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 (PA required), 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).

Guide to Denial Categories	Reason for Denial
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