



ConnectiCare Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2019

Prior Authorization: Opioids – Long-Acting Products

Products Affected*:

- Buprenorphine (i.e., Belbuca™, Butrans®)
- Fentanyl transdermal (Duragesic®, generics)
- Hydrocodone extended-release (e.g., Hysingla™ ER, Zohydro® ER)
- Hydromorphone extended-release (e.g., Exalgo®, generics)
- Methadone (e.g., Diskets®, Dolophine®, Methadose™, generics)
- Morphine sulfate extended-release (e.g., Arymo™ ER, Embeda®, Kadian®, MS Contin®, generics)
- Oxycodone extended-release (e.g., Xtampza™ ER, OxyContin®)
- Oxymorphone extended-release (e.g., generics [generics are not AB-rated to the discontinued Opana® ER formulation])
- Tapentadol extended-release (e.g., Nucynta® ER)
- Tramadol extended-release (e.g., Conzip®, Ultram® ER, generics)

**This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.*

Medication Description: Opioid analgesics are commonly used for the management of pain. All of the long-acting opioids are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Extended-release opioid dosage forms offer a long duration of effect, reduce severity of end-of-dose pain, and allow many patients to sleep through the night. These medications produce the majority of their effects by binding to μ , κ , and δ receptors in the central nervous system.

The Centers for Disease Control (CDC) guideline on opioid prescribing defines chronic pain as pain that typically lasts greater than 3 months or past the time of normal tissue healing, resulting from an underlying medical disease or condition, injury, medical treatment, inflammation, or an unknown cause. When initiating opioid therapy for chronic pain, immediate-release opioids should be prescribed at the lowest effective dosage instead of initiating therapy with extended-release/long-acting opioids.

Covered Uses:

1. Pain severe enough to require daily, around-the-clock, long-term opioid treatment.
2. Patients with a history of a short-acting opioid within the 108-day look-back period.
3. If the patient has a prescription for a cancer medication within a 180-day period.

Exclusion Criteria:

1. Acute pain

Required Medical Information:

1. Diagnosis
2. Previous treatment tried/failed

Age Restrictions:

1. 18 years of age and older



Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Approve for 1 year if the patient meets ONE of the following criteria (A, B or C):

- A) The patient has a cancer or sickle-cell disease diagnosis; OR
- B) The patient is in a hospice program, end-of-life care, or palliative care; OR
- C) The patient has chronic pain but does not have a cancer diagnosis. Approve for 1 year if the patient meets ALL of the following criteria (i, ii, iii, iv, and v):
 - i. Patient is not opioid naïve; AND
 - ii. Non-opioid therapies (e.g., non-opioid medications [e.g., nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, anticonvulsants], exercise therapy, weight loss, cognitive behavioral therapy) have been optimized and are being used in conjunction with opioid therapy according to the prescribing physician; AND
 - iii. The patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), unless unavailable in the state (see note below), according to the prescribing physician; AND
 - iv. Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescribing physician; AND
 - v. Treatment plan (including goals for pain and function) is in place and reassessments (including pain levels and function) are scheduled at regular intervals according to the prescribing physician.

References:

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recommendations and Reports*. 2016;65(1):1-49.
2. Embeda® extended-release capsules [prescribing information]. New York, NY: Pfizer Inc.; December 2016.
3. Kadian® capsules [prescribing information]. Irvine, CA: Allergan USA, Inc.; December 2016.
4. Avinza® capsules [prescribing information]. New York, NY: Pfizer Inc.; April 2014.
5. MS Contin® tablets [prescribing information]. Stamford, CT: Purdue Pharma L.P.; December 2016.
6. Oramorph® SR tablets [prescribing information]. Columbus, OH: Roxane Laboratories; February 2006.
7. OxyContin® tablets [prescribing information]. Stamford, CT: Purdue Pharma LP; December 2016.
8. Opana® ER tablets [prescribing information]. Malvern, PA: Endo Pharmaceuticals; December 2016.
9. Arymo™ ER extended-release tablets [prescribing information]. Wayne, PA: Egalet US Inc.; January 2017.
10. Conzip® extended-release capsules [prescribing information]. Bridgewater, NJ: Vertical Pharmaceuticals, LLC; August 2017.
11. Dolophine [prescribing information]. Eatontown, NJ: West-Ward Pharmaceuticals Corp.; February 2018.
12. Dixon DW, Peirson RP. Opioid abuse. Page last updated: December 22, 2017. Available at: <http://emedicine.medscape.com/article/287790-overview#showall>. Accessed on March 15, 2018.
13. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/>. Accessed on March 15, 2018.
14. Centers for Disease Control and Prevention. Checklist for prescribing opioids for chronic pain. Available at: https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf. Accessed on March 15, 2018.
15. Duragesic® transdermal system [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; January 2018

Policy Revision history



Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2019
2	Update	Updated clinical criteria to include diagnosis of Sickle-Cell Disease	Other Criteria	1/1/2020