MetroPlus Health Plan

Policy and Procedure

Title: Long-acting Opioids	Division: Medical Management Department: Utilization Management
Approval Date: 11/02/2017	LOB: Medicaid, FHP, HIV SNP, CHP, HARP
Effective Date: 12/8/2017	Policy Number: UM-MP220
Review Date: 10/26/2018	Cross Reference Number:
Retired Date:	Page 1 of 5

1. POLICY DESCRIPTION:

Long acting opioid analgesics are indicated for use in moderate to severe pain of an extended period of time for which alternative treatment options are inappropriate/unavailable. They should not be used as needed, for mild pain, for short-term pain or for pain in the immediate postoperative period (12-24 hours post-op with the exception of members who are chronically taking opioids or if postoperative pain is moderate to severe for an extended period of time).

Long-acting opioids should not be used treatment-naïve patients and should be used as part of an individualized treatment plan. The following recommendations are from the CDC and the American Academy of Neurology for best practices in opioid prescribing:

- Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.
- Before starting opioid therapy, treatment goals should be established with patients that include realistic goals for pain and function and should consider how therapy with be discontinued if benefits do not outweigh risks. Track pain and function at every visit (at least every 3 months) using a brief, validated instrument. Continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended release/long-acting opioids.
- Document the daily morphine equivalent dose (MED) in mg/day from all sources of opioids. Access the state prescription drug monitoring program (PDMP) data at treatment inhiation and periodically during treatment. Currently all states except for Missouri have a PDMP.
- To avoid increased risk of respiratory depression, long-acting opioids should not be prescribed with benzodiazepines. Screen for past and current substance abuse and for severe depression, anxiety, and PTSD prior to initiation.
- Use random urine drug screening prior to inhiation and periodically during treatment with a frequency according to risk.
- Use a patient treatment agreement, signed by both the patient and prescriber that address risks of use and responsibilities of the patient. Avoid escalating doses above 50-90mg/day MED unless sustained meaningful improvement in pain and function is attained, and not without consultation with a pain management specialist.
- Clinicians should evaluate benefits and harms of continued therapy at least every 3 months. If benefits do not outweigh harms, opioids should be tapered and discontinued. Evaluation should include assessment of substance use disorder/opioid dependence. Validated scales (such as the DAST-10) are available at www.drugabuse.gov.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. POLICY:

Long-acting Opioids are considered medically necessary when the following criteria are met:

1. **Initial Therapy:**

A. Malignant Cancer, Hospice or Sickle Cell
   a. Confirmed diagnosis of Malignant Cancer, Hospice or Sickle Cell
   b. Formulary long acting opioid

Approved for lifetime

****Non-formulary long acting opioids will still be subject to Global Exceptions Criteria***

B. Non Cancer, Non Hospice or Non Sickle Cell Diagnoses
   a. New to Therapy
      i. Non-Neuropathic Pain
         1. Chronic pain severe enough to require daily around-the-clock, long-term treatment
         2. Adequate trial of non-opioid pharmacologic therapy (e.g. NSAIDs) or non pharmacologic therapy
            a. Exception to this criterion requires rationale for use of opioids over aforementioned
         3. Adequate trial of immediate-release opioid
         4. Patient is evaluated and will be monitored regularly for the development of opioid use disorder
         5. Dose is within 90 MME (morphine milligram equivalent)
         6. If the dose is greater than 90 MME a titration plan as well as clinical justication is provided.

Approved for 3 months

****Non-formulary long acting opioids will still be subject to Global Exceptions Criteria***

      ii. Neuropathic Pain
         1. Chronic pain severe enough to require daily around-the-clock, long-term treatment
         2. Documented failure on 8 week trial of gabapentin and 6 week trial of TCAs or appropriate SNRIs unless contraindicated.
            a. Exception to this criterion requires rationale for use of opioids over aforementioned
         3. Adequate trial of immediate-release opioid
         4. Patient is evaluated and will be monitored regularly for the development of opioid use disorder
         5. Dose is within 90 MME (morphine milligram equivalent)
         6. If the dose is greater than 90 MME a titration plan as well as clinical justication is provided.

Approved for 3 months

****Non-formulary long acting opioids will still be subject to Global Exceptions Criteria***

b. New members established on LA opioid therapy
   i. Chronic pain severe enough to require daily around-the-clock, long term treatment
   ii. Defined treatment goals
   iii. Treatment plan includes the use of nonopioid analgesics and other interventions
   iv. Patient has meaningful improvements in pain scale scores
   v. Patient is screened for substance abuse/opioid dependence
   vi. Rationale for continued opioid use if there is no plan to taper or discontinue
   vii. Dose is within 90 MME (morphine milligram equivalent)
   viii. If the dose is greater than 90 MME a titration plan as well as clinical justication is provided.

Approved for 3 months
Non-formulary long acting opioids will still be subject to Global Exceptions Criteria

2. <u>Continuation Therapy:</u>

A. Non Cancer, Hospice or Sickle Cell Diagnoses
   a. Renewal without Pain Specialist
      i. Defined treatment goals
      ii. Treatment plan includes the use of nonopioid analgesics and other interventions
      iii. Patient has meaningful improvements in pain scale scores
      iv. Patient is screened for substance abuse/opioid dependence
      v. Rationale for continued opioid use if there is no plan to taper or discontinue
      vi. Dose is within FDA labeling limits

Approved for 3 months
Non-formulary long acting opioids will still be subject to Global Exceptions Criteria

   b. Renewal with Pain Specialist
      i. Must be submitted by a pain specialist or in consulation with a pain specialist.
      ii. Treatment plan includes the use of nonopioid analgesics and other interventions
      iii. Patinet has meaningful improvements in pain scale scores
      iv. Patient is screened for substance abuse/opipid dependence
      v. Rationale for continued opioid use if there is no plan to taper or discontinue
      vi. Dose is within FDA labeling limits

Approved for 6 months
Non-formulary long acting opioids will still be subject to Global Exceptions Criteria

4. REFERENCES:

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. JAMA. Published online March 15, 2016.

2. Rosenquist EWK. Overview of the treatment of chronic pain. UptoDate. October 2014. http://www.uptodate.com/contents/overview-of-the-treatment-of-chronicpain?source=search_result&search=long+acting+opioids&selectedTitle=1%7E150# H1
3. Franklin GM. Opioids for chronic noncancer pain. A position paper of the American Academy of Neurology. Neurology. 2014;83:1277-1284.

9.REVISION LOG:

REVISIONS	DATE
Creation date	
Revised – No changes made to the policy.	10/26/18

Approved:

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Approved:

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Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the

clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.
MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.