

## **Short-Acting Opioid Drug Use Criteria**

Created: 10/1/22

Reviewed:

Includes:

**Codeine**

**Hydrocodone/acetaminophen**

**Hydromorphone**

**Morphine**

**Oxycodone**

**Tramadol**

### **GUIDELINE FOR USE:**

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. 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).
  - c. Yes, go to question 4.
  - d. No, deny as below the Oregon Health Plan funded line. (Note: management of opioid dependence is funded by the OHP).
  
4. Is the requested medication a preferred agent?
  - a. Yes, go to question 6.
  - b. No, go to question 5.
  
5. 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 6.

6. 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?
  - a. Yes, approve for up to 12 months.
  - b. No, go to question 7.
7. 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 8.
8. 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 9.
9. 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 10.
10. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program ([www.orpdmp.com](http://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 11.
  - b. No, deny as not meeting criteria. Review and attestation of a PDMP check is required.
11. Is the member currently taking a benzodiazepine or other central nervous system (CNS) depressant?
  - a. Yes, 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. No, go to question 12.
12. Within the past 6 weeks, has a 5-day trial of a 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 13.
  - b. No, deny as not meeting criteria. A trial of at least on non-opioid analgesic at its maximum effective dose must be trialed.
13. Is the opioid prescription for pain associated with a back or spine condition?
  - a. Yes, go to question 14.
  - b. No, approve for up to 30 days not to exceed 90 MME.
14. 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 15.

- 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.
- 15. 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.
  - b. No, go to question 16.
- 16. 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.
  - b. No, deny as not meeting criteria. Documentation of sustained improvement in function of at least 30% compared to baseline is required.

### 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 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. Is there documentation indicating it is unsafe to initiate a taper at this time?
  - a. Yes, go to question 5. (Document provider attestation and rationale).
  - b. No, deny as not meeting criteria. Taper plan is required.
5. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program ([www.orpdmp.com](http://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 6.
  - b. No, deny as not meeting criteria. Review and attestation of a PDMP check is required
6. 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 7.
  - b. No, deny as not meeting criteria. A UDS is required.
7. Can the prescriber provide documentation of sustained improvement of at least 30% in pain, function, or quality of life the past 3 months compared to baseline? (Note: pain control, quality of life and function can be quickly assessed using the 3-item PEG scale).
  - a. Yes, go to question 9. Document tool used and score vs. baseline.
  - b. No, go to question 8.

8. 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 9
  - 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.
9. 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 10.
  - b. No, go to question 12.
10. Does the total cumulative daily opioid dose exceed 90 MME?
  - a. Yes, deny as not meeting criteria. Daily opioid exceeding 90 MME are not a covered benefit.
  - b. No, go to question 11.
11. Is there documented rationale (e.g., new acute injury) to support the increase in dose?
  - a. Yes, go to question 12.
  - b. No, deny as not meeting criteria. Increases in dose are not a covered benefit.
12. 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
    - i. Yes, go to question 13. Document number of risk factors.
    - ii. No, go to question 14.
13. Has the member been prescribed or have access to naloxone?
  - a. Yes, go to question 14.
  - b. No, deny as not meeting criteria. Access to or prescription of naloxone is required.
14. Does the member have a pain contract on file with the prescriber?
  - a. Yes, approve duration based on the number of identified risk factors for overdose or length of treatment (whichever is less)
    - i. Risk factors:  $\geq 3$ : 2 months; 1-2: 4 months; 0: 6 months
  - b. No, deny as not meeting criteria. A pain contract is required.

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