

### Short-Acting Opioid (SAO) PA Criteria

**\*\*\*Continuation of therapy requests that do not meet criteria may be approved as amended for up to 60 days to allow for PA criteria compliance or dose tapering\*\*\***

1. Is the patient being treated for an OHP funded condition?
  - a. If Yes, move to question #2.
  - b. If No, review documentation for relevant comorbid conditions. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat. 1 denial.
2. Is the requested medication on the formulary?
  - a. If Yes, move to question #4.
  - b. If No, move to question #3.
3. Has patient tried and failed formulary options?
  - a. If Yes, more to questions #4.
  - b. If No, Cat. 15 denial.
4. Is the requested medication being used for the treatment of pain associated with cancer or a terminal illness?
  - a. If Yes, **Approve for 12 months**.
  - b. If No, move to questions #5.
5. Is the requested medication being used for the treatment of acute pain associated with a recent injury or surgery?
  - a. If Yes, **Approve for up to 90 days**.
  - b. If No, move to questions #6.
6. Has the patient tried and failed (or is the patient currently using) non-opioid treatment alternatives?

**Non-Opioid Formulary Treatment Alternatives**

Antidepressants (DMAP benefit): Amitriptyline, Nortriptyline, Duloxetine, Venlafaxine

Anticonvulsants: Gabapentin capsules, Carbamazepine

Muscle Relaxants: Baclofen, Cyclobenzaprine, Methocarbamol, Tizanidine tablets

NSAIDs: Aspirin, Celebrex (PA required), Diclofenac, Diclofenac/Misoprostol, Etodolac, Ibuprofen, Indomethacin, Meloxicam, Nabumetone, Naproxen, Salsalate, Sulindac.

Non-Opioid Analgesics: Acetaminophen

  - a. If Yes, move to question #7.
  - b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).
7. Does the patient have a history of a suicide attempt within the last 2 years or a suicide attempt using pills anytime?
  - a. If Yes, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).
  - b. If No, move to question #8.
8. Does the dosing of the medication exceed a 120 mg morphine equivalent dose (MED) per day?
  - a. If Yes, move to question #9.
  - b. If No, move to question #11.
9. Has patient tried and failed medication doses under 120 mg MED per day?
  - a. If Yes, move to question #10.
  - b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).
10. Has patient been evaluated by a pain management specialist?
  - a. If Yes, move to question #11.
  - b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

11. Is there an established pain treatment agreement between patient and provider?

**Pain Treatment Agreements**

Pain treatment agreements should include plans for random UAs, random pill counts, provider review of the prescription drug monitoring program (PDMP), patient use of a single pharmacy, a material risk notice (MRN), and patient abstinence from illegal drug use, marijuana use, and alcohol abuse.

- a. If Yes, move to question #12.
- b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

12. Does the request represent a new start or a continuation of therapy?

- a. If request is a New Start, **Approve for up to 90 days.**
- b. If request is a continuation of therapy, move to question #13.

13. Does the provider submitted documentation indicate that medication use has demonstrated an improvement in patient’s function and pain status?

- a. If Yes, move to question #14.
- b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

14. Has the patient been adherent to their established pain treatment agreement?

- a. If Yes, **Approve for 6 months.**
- b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

<b>Guide to Denial Categories</b>	<b>Reason for Denial</b>
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted