

Generic Name: Chronic Opioid

Therapeutic Class or Brand Name: Chronic Opioid

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 65

Preferred: N/A

Non-preferred: N/A

Date of Origin: 6/15/2015

Date Last Reviewed / Revised: 2/5/2019

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when ONE of criteria I or II is met)

- I. The patient has a current diagnosis of cancer, is enrolled in a hospice program, or meets hospice criteria.
- II. The patient is being treated for chronic noncancer pain AND all of criteria A through E are met:
 - A. Documentation that the prescriber has obtained and evaluated the patient's medical history and physical examination. Documentation must include the following 1 through 4:
 1. Diagnosis including a description of the nature and intensity of the pain.
 2. Current and past treatments that have been tried but were inadequate to meet the goals of pain management, including a) through b):
 - a) Nonpharmacologic therapy (i.e. physical therapy, exercise, cognitive behavioral therapy).
 - b) Non-opioid medications (i.e. NSAIDs, antidepressants, antiepileptics). Must include the name of medication(s), date(s), and duration of treatment.
 3. The effect of the pain on physical and psychological function.
 4. The risk for aberrant behavior has been assessed.
 - B. Documentation of a written treatment plan that defines goals that will be used to determine treatment success. Treatment plan should include method being used for tracking and documenting of pain relief, functional improvement, and adverse reactions and a follow-up plan with specific time intervals to monitor treatment. Documentation of pain levels and functional status at baseline and during treatment should be objective and should consistently measure the same elements to adequately determine the degree of progress.
 - C. Documentation of an informed consent and treatment agreement for chronic opioid therapy (example may be accessed at <http://www.lni.wa.gov/Forms/pdf/F252-095-000.pdf>) signed by the prescriber and patient that includes the following 1 through 2:
 1. The risks and benefits of using opioid therapy.
 2. Patient responsibilities including the following a) through d):
 - a) Patient should only receive prescriptions from one prescriber and one pharmacy whenever possible. Patients who demonstrate the inability to or have failed to

- comply with this will be required to be restricted to only one prescriber and one pharmacy.
- b) Patient should expect and allow routine urine drug testing when requested.
 - c) Complying with appropriate frequency of all prescription refills.
 - d) Reasons for which drug therapy may be discontinued (i.e. violation of agreement).
- D. Opioid doses and/or frequencies greater than the standard approved by the FDA require both of the following 1 AND 2:
- 1. Documented trial and failure of the standard FDA approved dose and frequency.
 - 2. Written medical justification supported by appropriate medical literature as to why greater than the FDA approved dose and/or frequency is required.
- E. Opioid doses exceeding the recommended morphine equivalent dose (MED) of 90mg per day require appropriate written medical justification as to why such doses are required. The lowest possible effective dose should be used. The total daily dose of opioids should not be increased above 90mg oral morphine equivalent dose (MED) per day without either the patient demonstrating improvement in function and pain or first obtaining a consultation from a practitioner qualified in chronic pain management. Risks substantially increase at doses at or above 100mg so early attention to the 90mg MED benchmark dose is worthwhile. See Appendix for more information.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity is limited to a maximum of a 30 day supply per fill.

APPROVAL LENGTH

- **Authorization:** Up to 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective for pain.
 - For a diagnosis of chronic noncancer pain, the following 1 through 4 must also be documented:
 - 1. Objective progress towards treatment plan goals with chronic opioid therapy. Patient should show both functional improvement and pain relief.

2. Medication records (including date, name of medication, dosage, and quantity prescribed) that correspond with medical reasons for continuing or modifying opioid therapy.
3. Physical, behavioral, and non-opioid therapies (i.e. physical therapy, exercise, cognitive behavioral therapy, NSAIDs, antidepressants, antiepileptics) are used as indicated in combination with chronic opioid therapy.
4. A random urine drug screening has been performed within the past 12 months (more often for patients determined to be at higher risk of aberrant behavior).

APPENDIX

Morphine Equivalent Dosing For CNCP for Selected Opioids			
Opioid	Approx. Equianalgesic Dose (Oral & Transdermal)	Recommended Daily Dose Threshold for pain consult (not equianalgesic)	Recommended starting dose for opioid naïve patients
Morphine (Reference)	30mg	90mg	I.R. = 10mg q 4 hours S.R. = 15mg q 12 hours
Codeine	200mg	600mg	30mg q 4-6 hours
Fentanyl Transdermal	12.5mcg/hour	37.5mcg/hour	Use only in opioid tolerant patients on ≥ 60 MED daily for a week or more
Hydrocodone	30mg	90mg	5 -10mg q 4-6 hours
Hydromorphone	7.5mg	22.5mg	2mg q 4-6 hours
Methadone	Chronic: 4mg	20mg	2.5 – 5mg bid - tid
Oxycodone	20mg	60mg	I.R. = 5mg q 4-6 hours S.R. = 10mg q 12 hours
Oxymorphone	10mg	30mg	I.R. = 5 – 10mg q 4-6 hours S.R. = 10mg q 12 hours

Morphine Equivalent Dosing For CNCP for Selected Opioids

CNCP = Chronic noncancer pain; I.R. = Immediate release; S.R.= Sustain release

Meperidine and propoxyphene should not be prescribed for CNCP.

MED calculator on-line may be accessed at

<http://agencydirectors.wa.gov/Calculator/DoseCalculator.htm>.

Maximum Acetaminophen Dosing for Adults is 4,000mg/24 hour

Hepatotoxicity can result from prolonged use or doses in excess of the recommended maximum daily dose of acetaminophen, including over-the-counter products.

REFERENCES

1. https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf .
2. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html> .
3. <http://www.painpolicy.wisc.edu/sites/www.painpolicy.wisc.edu/files/model04.pdf> .
4. Ayonride OT et al. The Rediscovering of Methadone for Cancer Pain Management. Med J Aust 2000 Nov. 20;173;(10):538 – 540.
5. FDA Guidance on acetaminophen.
<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM310477.pdf> . Accessed November 23, 2017.
6. Medi-Span®.
7. https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
2/5/2019	<ol style="list-style-type: none">1. Replaced all references to 120mg daily maximum MED to 90mg under Prior Authorization Criteria.2. Replaced all citations for outdated AMDG guidelines http://www.agencydirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf http://www.agencydirectors.wa.gov/Files/OpioidGdline.pdf with CDC guidelines under References to account for change from 120mg MED daily maximum to 90mg per day: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf .3. Changed table under Appendix referencing 120mg MED to 90mg MED threshold from:4.

5. Morphine Equivalent Dosing For CNCP for Selected Opioids			
6. Opioid	7. Approx. Equianalgesic Dose (Oral & Transdermal)	8. Recommended Daily Dose Threshold for pain consult (not equianalgesic)	9. Recommended starting dose for opioid naïve patients
10. Morphine (Reference)	11. 30mg	12. 120mg	13. I.R. = 10mg q 4 hours 14. S.R. = 15mg q 12 hours
15. Codeine	16. 200mg	17. 800mg	18. 30mg q 4-6 hours
19. Fentanyl Transdermal	20. 12.5mcg/hour	21. 50mcg/hour	22. Use only in opioid tolerant patients on ≥ 60 MED daily for a week or more
23. Hydrocodone	24. 30mg	25. 120mg	26. 5-10mg q 4-6 hours
27. Hydromorphone	28. 7.5mg	29. 30mg	30. 2mg q 4-6 hours
31. Methadone	32. Chronic: 4mg	33. 40mg	34. 2.5 – 5mg bid - tid
35. Oxycodone	36. 20mg	37. 80mg	38. I.R. = 5mg q 4-6 hours 39. S.R. = 10mg q 12 hours
40. Oxymorphone	41. 10mg	42. 40mg	43. I.R. = 5 – 10mg q 4-6 hours 44. S.R. = 10mg q 12 hours

45. CNCP = Chronic noncancer pain; I.R. = Immediate release; S.R.= Sustain release
46. Meperidine and propoxyphene should not be prescribed for CNCP.

47. TO:

48. Morphine Equivalent Dosing For CNCP for Selected Opioids			
49. Opioid	50. Approx. Equianalgesic Dose (Oral & Transdermal)	51. Recommended Daily Dose Threshold for pain consult (not equianalgesic)	52. Recommended starting dose for opioid naïve patients
53. Morphine (Reference)	54. 30mg	55. 90mg	56. I.R. = 10mg q 4 hours 57. S.R. = 15mg q 12 hours
58. Codeine	59. 200mg	60. 600mg	61. 30mg q 4-6 hours
62. Fentanyl Transdermal	63. 12.5mcg/hour	64. 37.5mcg/hour	65. Use only in opioid tolerant patients on ≥ 60 MED daily for a week or more
66. Hydrocodone	67. 30mg	68. 90mg	69. 5-10mg q 4-6 hours
70. Hydromorphone	71. 7.5mg	72. 22.5mg	73. 2mg q 4-6 hours
74. Methadone	75. Chronic: 4mg	76. 20mg	77. 2.5 – 5mg bid - tid
78. Oxycodone	79. 20mg	80. 60mg	81. I.R. = 5mg q 4-6 hours 82. S.R. = 10mg q 12 hours
83. Oxymorphone	84. 10mg	85. 30mg	86. I.R. = 5 – 10mg q 4-6 hours 87. S.R. = 10mg q 12 hours

88. CNCP = Chronic noncancer pain; I.R. = Immediate release; S.R.= Sustain release
89. Meperidine and propoxyphene should not be prescribed for CNCP.

90.

- 91. **Deleted** item I **under Prior Authorization Criteria** "Documented diagnosis of one of the following conditions A or B AND must meet criteria under applicable diagnosis:"
- 92. **Changed** outline list levels in **Prior Authorization Criteria** to move all levels up one level such that original items A and B referenced in item 1 above are now I and II.
- 93. **Changed** instruction heading **under Prior Authorization Criteria section** from "may be considered medically necessary when criterion I is met" **to** "May be considered medically necessary when ONE of criteria I or II is met".
- 94. **Deleted** obsolete URL **under References** item #6
<http://blue.regence.com/trgmedpol/drugs/dru084.pdf> .

11/23/2017

- 1. Policy reviewed: no changes made.

8/29/2016

- 1. **Added**
"http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf"
under References.
- 2. **Changed** "I. B. 3. Documentation of an informed consent and treatment agreement for chronic opioid therapy (example may be accessed at <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>, Appendix G)..." **to** "I. B. 3. Documentation of an informed consent and treatment agreement for chronic opioid therapy (example may be accessed at <http://www.ini.wa.gov/Forms/pdf/F252-095-000.pdf>)..." **under Prior Authorization Criteria.**
- 3. **Updated** "http://agencymeddirectors.wa.gov/mobile.html" **to** "http://agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm" following "MED calculator on-line may be accessed at" **under Appendix.**

- | | |
|--|---|
| | <p>4. Updated "FDA Draft Guidance on acetaminophen. http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM310477.pdf. Accessed June 1, 2015" to "FDA Guidance on acetaminophen." http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM310477.pdf. Accessed August 29, 2016" under References.</p> |
|--|---|

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.