

## **Opioid Drug Use Policy for Chronic Non-Malignant Pain and Acute Opioid Prescriptions Exceeding SUPPORT ACT Safety Edits**

Created: March 2016

Reviewed: May 2019, October 2019, December 2021

### **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 October 1, 2021 Prioritized List of Health Services)
3. Chronic opioids will not be covered for patients currently using alcohol or other illegal substances due to increased risk of harms to patients.
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, or antipsychotics and opioids, will not be a covered benefit due to increased risk of adverse events. Coverage of a taper period may be allowed for patients with a documented taper plan submitted with the prior authorization request. Point of sale pharmacy safety edit for opioids-benzodiazepines is bi-directional and will result in a denied claim of either opioid or benzodiazepine if an overlapping prescription fill history exists. Point of sale pharmacy edit for opioid and antipsychotic prescriptions is one-directional and will result only in a denied opioid claim.
6. A maximum Morphine Equivalent Dose (MED) of 50mg per day will be a covered benefit when all above criteria are met for new starts on chronic opioid therapy. For patients currently on opioid doses greater than 50 MED, coverage of a taper period to reach a maximum daily MED of 50mg 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 14 days following surgery date. There will be a 7-day supply limit for new starts of short acting opioids. A refill threshold of 85% will be applied consistent with general refill threshold for other controlled and non-controlled substances. A 90 MED limit for new starts of short acting opioids will be applied at POS by hard threshold. 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 14 days will be required. A 50 MED soft threshold limit will be in place for new starts of short acting opioids and is overridable by pharmacy submitting appropriate DUR code.
  
8. All prescriptions for extended release opioids will require a prior authorization. Elements of Guideline Note 60: Opioids for Conditions of the Back and Spine of the Prioritized List of Health Services should also be met for opioid prior authorization requests for pain related to the back or spine.

**Rationale:**

Due to the high risk of adverse drug events, diversion and misuse of opioid pain medications, as well as recommendations from the Centers of Disease Control, the Health Evidence Review Commission, the Oregon Health Authority and guidance from the Center for Medicare and Medicaid Services regarding implementation of the SUPPORT ACT, Advanced Health will encourage safe prescribing of opioid pain medications using the best available evidence, state and federal requirements for coverage of acute and chronic opioid prescriptions

**Definitions:**

Chronic use is defined as #60 tablets 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 opioids prescribed to the patient (eg. short acting opioid and long-acting opioid). See <http://www.globalrph.com/narcotic.cgi> for opioid dose calculators.

SUPPORT ACT is the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. The SUPPORT ACT was designed to reduce opioid related fraud, misuse, and abuse. Section 1004 of the SUPPORT ACT requires states to implement minimum opioid standards.

**Exclusions:**

This policy does not apply to individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities described in 42 USC 1396a(oo)(3)(A)(ii); and individuals with sickle cell disease are exempt from these requirements. Advanced Health will ensure individuals in these categories continue to have appropriate access to opioid treatment.

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**Exceptions:**

Doses greater than 50 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.

**Tapers:**

A 90-day taper period will be allowed for patients on >50 MED or prescribed concurrent benzodiazepines and/or antipsychotic. If greater than 90 days is required to safely taper the patient to 50 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 <https://www.oregonpainguidance.org/guideline/tapering/>). There will be no maximum timeframe enforced for opioid tapers.

**References:**

1. CDC Guideline for Prescribing Opioids for Chronic Pain – United States. 2016.
2. Pain Treatment Guidelines. Oregon Pain Guidance. <https://www.oregonpainguidance.org/pain-treatment-guidelines/>. Accessed on April 2019.
3. Oregon Acute Opioid Prescribing Guidelines. Oregon Health Authority. October 2018
4. Oregon Chronic Opioid Prescribing Guidelines: Recommendations for the safe use of opioid medications for patients with chronic pain. 2017-2018
5. Oregon Health Authority Statewide Opioid Reduction Performance Improvement Project. 2016 <https://www.oregon.gov/oha/HPA/DSI/pages/Performance-Improvement-Project.aspx>
6. Minimum Standards for SUPPORT Act Compliance, Effective October 1, 2019. Oregon Health Authority Communication. August 27, 2019.
7. MedImpact Connect. 2019 Medicaid SUPPORT Act Requirements and Solutions. July 9, 2019.
8. Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Public Law 115-271.
9. Guideline Note #60, Opioids for Conditions of the Back and Spine. Prioritized List of Health Services. Extracted from the October 1, 2021 Prioritized List.