A Public Entity
Inland Empire Health Plan

Drug Class Prior Authorization Criteria
Opioid Analgesics

Line of Business: Medicaid
P & T Approval Date: August 21, 2019 **Effective Date:** October 1, 2019

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and was approved by the IEHP Pharmacy and Therapeutics Subcommittee.

Prior Authorization criteria is available for: Hydromorphone, Methadone, **Nucynta ER** (tapentadol), **Nucynta IR** (tapentadol), Oxycodone, Oxycodone ER, Oxymorphone, and Fentanyl transdermal exceeding quantity limit

Carve Out Drugs: Belbuca (buprenorphine buccal film), **BuTrans** (buprenorphine patch), **Zubsolv** (buprenorphine, naloxone)

OXYCODONE IR

Covered Uses: Must meet "1" of the following:
a. Pain in active cancer patients undergoing chemotherapy
b. Palliative care, hospice or end-of-life pain diagnosis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:
a. Confirmed diagnosis

Age Restriction: N/A

Prescriber Restriction: N/A

Covered Uses: Chronic severe non-malignant, non-palliative pain

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following requirements:
a. The member has tried and failed conservative pain management treatments such as non-pharmacologic therapy and non-opioid pharmacologic therapy within the past 3 months
b. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually
c. Failure or clinically significant adverse effects to "2" of the

formulary alternatives: hydrocodone/acetaminophen, morphine IR, or oxycodone/acetaminophen, as evidenced by "1" of the following requirements:
i. Documented hypersensitivity or intolerable adverse effects (e.g. hives) that necessitate alternate opioid medication
ii. Documented optimal dosage titration of current opioid regimen as tolerated over a period of 3 months

Age Restriction: N/A

Prescriber Restriction: N/A

NUCYNTA IR (TAPENTADOL), OXYMORPHONE, HYDROMORPHONE

Covered Uses: Must meet "1" of the following:
a. Pain in active cancer patients undergoing chemotherapy
b. Palliative care, hospice or end-of-life pain diagnosis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:
a. Confirmed diagnosis

Age Restriction: N/A

Prescriber Restriction: N/A

Covered Uses: Chronic severe non-malignant, non-palliative pain

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following requirements:
a. The member has tried and failed conservative pain management treatments such as non-pharmacologic therapy and non-opioid pharmacologic therapy within the past 3 months
b. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually
c. Failure or clinically significant adverse effects to "2" of the formulary alternatives: hydrocodone/acetaminophen, morphine IR, or

oxycodone/acetaminophen; and oxycodone IR, as evidenced by "1" of the following requirements:

i. Documented hypersensitivity or intolerable adverse effects (e.g. hives) that necessitate alternate opioid medication
ii. Documented optimal dosage titration of current opioid regimen as tolerated over a period of 3 months

Age Restriction: N/A

Prescriber Restriction: N/A

OXYCODONE ER

Covered Uses: Must meet "1" of the following:
a. Pain in active cancer patients undergoing chemotherapy
b. Palliative care, hospice or end-of-life pain diagnosis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:
a. Confirmed diagnosis

Age Restriction: N/A

Prescriber Restriction: N/A

Covered Uses: Chronic severe non-malignant, non-palliative pain

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following requirements:
a. The member has tried and failed conservative pain management treatments such as non-pharmacologic therapy and non-opioid pharmacologic therapy within the past 3 months
b. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually
c. Failure or clinically significant adverse effects to morphine ER or fentanyl patch, as evidenced by "1" of the following requirements:

i. Documented hypersensitivity or intolerable adverse effects (e.g. hives) that necessitate alternate opioid medication
ii. Documented optimal dosage titration of current opioid regimen as tolerated over a period of 3 months

Age Restriction: N/A

Prescriber Restriction: N/A

TRAMADOL ER

Covered Uses: Must meet "1" of the following:
a. Pain in active cancer patients undergoing chemotherapy
b. Palliative care, hospice or end-of-life pain diagnosis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:
a. Confirmed diagnosis

Age Restriction: N/A

Prescriber Restriction: N/A

Covered Uses: Chronic severe non-malignant, non-palliative pain

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following requirements:
a. The member has tried and failed conservative pain management treatments such as non-pharmacologic therapy and non-opioid pharmacologic therapy within the past 3 months
b. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually
c. Failure or clinically significant adverse effects to formulary tramadol at optimal dosage titration as tolerated over a period of 3 months

Age Restriction: N/A

Prescriber Restriction: N/A

METHADONE, **NUCYNTA ER** (TAPENTADOL)

Covered Uses: Must meet "1" of the following:
a. Pain in active cancer patients undergoing chemotherapy
b. Palliative care, hospice or end-of-life pain diagnosis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:
a. Confirmed diagnosis

Age Restriction: N/A

Prescriber Restriction: N/A

Covered Uses: Chronic severe non-malignant, non-palliative pain

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following requirements:
a. The member has tried and failed conservative pain management treatments such as non-pharmacologic therapy and non-opioid pharmacologic therapy within the past 3 months
b. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually
c. Failure or clinically significant adverse effects to morphine ER or fentanyl patch; and oxycodone ER, as evidenced by one of the following requirements:
    i. Documented hypersensitivity or intolerable adverse effects (e.g. hives) that necessitate alternate opioid medication;
    ii. Documented optimal dosage titration of current opioid regimen as tolerated over a period of 3 months

Age Restriction: N/A

Prescriber Restriction: Oncologist, pain specialist or palliative care specialist

FENTANYL TRANSDERMAL (12 MCG/HR, 25 MCG/HR, 50 MCG/HR) THAT EXCEED QUANTITY LIMIT OF 10 PATCHES OVER 30 DAYS

Covered Uses:	Must meet "1" of the following: a. Pain in active cancer patients undergoing chemotherapy b. Palliative care, hospice or end-of-life pain diagnosis
Exclusion Criteria:	N/A
Required Medical Information:	Must meet the following requirement: a. Confirmed diagnosis
Age Restriction:	N/A
Prescriber Restriction:	N/A

Covered Uses:	Chronic severe non-malignant, non-palliative pain
Exclusion Criteria:	N/A
Required Medical Information:	Must meet all of the following requirements: a. Documented established opioid tolerance (i.e. taking for one week or longer, around-the-lock opioid consistent of at least 60 mg or oral morphine per day, at least 25 mcg of transdermal fentanyl per hour, 30 mg of oral oxymorphone per day, at least 60 mg of oral hydrocodone per day, or an equianalgesic dose of another opioid for a week or longer); b. Documentation of pain assessment, pain contract, CURES reviewed within 30 days and UDS reviewed at least annually c. Medical justification of more frequent dosing and the benefits outweigh the risks d. If overall MME is greater than or equal to IEHP high daily morphine equivalent limit, the High Daily Morphine Equivalent Dose policy and criteria must be met
Age Restriction:	N/A
Prescriber Restriction:	N/A

Change Control		
Date	**Change**	**Author**
08/21/2019	• Updated document format • Retired criteria for drugs with low PA volume: Abstral, Conzip, Embeda, Exalgo ER, fentanyl lozenge, Fentora, Hysingla ER, Lazanda, meperidine, Onsolis, Subsys, Xtampza ER, Zohydro ER	ND
05/15/2019	• Renew with no change	ND
06/29/2018	• Changed Format	IK
	• Update document to new format • Adjusted duration of auth from “up to 6 months” to 6 months as ops no longer grants short term courtesy approval • Added re-auth criteria for fentanyl patch that exceeds QL	CT