at time of hospital discharge, traumatic injury, and post-surgical procedures (i, ii, iii, and iv):
      i. Documentation of an objective diagnosis and/or contributing conditions;
      ii. Failure of at least TWO of the following non-opioid treatments: NSAIDs (e.g., ibuprofen, meloxicam, naproxen, etodolac, ketoprofen, mefenamic acid, tolmetin), acetaminophen, carbamazepine, gabapentin, or duloxetine, unless contraindicated or clinically significant adverse effects are experienced;
      iii. Total opioid dose does not exceed 90 MME/day, or all of the following (1, 2, and 3):
         1. Prescribed by or in consultation with a Board Certified Pain Management Specialist;
         2. Member has a concurrent prescription for naloxone with evidence of a paid claim or documentation that member has received naloxone through other means;
         3. Dose reduction has occurred within the past 6 months, or one of the following (a or b):
            a. A dose taper has been attempted within the past 6 months and was not successful (Reason(s) for *taper failure* **or** medical justification why a taper should not be attempted must be provided);
            b. If request is for dose increase, documented medical justification supports why the member must increase the dose, and the addition of non-opioid analgesics are clinically inappropriate or contraindicated;

iv. Documentation that the provider has reviewed the Controlled Substance Prescription Monitoring Program (CSPMP) to identify concurrently prescribed controlled substances;

2. Member is not on TWO or more different short-acting opioid analgesics concurrently, or the following (a or b);
   a. Prescriber must submit a documented clinical rationale supporting that the upward titration of existing opioid analgesics and the addition of an extended release agent and non-opioid analgesics, are clinically inappropriate or contraindicated;
   b. The prescriber attests they are aware of the multiple short-acting opioids prescribed to the patient and feel the treatment with all medications is medically necessary with documented rationale.
3. Prescribed short-acting opioid analgesic is a preferred drug, or the following:
   a. Member has previously failed, is intolerant to, or has contraindications to at least 5 short-acting preferred drugs;
4. Prescribed quantity does not exceed 6 tablets/capsules per day.

Approval duration

- Active oncology diagnosis: **12 months**
- Hospice care, End-of-Life Care (other than hospice), Palliative care, Skilled Nursing Facility care, Other chronic conditions: **6 months**
- Traumatic injury, excluding post-surgical procedures: **3 months**
- Children on opioid wean at time of hospital discharge: **1 month**
- Post-surgical procedures: Initial prescription is limited to no more than a 14-day supply and refills are limited to no more than a 7-day supply

B. Members 18 years of age and older – Exception Criteria for 5-day Initial Supply Limitation (must meet all):
NOTE: This section applies to members who are opioid-naïve or new to plan, but NOT opioid-naïve (e.g. member has a claim history of at least a 5-day supply of opioid within a 60 day period of the request as evidenced by pharmacy claim records, CSPMP, or chart notes if member is new to the plan)

1. Request is one of the following (a or b);
   a. Member has one the following Conditions and Care Exclusion from the 5-day Supply Limitation; * *For additional information on the exclusions, refer to Appendix B*
      i. Active oncology diagnosis;
      ii. Hospice and/or End-of-life Care;
      iii. Palliative Care;
      iv. Skilled nursing facility (SNF) care;
      v. Traumatic injury, excluding post-surgical procedures;
      vi. Post-surgical procedures;

   b. Prescribed for the treatment of non-cancer/non-malignant chronic pain outside of active cancer treatment, hospice and/or end-of-life care, palliative care, SNF care, traumatic injury, and post-surgical procedures;
2. Member is not on TWO or more different short-acting opioid analgesics concurrently, or the following (a, b or c);
   a. Prescriber must submit a documented clinical rationale supporting that the upward titration of existing opioid analgesics and the addition of an extended release agent and non-opioid analgesics, are clinically inappropriate or contraindicated;
   b. If reject is for a MAT therapy plus an opioid, the opioid prescriber attests to notifying the MAT therapy prescriber who approves the concurrent opioid therapy.
   c. The prescriber attests they are aware of the multiple short-acting opioids prescribed to the patient and feel the treatment with all medications is medically necessary with documented rationale.
3. Prescribed short-acting opioid analgesic is a preferred drug, or the following:
   a. Member has previously failed, is intolerant to, or has contraindications to ALL preferred drugs;
4. Prescribed quantity does not exceed 6 tablets/capsules per day.

Approval duration

- Active oncology diagnosis: **12 months**
- Hospice care, End-of-Life Care (other than hospice), Palliative care, Skilled Nursing Facility care, Other chronic conditions: **6 months**
- Traumatic injury, excluding post-surgical procedures: **3 months**
- Post-surgical procedures: **14 days**

II. Continued Therapy

A. Members under 18 years of age – Exception Criteria for 5-day Initial and Refill Supply Limitation (must meet all)**:**

1. Member continues to meet initial approval criteria for members under 18 years of age.

Approval duration

- Active oncology diagnosis: **12 months**
- Hospice care, End-of-Life Care (other than hospice), Palliative care, Skilled Nursing Facility care, Other chronic conditions: **6 months**
- Traumatic injury, excluding post-surgical procedures: **3 months**
- Children on opioid wean at time of hospital discharge: **1 month**
- Post-surgical procedures**: Initial** prescription is limited to no more than a **14-day supply** and **refills** are limited to no more than a **7-day supply**

B. Members 18 years of age and older – Exception Criteria for 5-day Initial Supply Limitation (must meet all):
NOTE: If a member has a Plan pharmacy claim history of at least a 5-day supply of opioid within a 60 day period of the request, Prior Authorization is not required, unless exceeding Quantity and/or Non-Preferred Drug Limitation (*For additional information, refer to Appendix B***)**

1. Member has previously met initial approval criteria for members 18 years of age and older.

Approval duration:
- Active oncology diagnosis: **12 months**
- Hospice care, End-of-Life Care (other than hospice), Palliative care, Skilled Nursing Facility care, Other chronic conditions: **6 months**
- Traumatic injury, excluding post-surgical procedures: **3 months**
- Post-surgical procedures: **14 days**

III. Diagnoses/Indications for which coverage is NOT authorized:
A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – AZ.CP.PMN.53 for Arizona Medicaid;
B. Prescriptions written from non-contracted AHCCCS providers;
C. Members also currently on Suboxone or other drug as part of substance abuse treatment. (Current use implies a fill within the last 30 days).

IV. Appendices/General Information
Appendix A: Abbreviation/Acronym Key
AHCCCS: Arizona Health Care Cost Containment System
CSPMP: Controlled Substance Prescription Monitoring Program
FDA: Food and Drug Administration
IR: immediate release
SA: short acting
MME: morphine milligram equivalents
NSAID: non-steroidal anti-inflammatory drug
PBM: Pharmacy Benefit Manager
PDL: Preferred drug list

Appendix B: General Information

Refill prescriptions for adults (member 18 years of age and older has a claim history of at least a 5-day supply of opioid within a 60 day period) do not require prior authorization, unless:
1. Member is on TWO or more different short-acting opioid analgesics concurrently; or

2. Prescribed short-acting opioid analgesic is a non-preferred drug; or
3. Prescribed quantity exceeds 6 tablets/capsules per day.

For an initial prescription, prior authorization is NOT required, but an override may be needed if member meets ALL of the following:

1. Member has one of the following Conditions and Care Exclusion from the 5-day Supply Limitation:
   a. Hospice and/or End-of-life care (need override for non-hospice pharmacies);
   b. Palliative Care;
   c. Children (under 18 years of age) on opioid wean at time of hospital discharge;
   d. Skilled nursing facility care;
   e. Post-surgical procedures;
2. Member is not on TWO or more different short-acting opioid analgesics concurrently;
3. Prescribed short-acting opioid analgesic is a preferred drug;
4. Prescribed quantity does not exceed 6 tablets/capsules per day.

5-Day Supply Limit of Short-Acting Opioid Exclusion Specifications

I. Active oncology diagnosis
   a. Prescriber communicates to the pharmacy that the short-acting opioid prescription is for G89.3 Neoplasm related pain.
   b. The pharmacy staff must enter the diagnostic code in the prescription claim's NCPDP fields as notated below:
   NCPDP Field 492-WE, Enter 02 to notate an ICD-10 CM code.
   NCPDP Field 424-DO, Enter G89.3.

II. Hospice Care
   a. Hospice pharmacies are excluded from the 5-day supply limit of prescription opioid medications.
   b. Prescriber communicates to the non-hospice pharmacy that the short-acting opioid prescription is for hospice care.
   c. For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the Pharmacy Benefit Manager's (PBM) helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "hospice care".

III. End-of-Life Care (other than Hospice)
   a. Prescriber communicates to the pharmacy that the short-acting opioid prescription is for "end-of-life care".
   b. For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the PBM's helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "end-of-life care".

IV. Palliative Care
   a. Prescriber communicates to the non-Hospice pharmacy that the short-acting opioid prescription is for palliative care.

b. For non-hospice pharmacies, the pharmacy shall obtain an override for the short-acting opioid prescription through the PBM's helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "palliative care".

V. Children on Opioid Wean at Time of Hospital Discharge
   a. Prescriber communicates to the pharmacy that the short-acting opioid prescription is for a child on opioid wean at the time of hospital discharge.
   b. The pharmacy shall obtain override for the short-acting opioid prescription through the PBM's helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "child on opioid wean at time of hospital discharge."

VI. Skilled Nursing Facility (SNF) Care
   a. Prescriber communicates to the pharmacy that the short-acting opioid is for SNF care.
   b. The pharmacy shall obtain an override for the short-acting opioid prescription through the PBM's helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "SNF care".

VII. Traumatic Injury, Excluding Post-Surgical Procedures
   a. Prescriber communicates to the pharmacy that the prescription for the short-acting opioid is for the applicable ICD-10 CM trauma code (please refer to AHCCCS AMPM 310-V Attachment C).
   b. The pharmacy staff must enter the diagnostic code in the prescription claim's NCPDP fields as notated below:
   NCPDP Field 492-WE, Enter 02 to notate an ICD-10 CM code
   NCPDP Field 424-DO, Enter the ICD-10 CM Trauma Code provided by prescriber

VIII. Post-Surgical Procedures
   a. Prescriber communicates to the pharmacy that the prescription for the short-acting opioid for 14 days is for post-surgical care.
   b. The pharmacy shall obtain an override for the short-acting opioid prescription for 14 days through the PBM's helpdesk when the prescriber notifies the pharmacy that the short-acting opioid prescription is for "post-surgical care".

V. Dosage and Administration

Varies by drug product.

VI. Product Availability

Varies by drug product.

VII. References

N/A

CLINICAL POLICY
Short-Acting Opioid Analgesics

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	04.19.18	04.18
Updated policy number for consistency	08.20.18	08.18
1Q 2020 annual review: changed "immediate release" to "short-acting" to streamline with AHCCCS verbiage per 310-V; Updated Preferred SA opioids/opioid combinations per AHCCCS PDL: removed meperidine as it is not clinically recommended for pain management; Added definition of an "initial prescription" per 310-V; Updated approval criteria for prescription for members under 18 years of age, children who have chronic conditions that require pain management with SA opioid analgesics, and prescription for member 18 years of age and older to streamline with 310-V; Added 5-Day Supply Limit of Short-Acting Opioid Exclusion Specifications in the General Information section per 310-V Attachment B; Added situations when only an override may be needed, although Prior Authorization is not required in the General Information section.	02.20.20	02.20
1Q 2021 annual review: no significant changes; references reviewed and updated	01.26.21	01.21
Added Care1st logo. Added verbiage to specify that criteria also applies to Care1st.	5.10.21	04.21
1Q 2022 annual review: no significant changes; reference reviewed and updated.	1.28.22	01.22

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.

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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.