ConnectiCare Commercial and Healthcare Exchange PA Criteria

Effective: January 1, 2019

Prior Authorization: Opioids Short-Acting 7-Day Supply Dispensing Limit

Products Affected:*

- Benzhydrocodone - combination product oral tablets
- Buprenorphine – injectable
- Butorphanol - injectable, nasal solution
- Codeine - oral tablets, combination product oral tablets/capsules, combination product oral solution, combination product oral suspension
- Dihydrocodeine – combination oral tablets/capsules
- Fentanyl - transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone - combination product oral tablets, combination product oral solution
- Hydromorphone - injectable, oral tablets, oral solution, rectal suppositories,
- Levorphanol - oral tablets
- Meperidine - oral tablets, oral solution, injectable
- Morphine - oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine - injectable
- Opium/Belladonna – rectal suppositories
- Oxycodone – oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone - oral tablets, injectable
- Pentazocine - injectable
- Pentazocine/naloxone - oral tablets
- Tapentadol - oral tablets
- Tramadol - oral tablets, combination product oral tablets

**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: Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic. The objective of this policy is to restrict the initial days' supply of short-acting opioids to seven days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse.

The Centers for Disease Control (CDC) guideline states that long-term opioid use often begins with treatment of acute pain.[1]When opioids are used for acute pain, the guideline recommends that clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids (i.e., ≤ 3 days and only rarely > 7 days). Clinicians should offer or arrange treatment for patients with opioid use disorder. These recommendations are supported by other opioid use guidelines.[2-3]

***Note: This policy will target new users of short-acting opioid products only.* A quantity sufficient for a 7-day supply will be covered without prior authorization. Additional quantities for greater than a 7-day supply will require coverage review.

Covered Uses:

1. Management of pain severe enough to require an opioid analgesic
2. If the patient has a history of any opioid within the past 108 days.
3. If the patient has a prescription for a cancer medication within a 180-day period.

Exclusion Criteria: N/A

Required Medical Information:
1. Previous medications tried and failed
2. Current medication regimen

Age Restrictions: N/A

Prescriber Restrictions: None

Coverage Duration: 12 months

Other Criteria:
Approval may be granted for patients who meet 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 hospice program, end-of-life care, or palliative care; OR
C. For patients who do not have a cancer diagnosis, approve if the patient meets the following criteria (**i**, **ii,** and **iii**):
   - **i.** Non-opioid therapies (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen) have provided an inadequate response or are inappropriate according to the prescribing physician; AND
   - **ii.** 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
   - **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient 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. American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. *Anesthesiology*. 2012;116:248–73. Available at: http://dx.doi.org/10.1097/ALN.0b013e31823c1030. Accessed on February 27, 2017.
3. Washington State Agency Medical Directors' Group. AMDG 2015 interagency guideline on prescribing opioids for pain. Olympia, WA: Washington State Agency Medical Directors' Group; 2015. Available at: http://www.agencymeddirectors.wa.gov/guidelines.asp. Accessed on February 27, 2017.
4. Facts and Comparisons® eAnswers. Clinical Drug Information, LLC; 2017. Available at: http://eanswers.factsandcomparisons.com/index.aspx?. Accessed on February 27, 2017. Search terms: opioid analgesics.
5. Product Information: Apadaz(TM) oral tablets, benzhydrocodone acetaminophen oral tablets. KemPharm Inc (per FDA), Coralville, IA, 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/01/2019
2	Policy Revision	Added benzhydrocodone products	All	4/25/2019
3	Update	Updated clinical criteria to include diagnosis of Sickle-Cell Disease	Other Criteria	1/1/2020