**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 \( \mu \), \( \kappa \), and \( \delta \) 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:**
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 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:**
5. MS Contin® tablets [prescribing information]. Stamford, CT: Purdue Pharma L.P.; December 2016.
7. OxyContin® tablets [prescribing information]. Stamford, CT: Purdue Pharma LP; December 2016.
15. Duragesic® transdermal system [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; January 2018

**Policy Revision history**
<table>
<thead>
<tr>
<th>Rev #</th>
<th>Type of Change</th>
<th>Summary of Change</th>
<th>Sections Affected</th>
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