

GUIDELINE NOTE 60, OPIOID PRESCRIBING FOR CONDITIONS OF THE BACK AND SPINE

The following restrictions on opioid treatment apply to all diagnoses included on lines 351,366 and 407 for acute injury, acute flare of chronic pain, or after surgery:

- 1) During the first 6 weeks after the acute injury, flare or surgery, opioid treatment is included on these lines ONLY
 - a) When each prescription is limited to 7 days of treatment, AND
 - b) For short acting opioids only, AND
 - c) When one or more alternative first line pharmacologic therapies such as NSAIDs, acetaminophen and muscle relaxers have been tried and found not effective or are contraindicated
 - d) When prescribed with a plan to keep active (home or prescribed exercise regime) and with consideration of additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, AND
 - e) There is documented lack of current or prior opioid misuse or abuse.
- 2) **Treatment with opioids after 6 weeks, up to 90 days, requires the following**
 - a) Documented evidence of improvement of function of at least thirty percent as compared to baseline based on a validated tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
 - b) Must be prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture.
 - c) Verification that the patient is not high risk for opioid misuse or abuse. Such verification may involve
 - i) Documented verification from the state's prescription monitoring program database that the controlled substance history is consistent with the prescribing record
 - ii) Use of a validated screening instrument to verify the absence of a current substance use disorder (excluding nicotine) or a history of prior opioid misuse or abuse
 - iii) Administration of a baseline urine drug test to verify the absence of illicit drugs and non-prescribed opioids.
 - d) Each prescription must be limited to 7 days of treatment and for short acting opioids only
- 3) Further opioid treatment after 90 days may be considered ONLY when there is a significant change in status, such as a clinically significant verifiable new injury or surgery. In such cases, use of opioids is limited to a maximum of an additional 7 days. In exceptional cases, use up to 28 days may be covered, subject to the criteria in #2 above. For patients with chronic pain from diagnoses on these lines currently treated with long term opioid therapy, opioids must be tapered off using an individual treatment plan developed by January 1, 2017 with a quit date no later than January 1, 2018. Taper plans must include nonpharmacological treatment strategies for managing the patient's pain based on Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

Coverage criteria for opioids in spinal pain- for internal use only

1) Does the member diagnosis fall on line 351,366 or 407?	Yes- Continue to #2	No- Condition does not fall under parameters of guideline note 60
2) Does member have an acute injury, flare or surgical intervention associated with diagnosis?	Yes- Continue to #3	No- Deny Cat 5 <i>Denied- condition is chronic and does not meet GL note 60 parameters- Opioids are not to be used as routine therapy</i>
3) Has 1 or more first line therapies (NSAIDs, APAP or muscle relaxants) been tried and found not effective OR is contraindicated?	Yes- Continue to #4	No- Deny Cat 5 <i>Opioids are funded only as second line treatment for acute spinal pain.</i>
4) Is prescription for formulary, short acting opioid limited to 120 MED and 7 day supply (per Rx dispensed) (120 MED is limit from PA criteria for non back pain opioid use)	Yes- Continue to #5	No- Deny Cat 5 <i>When used for acute pain, immediate release opioids should be used at lowest effective dose only at quantity needed for duration of pain severe enough to require opioids</i>
5) Is this the first request for opioids for back pain in the calendar year?	Yes- Continue to # 6	No- Go to renewal criteria <i>Acute back pain opioid therapy is limited to 120 MED and 120 calendar days per year</i>
6) Is medication prescribed with a plan to keep active through exercise and with plan to use additional therapies such as yoga, spinal manipulation or physical therapy?	Yes- Continue to # 7	No- Deny Cat 5 <i>If opioids are used, they should be combined with appropriate non-pharmacologic therapy to allow clinically meaningful improvement in pain and function</i>
7) Is there documented lack of current and prior opioid abuse and misuse? (Notes should include PDMP review, screening tools such as ORT and SOAPP, baseline UDS to verify the absence of non- prescribed opioids and federally illicit drugs)	Yes- May authorize up to 6 weeks from date of acute event	No- Deny Cat 5 <i>Risk of harm from opioid therapy outweighs possible benefit.</i>

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Renewal Criteria after 6 weeks initial therapy

<p>1. Did the member meet the initial criteria for this policy OR is member post op for back surgery (per non back pain opioid guideline allowing 90 days therapy for post-surgical use)</p>	<p>Yes- Continue to #2</p>	<p>No- Deny- Does not meet PA criteria</p>
<p>2. Is there documented evidence of improvement in function using validated tools of evaluation (i.e. Oswestry, Neck Disability Index or physical therapist report) MUST have used same tool to establish baseline</p>	<p>Yes- Continue to #3</p>	<p>No- Deny Cat 5 <i>Opioid therapy should be continued only if there is clinically significant improvement in pain and function that outweighs risks to patient safety.</i></p>
<p>3. Is the member currently undergoing therapy such as spinal manipulation, yoga, physical therapy or acupuncture?</p>	<p>Yes- Continue to #4</p>	<p>No- Deny Cat 5 <i>Continued therapy with opioids is only covered if simultaneously prescribed with a plan to keep active and improve function.</i></p>
<p>4. Is there documented verification that member is not high risk for opioid misuse (may include review of PDMP, validated screening tool such as SOAPP or ORT) No history of prior opioid misuse or substance abuse (excluding nicotine) and baseline UDS to verify absence of non-prescribed opioids and illicit drugs</p>	<p>Yes- Continue to #5</p>	<p>No- Deny- Cat 5 <i>Opioid therapy is associated with abuse, addiction and tolerance and use in this population carries significant risk of harm</i></p>
<p>5. Has member received 120 days or more of short acting opioids in the current year OR is member currently using tramadol or other opioids?</p>	<p>Yes- Deny Cat 5 <i>Chronic pain members with diagnoses on these lines currently on previously funded long term therapy may be approved if individual taper plan, including non-pharmacological treatment strategies for pain management, is in place. Member must be tapered completely by Jan 1, 2018.</i></p>	<p>No- Continue to #6</p>

Coverage criteria for opioids in spinal pain- for internal use only

6. Is each prescription limited to 7 days and written for formulary, short acting opioids?	Yes- May authorize additional therapy up to 90 days total from date of injury or flare	No- Deny Cat 5
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Treatment beyond 90 days may be considered ONLY if there is a significant change in status, (such as a verifiable new injury or surgery) - May approve additional prescription coverage 7 days at a time to a max of 28 total additional days (120 days per year)