AdvancedHealth
Bridging the Future of Healthcare

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Opioid Drug Use Policy for Chronic Non-Malignant Pain

Revised 03/2016

Rationale: Due to the high risk of adverse drug events and aberrancy with opioid pain medications, as well as new recommendations from the Centers of Disease Control and the Health Evidence Review Commission, Advanced Health will encourage safe prescribing of opioid pain medications using the best available evidence.

GUIDELINE FOR USE:

1) Chronic use of opioid pain medications will be provided as a plan benefit for patients with a condition funded for coverage by Oregon Health Plan. Chart notes and a physical exam supporting the funded diagnosis will be required for determination.

2) Use of opioids will NOT be a covered benefit for painful conditions the CDC, or other regulatory entity, has determined to be ineffective or with insufficient evidence to support improved pain or function with long-term use of opioids. For example:

    a. Low Back Pain
    b. Headache (including migraine headache)
    c. Fibromyalgia (Non-funded condition per the January 2016 Prioritized List of Health Services)

3) Chronic opioids will not be covered for patients currently using alcohol or other illegal substances. Use of opioids with marijuana will not be a covered benefit.

4) Two short acting opioids will not be covered concurrently due to safety concerns with this combination. The combination of long-acting opioid and short-acting opioid will not be a covered benefit due to lack of safety evidence supporting this combination and the potential for dose escalation with this practice.

5) Concurrent use of benzodiazepines and opioids will not be a covered benefit due to increased risk of adverse events. Coverage of a taper period will be allowed for patients that have a documented taper plan submitted with the prior authorization request.

6) A maximum Morphine Equivalent Dose (MED) of 90mg per day will be a covered benefit when all above criteria are met for new starts on opioid therapy. For patients currently on opioid doses greater than 90 MED, coverage of a taper period to reach a maximum daily MED of 90 mg will be allowed if a documented taper plan is submitted with the prior authorization request.

7) Coverage of post-op pain medication will be allowed for up to 30 days following surgery date. Exceptions may be requested through the prior authorization process if the below risk screening has been performed and the Oregon Prescription Drug Monitoring Program has been reviewed. The CDC guideline recommends use of opioids post-operatively for less than 7 days. Justification for ongoing use beyond 30 days will be required.

Definitions:

Chronic use is defined as a day supply greater than 30 of any combination of opioid or opioid type medication dispensed by the pharmacy within a 180 day period.

Maximum Daily Morphine Equivalent Doses include the total of all opioid prescribed to the patient (eg. short acting opioid and long acting opioid). See http://www.globalrph.com/narcotic.cgi or http://agencymeddirectors.wa.gov/mobile.html for opioid dose calculators.

Exclusions:

This policy does not apply to oncology, palliative, or end of life care patients or members residing in skilled nursing facilities.

Exceptions:

Doses greater than 90mg MED per day may be considered for coverage if appropriate patient risk screening is performed (Annual SBIRT questionnaire, AUDIT, DAST), urine drug screen submitted, provider has reviewed the Oregon Prescription Drug Monitoring tool for inconsistencies or aberrancies, and functional treatment goals are established and submitted with the prior authorization request.

Members with prior authorizations already in place for chronic opioids (including a combination of short and long acting opioids) will be allowed to continue coverage for 90 days if a treatment plan is submitted to consolidate opioid regimen, functional goals are established, and risk screening is submitted.

Tapers:

A 90 day taper period will be allowed for patients on >90 MED or prescribed concurrent benzodiazepines. If greater than 90 days is required to safely taper the patient to 90 MED or less, a tapering plan must be submitted with the prior authorization request and a documented reduction in daily MED prescribed must be supported in the chart notes and by the dispensing history. See attached Tapering Flow Chart from Oregon Pain Guidance (also available at http://old.southernoregonopioidmanagement.org/wp-content/uploads/2014/05/Tapering_Flowchart.pdf)

References:

1. CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016.
2. Opioid Prescribing Guidelines - A Provider and Community Resource, Oregon Pain Guidance, August 2014.
3. Advanced Health Opioid Policy, September 2015.

Approved by the Advanced Health Pharmacy and Therapeutics Committee on 03/29/16