AdvancedHealth
Bridging the Future of Healthcare

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Opioid Drug Use Criteria

Created: 10/1/22
Updated: 5/2024

Includes:

Codeine
Hydrocodone/acetaminophen
Hydromorphone
Morphine
Oxycodone
Tramadol
All other opioids not listed

Coverage of short-acting and long-acting concurrently is not a covered benefit*

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.

GUIDELINE FOR USE:

Initial Approval Criteria

1. What is the member's diagnosis?
    a. Record ICD 10 and go to question 2.
    b. If no ICD10 code is present, cancel as incomplete authorization and request ICD10 code.

2. Has the member been prescribed any opioid analgesics (short or long-acting) for more than 6 weeks?
    a. Yes, go to Renewal Criteria.
    b. No, go to question 3.

3. What is the request for?
    a. Long-acting opioid, go to question 4.
    b. Short-acting opioid, go to question 5.

4. Has the member failed to have adequate benefit with daily use of short-acting opioids?
    a. Yes, go to question 5.
    b. No, deny as not meeting criteria. Long-acting opioids are not recommended as initial opioid therapy due to increased risk of death, overdose, and abuse. If trial of an opioid is necessary, short-acting opioids are recommended for initial treatment.

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5. Is the diagnosis funded by the OHP? (Note: Currently, conditions such as fibromyalgia, TMJ, pelvic pain syndrome, neuropathy, and tension headache are not funded by the OHP).
    a. Yes, go to question 6.
    b. No, deny as below the Oregon Health Plan funded line. (Note: management of opioid dependence is funded by the OHP).

6. Is the requested medication a preferred agent?
    a. Yes, go to question 8.
    b. No, got to question 7.

7. Will the prescriber change to a preferred product?
    a. Yes, inform prescriber of covered alternatives in class. (Note: this step only applies if all other criteria are met).
    b. No, go to question 8.

8. Is the member being treated for pain associated with sickle cell disease, severe burn injury or cancer-related pain or under palliative care services with a life-threatening illness or severe advanced illness expected to progress toward dying or member resides in a long term care facility?
    a. Yes, approve for up to 12 months.
    b. No, go to question 9.

9. Is the prescription for a product containing codeine or tramadol in a patient less than 19 years of age?
    a. Yes, deny as not meeting criteria. Codeine and/or tramadol are not recommended in this age group.
    b. No, go to question 10.

10. Is the prescription for a short-acting fentanyl product?
    a. Yes, deny as not meeting criteria. Short-acting transmucosal fentanyl products are designed for breakthrough cancer pain only.
    b. No, go to question 11.

11. Is the opioid prescribed for pain related to migraine or other type of headache?
    a. Yes, deny as not meeting criteria. There is limited of insufficient evidence for opioid use for many pain conditions, including migraine or other types of headache.
    b. No, go to question 12.

12. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program (www.orpdmp.com) and has the prescriber reviewed at least once in the past month and verified that opioid prescribing is appropriate?
    a. Yes, go to question 13.
    b. No, deny as not meeting criteria. Review and attestation of a PDMP check is required.

13. Is the member currently taking a benzodiazepine or other central nervous system (CNS) depressant?

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a. Yes, without documented plan to reduce the risk of profound sedation, respiratory depression, coma, or death, deny as not meeting criteria. All opioids have a black box warning about the risks of profound sedation, respiratory depression, coma or death associated with concomitant use of opioids with benzodiazepines or other CNS depressants.
b. Yes, with a documented plan to reduce the risk of profound sedation, respiratory depression, coma, or death, go to question 14.
c. No, go to question 14.

14. Within the past 6 weeks, has a 5-day trial of at least one non-opioid analgesic (e.g., NSAID, acetaminophen, and/or muscle relaxant) been tried for this indication at its maximum effective dose and found to be ineffective or are contraindicated?
    a. Yes, go to question 15.
    b. No, deny as not meeting criteria. A trial of at least one non-opioid analgesic at its maximum effective dose must be trialed.

15. Is the opioid prescription for pain associated with a back or spine condition?
    a. Yes, go to question 16.
    b. No, approve for up to 30 days not to exceed 90 MME without documentation of clinical rationale and medical necessity.

16. Has the prescriber also developed a plan with the patient to stay active (home or prescribed exercise regimen) and with consideration of additional therapies such as spinal manipulation, physical therapy, yoga, weight loss, massage therapy, or acupuncture?
    a. Yes, go to question 17.
    b. No, deny as not meeting criteria. There needs to be a plan to stay active and other therapies such as physical therapy, massage therapy, or yoga need to be trialed.

17. Is this the first opioid prescription the patient has received for this pain condition?
    a. Yes, approve for up to 7 days not to exceed 90 MME without documentation of clinical rationale and medical necessity.
    b. No, go to question 18.

18. Can the prescriber provide documentation of sustained improvement in function of at least 30% compared to baseline with prior use of opioid analgesics (e.g., validated tools to assess function include: Oswestry, Neck Disability Index, SF-MPQ, 3-item PEG scale, and MSPQ)?
    a. Yes, approve for up to 7 days not to exceed 90 MME without documentation of clinical rationale and medical necessity.
    b. No, deny as not meeting criteria. Documentation of sustained improvement in function of at least 30% compared to baseline is required.

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Renewal Request:

1. What is the member's diagnosis?
    a. Record ICD10 and go to question 2.
    b. If no ICD10 code is present, cancel as incomplete authorization and request ICD10 code.

2. Is the request for a patient already established on opioid treatment for >6 weeks (long-term treatment)?
    a. Yes, go to question 3.
    b. No, go to Initial Approval Criteria.

3. Does the request document a taper plan for the member?
    a. Yes, document taper plan and approve for duration of taper or 3 months, whichever is less.
    b. No, go to question 4

4. What is the request for?
    a. Long-acting opioid, go to question 5
    b. Short-acting opioid, go to question 8

5. Is the diagnosis funded by the OHP?
    a. Yes, go to question 7
    b. No, go to question 6

6. Does the member have any of the following risk factors for overdose?
    a. Concomitant CNS depressants (benzodiazepines, muscle relaxants, sedating antipsychotics, etc.)
    b. Total daily opioid dose > 90MME
    c. Recent urine drug screen indicating illicit or non-prescribed opioids
    d. Concurrent short- and long-acting opioid use
    e. Diagnosis of opioid use disorder
    f. History of opioid overdose
    g. Household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose without documentation of secure storage mechanisms (e.g., lockbox, etc)
        i. Yes, go to question 7
        ii. No, go to question 8

7. Is there documentation indicating it is unsafe to initiate a taper at this time?
    a. Yes, document provider attestation and go to question 8.
    b. No, may approve one time for a maximum of one month to allow time to document a taper plan or rationale for why a taper is unsafe at this time.

8. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program (www.orpdmp.com) and has the prescriber reviewed at least once in the past month and verified that opioid prescribing is appropriate?
    a. Yes, go to question 9.

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b. No, may approve one time for a maximum of one month to allow time to document the PDMP was checked or rationale to why it cannot be checked.

9. Has the member had a urinary drug screen (UDS) within the past year to verify absence of illicit drugs and non-prescribed opioids?
    a. Yes, go to question 10.
    b. No, deny as not meeting criteria. A UDS is required. If all other criteria is met, may approve one time for a maximum of one month to allow time to document a UDS.

10. Can the prescriber provide documentation of sustained improvement of at least 30% in pain, function, or quality of life in the past 3 months compared to baseline (e.g., prior to opioid use)?
    a. Yes, go to question 12.
    b. No, go to question 11.

11. Has the member been referred for alternative non-pharmacologic modalities of pain treatment (e.g., physical therapy, supervised exercise, spinal manipulation, yoga, or acupuncture)?
    a. Yes, go to question 12.
    b. No, deny as criteria not met. If all other criteria is met, may approve one time for a maximum of one month to allow time to document referral for alternative non-pharmacologic modalities or rationale for why a referral is not indicated at this time.

12. Is the request for an increased cumulative daily dose compared to previously approved therapy or average dose in the past 6 weeks?
    a. Yes, go to question 13.
    b. No, go to question 14.

13. Is there documented rationale (e.g., new acute injury) to support the increase in dose?
    a. Yes, go to question 14.
    b. No, send for MD review.

14. Does the total cumulative daily opioid dose exceed 90 MME?
    a. Yes, go to question 15.
    b. No, go to question 16.

15. Is there documentation of medical appropriateness/necessity and how member is to be monitored for MME above 90?
    a. Yes, go to question 16.
    b. No, send for MD review.

16. Has the member been prescribed or have access to naloxone?
    a. Yes, go to question 17.
    b. No, deny as not meeting criteria. Access to or prescription of naloxone is required. If all other criteria is met, may approve one time for a maximum of one month to allow time to document naloxone prescription.

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17. Does the member have a pain contract on file with the prescriber?
    a. Yes, go to question 18.
    b. No, deny as not meeting criteria. A pain contract is required. If all other criteria is met, may approve one time for a maximum of one month to allow time to document a pain contract.

18. Does the member have any of the following risk factors for overdose?
    a. Concomitant CNS depressants (benzodiazepines, muscle relaxants, sedating antipsychotics, etc.)
    b. Total daily opioid dose > 90MME
    c. Recent urine drug screen indicating illicit or non-prescribed opioids
    d. Concurrent short- and long-acting opioid use
    e. Diagnosis of opioid use disorder
    f. History of opioid overdose
    g. Household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose without documentation of secure storage mechanisms (e.g., lockbox, etc)
        i. Yes, document number of risk factors and go to question 19.
        ii. No, go to question 19.

19. What is the prescription for?
    a. Long acting opioid, go to question 20.
    b. Short-acting opioid, go to question 21.

20. Has the provider evaluated goals of treatment within the past 3 months?
    a. Yes, approve duration based on risk factors:
        i. 0 risk factors: approve for 12 months
        ii. 1 or more risk factors: approve for 3 months
    b. No, deny as criteria not met. If all other criteria is met, may approve one time for a maximum of one month to allow time to document evaluation of treatment goals.

21. How many risk factors does the member have?
    a. 0 risk factors: approve for up to 6 months
    b. 1-2 risk factors: approve for up to 4 months
    c. 3 or more risk factors: approve for up to 2 months

Rationale: To provide coverage of opioids for funded conditions under the Oregon Health Plan.