



**IMPORTANT NOTICE: EFFECTIVE IMMEDIATELY  
ADVANCED HEALTH POLICY CHANGE – CHRONIC USE OF OPIOID PAIN  
MEDICATIONS**

The CDC released Guidelines for Prescribing Opioids for Chronic Pain in March 2016. The CDC reported there is inadequate evidence to support use of opioids long term for chronic non-cancer pain and increased risk of harms. The CDC guideline defined long-term opioid therapy as use of opioids on most days for greater than 3 months. The guidelines state that patients who do not experience clinically meaningful pain relief early in treatment (i.e., within 1 month) are unlikely to experience relief with longer-term use. Doses  $\geq 50$ mg Morphine equivalent dose (MED) per day should be carefully assessed for risks and benefits, and doses  $\geq 90$ mg MED/day should be avoided. It is also recommended to avoid prescribing opioid pain medications and benzodiazepines concurrently. Non-pharmacologic therapy (e.g., cognitive behavioral therapy [CBT] and exercise therapy) and non-opioid pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen, antidepressants, or anticonvulsants) are preferred over opioid therapy when treating chronic non-cancer pain. Opioids should not be started or used beyond 3 days for most patients.

As a result of these new guidelines, Advanced Health will be changing our coverage criteria for chronic opioids, as well as improving access to some alternative non-opioid therapies.

**Advanced Health Opioid Policy Changes:**

- Advanced Health will only cover immediate release (IR) opioid products and will require a prior authorization (PA) on all long-acting (LA) or extended-release (ER) opioid formulations.
- Advanced Health will cover up to a maximum of 90 morphine equivalent dose (MED) per day for members with funded painful conditions. Opioids are not medically appropriate treatment options for neck and back pain, migraine headaches, or abdominal pain per the CDC guidelines and therefore will NOT be covered for these conditions.
- Advanced Health will no longer be covering opioids if members are concurrently using benzodiazepines (a taper period will be allowed if a taper plan is submitted with the PA request).
- Advanced Health will allow time for tapers of opioids up to 90 days. If a longer taper period is required, evidence of taper plan and member adherence to plan must be submitted with PA request.
- Advanced Health will no longer cover an IR opioid and an ER/LA opioid concurrently as this practice is not supported by the CDC guidelines and may cause rapid dose escalation.
- Up to a 30 day supply of opioid pain medication will be covered for post-operative pain (Please Note: CDC guideline recommends the use of opioids for less than 7 days post-operatively)

**Alternative Non-Opioid Medications Covered for Pain without a Prior Authorization:**

- Gabapentin 100 mg , 300 mg , and 400 mg CAPSULES were added to the Advanced Health formulary and no longer require a PA. Gabapentin tablets remain non-formulary
- Acetaminophen (Added to Advanced Health formulary effective July 1<sup>st</sup>, 2016)
- Topical capsaicin cream
- SalonPas patches
- Cymbalta (duloxetine) and Tricyclic antidepressants are available through the mental health carve-out (aka DMAP, the State)

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### **Tapering Opioids:**

- Opioid taper should be considered for patients on >90 MED or methadone >30mg/day, aberrant behaviors, significant behavioral/physical risks, or lack of improvement in pain and function
- Calculate total daily Morphine Equivalent Dose of all opioids. Opioid dose calculator available at <http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>
- Taper dose of opioid by 5-15% per week
- Follow-up with the patient frequently and provide behavioral supports.
- After ¼ to ½ of the dose has been reached, with a low risk patient, you may slow the process down.
- Consider adjuvant therapies as needed including antidepressants, gabapentin, NSAIDs, clonidine, anti-nausea and anti-diarrheal medications.
- See the Oregon Pain Guidance website for additional information on opioid tapers at <http://www.oregonpainguidance.com/clinical-tools/>

### **Oregon Prescription Drug Monitoring Program (OPDMP):**

- Sign up for the Oregon Prescription Drug Monitoring Program at <http://www.orpdmp.com/>
- A delegate may be authorized to access the OPDMP on behalf of the prescriber.
- Check the OPDMP BEFORE prescribing any opioids or other controlled substances.

### **Resources for Opioid Addiction:**

If it is identified during the opioid taper process that a patient has opioid use disorder, please refer to ADAPT at (541) 751-0357, or Curry Community Health at (541) 425-7545 for members residing in Curry County.

If you have any questions regarding these changes please contact Caryn Mickelson, Director of Pharmacy Services at (541) 269-4558 or [caryn.mickelson@advancedhealth.com](mailto:caryn.mickelson@advancedhealth.com).

### **References:**

1. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. Centers for Disease Control and Prevention MMWR. 15 March 2016. Early Release/Vol 65. <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>
2. Oregon Pain Guidance Pain Treatment Guidelines: A Provider and Community Resource. [www.oregonpainguidance.org](http://www.oregonpainguidance.org). Updated May 2016.