



Inland Empire Health Plan

Pharmacy Policy
High Daily Morphine Milligram Equivalent

Line of Business: Medicaid

P&T Approval Date: February 19, 2020

Effective Date: April 1, 2020

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.

» POLICY:

This policy sets forth parameters to monitor the appropriate use of high dose opioids (MME>200mg). Prescription opioids are used primarily to treat pain and are available in different dosage forms and durations (short acting and long acting). Overutilization of high dose opioids has been linked to an increasing number of deaths due to overdose and has been identified as a safety signal by both CDC and CMS. To ensure the safety and appropriate use of these medications, IEHP has initiated a safety block on any opioid claims that exceed MME>200mg at point of sale and we will monitor use. Oncology, hospice care and long- term care facilities are exempted from this policy.

Definitions:

- a. Total Morphine Milligram Equivalent (MME): The total cumulative dose of long acting and short acting opioids in a 24-hour period.
- b. Chronic Pain: 3 months or more of persistent pain OR pain past the time of normal healing (Pain that persists even when the injury has healed).
- c. Non-Pharmacologic Therapy: Defined as any therapy that does not involve a drug treatment for pain. Non-Pharmacologic Therapy consists of but not limited to:
 - i. Physiotherapy
 - ii. Acupuncture
 - iii. Transcutaneous Electrical Nerve Stimulation (TENS)
 - iv. Psychological Therapy
 - v. Massage Therapy
 - vi. Neurosurgical Procedures
- d. Non-Opioid Pharmacologic Therapy: Defined as the use of medications not classified as an opioid. Non-Opioid Pharmacologic Therapy consists of but not limited to:
 - i. NSAIDs (ex. Ibuprofen)
 - ii. Acetaminophen (Over the counter and prescription)
 - iii. Gabapentin
 - iv. Pregabalin
 - v. Duloxetine
 - vi. Topical NSAIDS (diclofenac gel or patch)

» **CLINICAL GUIDELINES:**

Guidelines for tapering opioid use:

1. Long-acting Opioid: Decrease total daily dose by 5-10% of initial dose per week.
2. Short-acting Opioid: Decrease total daily dose by 5-15% per week.
3. Consider adjuvant therapy with non-pharmacological and non-opioid treatments.

Guidelines for titration of opioid use:

1. Member follow up within 2 to 4 weeks of dosage modifications or adjustments.
2. If needed, the daily dose may be increased by 25% - 100% at a time.
3. Do not increase the dose more frequently than the half-life of the drug.
4. If possible, only one drug should be titrated at a time.

***Tapering or titrating a member's therapy should be done on a case by case basis. The above are guidelines and the member needs are to be evaluated as a whole for other causes of pain.

» **PROCEDURE:**

Requests for Total MME > 200mg/day for Chronic Pain:

A Prior Authorization request will require the provider to submit supporting documentation of the following:

- a. The member has an existing chronic pain condition that requires opioid management.
- b. 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.
- c. Previous titration history of opioids utilizing both short acting for breakthrough pain and long acting agents for maintenance pain control.
- d. Complete treatment plan with documentation of treatment goals and the date of anticipated goal achievement. Treatment goals must include plan for discontinuation if the benefits do not outweigh the risks.
- e. A CURES report was reviewed and evaluated by the prescriber within 1 month of the prior authorization request.
- f. A copy of pain contract initiated at start of opioid therapy including urine drug screen.
- g. The provider has discussed the risks and benefits of opioid therapy.
- h. Above documentation will be reviewed by IEHP Clinical Staff.

Reassessment Criteria:

- a. The member is currently on a stable regimen and on target with treatment plan to achieve pain goals.
 - b. If their previous treatment goal has changed, supporting documentation of new treatment goals and date of anticipated goal achievement.
 - c. For Chronic pain members, documentation of active pain contract within the past year.
 - d. A CURES report that was reviewed and evaluated by the prescriber in the last month.
 - e. A Urine Drug Screen (UDS) was collected and the result reviewed and evaluated by the prescriber within the last 6 months.
 - f. Must be reviewed by IEHP Clinical Staff.
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References:

1. Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain. March 18, 2016. Available at: <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>. Accessed January 28, 2020.
2. Department of Veterans Affairs. VA/DOD Clinical Practice Guideline For Management Of Opioid Therapy For Chronic Pain. VA, Washington, DC. May 2010. Available at: http://www.va.gov/painmanagement/docs/cpg_opioidtherapy_summary.pdf. Accessed January 28, 2020.
3. Oregon Pain Guidance. Pain Treatment Guidelines. Opioid Prescribing Guidelines – A Provider and Community Resource. May 2016. Available at: http://www.oregonpainguidance.org/app/content/uploads/2016/05/OPG_Guidelines_2016.pdf. Accessed January 28, 2020.

Change Control		
Date	Change	Author
02/19/2020	<ul style="list-style-type: none">• Added UDS requirement to the reassessment criteria	ND
08/21/2019	<ul style="list-style-type: none">• Update format	ND
05/15/2019	<ul style="list-style-type: none">• Renew with no change	ND

IEHP Pain Assessment & Treatment Plan

Patient Name:

Member ID:

Date of Birth:

Diagnosis

*** Please complete ALL sections of this form. Incomplete forms will not be accepted. ***

Section A: Member Medication Regimen

Current Analgesic Regimen:

Drug Name	Strength	Frequency	Quantity	Duration	D/C date

Past Analgesic Regimen (within last 6 months):

Drug Name	Strength	Frequency	Quantity	Duration	D/C date

Section B: Supporting documents for current treatment plan

Chart notes documenting titration up to current dose.

Documentation indicating that the risk and benefits of opioid therapy have been discussed with the patient.

Documentation indicating treatment plan for discontinuation if benefits do not outweigh the risks.

Documentation indicating a Prescription Drug Monitoring Report (CURES) has been reviewed within the past 30 days.

Date CURES report was accessed: _____

Pain Contract signed and dated within the past 12 months.

Date Pain Contract was signed: _____

Urine Drug Screen within the past 6 months.

Date Urine Drug Screen was taken: _____

Test Results: _____

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Patient Name:

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Section C: Treatment Assessment Questions	
Has the patient tried the most optimal non-opioid containing analgesic drug regimen?	Yes __ No __
Does the patient have any history of substance abuse? If yes, please identify the substance and past treatment	Yes __ No __
Please provide any additional medical justification relevant to adding this medication to the patient's pain regimen.	Yes __ No __

Section D: Pain Assessment (0 = no pain, 10 = worst)
Current Pain: On a scale of 0-10, how would you assess patient's current pain. Please circle one: 0 1 2 3 4 5 6 7 8 9 10 Comments:
Treatment Goal: On a scale of 0-10, what is the pain scale goal for this patient. Please circle one: 0 1 2 3 4 5 6 7 8 9 10 Comments: