

Short-Acting Opioid (SAO) PA Criteria

- **Member may be eligible for a 60 day taper for continuation of therapy requests for opiate therapy what was previously covered by the plan**
1. Is the patient being treated for an OHP funded condition (*Review for relative comorbid conditions*)?
 - a. If Yes; Move to question 2.
 - b. If No; Deny category 1: Not a covered benefit
 2. Does the diagnosis submitted fall on lines 351,366 or 407?
 - a. Yes; Move to guideline note 60 criteria—opioid therapy for conditions of the back and spine
 - b. No; Move to question 3
 3. Is the requested medication on the formulary?
 - a. Yes; Move to question 5.
 - b. No; Move to question 4.
 4. Has patient tried and failed formulary options?
 - a. Yes; Move to questions 5.
 - b. No; Deny category 15: Not a covered benefit.
 5. Is the requested medication being used for the treatment of pain associated with cancer or a terminal illness?
 - a. Yes; **Approve for 12 months.**
 - b. No; Move to questions 6.
 6. Is the requested medication being used for the treatment of acute pain associated with a recent injury or surgery?
 - a. Yes; **Approve for up to 90 days.**
 - b. No; Move to questions 7.
 7. Has the patient tried and failed (or is the patient currently using) non-opioid treatment alternatives?
 - a. Yes; Move to question 8.
 - b. No; Deny category 5: not medically appropriate
 8. Does the patient have a history of a suicide attempt within the last 2 years or a suicide attempt using pills anytime?
 - a. Yes; Deny category 5: Not medically appropriate
 - b. No; move to question 9.
 9. Does the dosing of the medication exceed a 120 mg morphine equivalent dose (MED) per day?
 - a. Yes; move to question 10.
 - b. No; move to question 12.
 10. Has patient tried and failed medication doses under 120 mg MED per day?
 - a. Yes; move to question 11.
 - b. No; Deny category 5: Not medically appropriate

Opioid PA criteria-standardized formatting

11. Has patient been evaluated by a pain management specialist or has provider had a consultation with a pain management specialist?
 - a. Yes; move to question 12.
 - b. No; Deny category 5: Not medically appropriate
12. Is there an established pain treatment agreement between patient and provider?
 - a. Yes; Move to question 13.
 - b. No; Deny category 5: Not medically appropriate
13. 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 14.
14. Does the provider submitted documentation indicate that medication use has demonstrated an improvement in patient's function and pain status?
 - a. Yes; move to question #15.
 - b. No; Category 5 denial: Not medically appropriate
15. Has the patient been adherent to their established pain treatment agreement?
 - a. Yes; **Approve for 6 months.**
 - b. No; Category 5 denial: Not medically appropriate

Long-Acting Opioid (LAO) PA Criteria

- **Member may be eligible for a 6 month taper for continuation of therapy requests for opiate therapy what was previously covered by the plan**

1. Is the patient being treated for an OHP funded condition (*Review for relative comorbid conditions*)?
 - a. Yes; Move to question 2.
 - b. No; Deny Category 1: Not a covered benefit.
2. Does the diagnosis submitted fall on lines 351,366 or 407?
 - a. Yes; Move to guideline note 60 criteria—opioid therapy for conditions of the back and spine
 - b. No; Move to question 3
3. Is the requested medication on the formulary?
 - a. Yes: move to question 5.
 - b. No; move to question 4.
4. Has patient tried and failed formulary options?
 - a. Yes; more to questions 5.
 - b. No; Deny category 15: Not a covered benefit.
5. Is the requested medication being used for the treatment of pain associated with cancer or a terminal illness?
 - a. Yes; **Approve for 12 months.**

Opioid PA criteria-standardized formatting

- b. No; move to questions 6.
6. Has the patient tried and failed (or is the patient currently using) non-opioid treatment alternatives?
 - a. Yes; move to question 7.
 - b. No; Deny category 5: Not medically appropriate.
7. Does the patient have a history of a suicide attempt within the last 2 years or a suicide attempt using pills anytime?
 - a. Yes; Category 5 denial: Not medically appropriate
 - b. No; move to question 8.
8. Does the patient's total opioid use (IR and ER products) exceed a 120 mg morphine equivalent dose (MED) per day?
 - a. Yes; move to question 9.
 - b. No; move to question 11.
9. Has patient tried and failed medication doses under 120 mg MED per day?
 - a. Yes; move to question 10.
 - b. No; Category 5 denial: Not medically appropriate
10. Has patient been evaluated by a pain management specialist or has provider had a consultation with a pain management specialist?
 - a. Yes; move to question 11.
 - b. No; Deny category 5: Not medically appropriate.
11. Is there an established pain treatment agreement between patient and provider?
 - a. Yes; move to question 12.
 - b. No; Deny category 5: Not medically appropriate.
12. Does the request represent a new start or a continuation of therapy?
 - a. Request is a New Start; **Approve for up to 90 days.**
 - b. 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?
 - c. Yes; move to question 14.
 - d. No; Deny category 5: Not medically appropriate.
14. Has the patient been adherent to their established pain treatment agreement?
 - a. Yes; **Approve for 6 months.**
 - b. No; Deny category 5: Not medically appropriate

Methadone

- **Member may be eligible for a 6 month taper for continuation of therapy requests for opiate therapy what was previously covered by the plan**
1. Is the patient being treated for an OHP funded condition (*Review for relevant comorbid conditions*)?
 - a. Yes; move to question 2.

Opioid PA criteria-standardized formatting

- b. No; Category 1: Not a covered benefit.
2. Does the diagnosis submitted fall on lines 351,366 or 407?
 - a. Yes; Move to guideline note 60 criteria—opioid therapy for conditions of the back and spine
 - b. No; Move to question 3
3. Is the requested medication on the formulary?
 - a. Yes; move to question 5.
 - b. No; move to question 4.
4. Is the requested medication being used for the treatment of pain associated with cancer or a terminal illness?
 - a. Yes; **Approve for 12 months.**
 - b. No; move to questions 5.
5. Has the patient tried and failed non-opioid treatment alternatives, short-acting opioids, and morphine sulfate ER tablets?
 - a. Yes; move to question 6.
 - b. No; Deny category 5: Not medically appropriate.
6. Does the patient have a history of a suicide attempt within the last 2 years or a suicide attempt using pills anytime?
 - a. Yes; Deny category 5: Not medically appropriate.
 - b. No; move to question 7.
7. Does the patient's total opioid use (IR and ER products) exceed a 120 mg morphine equivalent dose (MED) per day?
 - a. Yes; move to question 8.
 - b. No; move to question 10.
8. Has patient tried and failed medication doses under 120 mg MED per day?
 - a. Yes; move to question 9.
 - b. No; Deny category 5: Not medically appropriate.
9. Has patient been evaluated by a pain management specialist or has provider had a consultation with a pain management specialist?
 - a. Yes; move to question 10.
 - b. No; Deny category 5: Not medically appropriate
10. Is there an established pain treatment agreement between patient and provider?
 - a. Yes; move to question 11.
 - b. No; Deny category 5: Not medically appropriate.
11. Does the request represent a new start or a continuation of therapy?
 - a. Request is a New Start; **Approve for up to 90 days.**
 - b. Request is a continuation of therapy; move to question 12.

Opioid PA criteria-standardized formatting

12. Does the provider submitted documentation indicate that medication use has demonstrated an improvement in patient's function and pain status?
 - e. Yes; move to question 13.
 - f. No; Deny category 5: Not medically appropriate.
13. Has the patient been adherent to their established pain treatment agreement?
 - a. Yes; **Approve for 6 months.**
 - b. No; Deny category 5: Not medically appropriate.

Fentanyl Transdermal Patch PA Criteria

- **Member may be eligible for a 6 month taper for continuation of therapy requests for opiate therapy what was previously covered by the plan**
1. Is the patient being treated for an OHP funded condition (*Review for relevant comorbid conditions*)?
 - a. Yes; Move to question 2.
 - b. No; Deny category 1: Not a covered benefit.
 2. Does the diagnosis submitted fall on lines 351,366 or 407?
 - a. Yes; Move to guideline note 60 criteria—opioid therapy for conditions of the back and spine
 - b. No; Move to question 3
 3. Is the patient opioid-tolerant?

*Opioid-tolerant is defined as patients who are taking at least 60 mg/day of oral morphine, transdermal fentanyl 25 mcg/hour, oral oxycodone 30 mg/day, oral hydromorphone 8 mg/day, oral oxymorphone 25 mg/day, or equianalgesic dose of another opioid for **at least one week.***

 - a. Yes; move to question 4.
 - b. No; Denial category 3 and category 5 denial: Not a covered benefit and not medically appropriate.

Fentanyl transdermal patches are not indicated for opioid-naïve patients.
 4. Is the medication being used for the treatment of chronic pain severe enough to require daily, around-the-clock, long- term opioid treatment for which alternative treatments are inadequate?
 - a. Yes; move to question 5.
 - b. No; Deny Category and Category 5: Not a covered benefit and not medically appropriate

Fentanyl transdermal patches are only indicated for the treatment of chronic pain that meets this criteria.
 5. Is the medication being used for the treatment of pain associated with cancer or a terminal illness?
 - a. Yes; **Approve for 12 months.**
 - b. No; move to question 6.
 6. Does the dosing of the medication exceed the 50 mcg/hr patches?
 - a. Yes; move to question 7.
 - b. No; move to question 9.

Opioid PA criteria-standardized formatting

7. Has patient tried and failed medication doses under the 50 mcg/hr patches?
 - a. Yes; move to question 8.
 - b. No; Deny category 5: Not medically appropriate.

8. Has patient been evaluated by a pain management specialist or has provider had a consultation with a pain management specialist?
 - a. Yes; move to question 9.
 - b. No; Deny category 5: Not medically appropriate.

9. Is the medication dosing interval within the FDA approved dosing?
FDA approved dosing interval for fentanyl transdermal patches is every 48 to 72 hours.
 - a. Yes; move to question 10.
 - b. No; Deny Category 3 and Category 5: Not a covered benefit and not medically appropriate.

10. Is there an established pain treatment agreement between patient and provider?
 - a. Yes; move to question 11.
 - b. No; Deny category 5: Not medically appropriate

11. Does the request represent a new start or a continuation of therapy?
 - a. New Start; **Approve for up to 90 days.**
 - b. Continuation of therapy; move to question 12.

12. Does the provider submitted documentation indicate that medication use has demonstrated an improvement in patient's function and pain status?
 - g. Yes; move to question 13.
 - h. No; Deny category 5: Not medically appropriate.

13. Has the patient been adherent to their established pain treatment agreement?
 - a. Yes; **Approve for 6 months.**
 - b. No; Deny category 5: Not medically appropriate

Guideline note 60: Conditions of the back and spine

1. Does the member diagnosis fall on line 351, 366 or 407?
 - a. Yes; Continue to question 2
 - b. No; See SAO or LAO criteria listed above. Condition does not fall under parameters of guideline note 60

2. Does member have an acute injury, flare or surgical intervention associated with diagnosis?
 - a. Yes: move to question 3
 - b. No- Deny category 5: Not medically appropriate. *Chronic conditions do not meet Guideline note 60 parameters- Opioids are not to be used as routine therapy*

3. Has one or more first line therapies (NSAIDs, APAP or muscle relaxants) been tried and found not effective OR is contraindicated?
 - a. Yes; move to question 4
 - b. No; Deny category 5: not medically appropriate. *Opioids are funded only as second line*

Opioid PA criteria-standardized formatting

treatment for acute spinal pain

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*
 - a. Yes; move to question 5
 - b. No; Deny category 5: Not medically appropriate. *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*
5. Is this the first request for opioids for back pain in the calendar year?
 - a. Yes; Move to question 6
 - b. No; Go to renewal Criteria: *Acute back pain opioid therapy is limited to 120 MED and 120 calendar days per year*
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?
 - a. Yes; move to question 7
 - b. No; Deny category 5: Not medically appropriate. *If opioids are used, they should be combined with appropriate non- pharmacologic therapy to allow clinically meaningful improvement in pain and function*
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)?
 - a. Yes; Approve for up to 6 weeks from the date of the acute event
 - b. No; Deny category 5: not medically appropriate. *Risk of harm from opioid therapy outweighs possible benefit.*

Guideline note 60: Conditions of the back and spine—Continuation of therapy

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*)
 - a. Yes; move to question 2
 - b. No; Deny category 5: not medically appropriate. Does not meet PA criteria for approval.
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.
 - a. Yes; move to question 3
 - b. No: Deny category 5: Not medically appropriate. *Opioid therapy should be continued only if there is clinically significant improvement in pain and function that outweighs risks to patient safety.*
3. Is the member currently undergoing therapy such as spinal manipulation, yoga, physical therapy or acupuncture?
 - a. Yes; Move to question 4
 - b. No; Deny category 5: Not medically appropriate. *Continued therapy with opioids is only covered if simultaneously prescribed with a plan to keep active and improve function.*

Opioid PA criteria-standardized formatting

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
 - a. Yes; move to question 5
 - b. No; Deny category 5: Not medically appropriate. *Opioid therapy is associated with abuse, addiction and tolerance and use in this population carries significant risk of harm*

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?
 - a. Yes; deny category 5: Not medically appropriate. ***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.***
 - b. No; move to question 6

6. Is each prescription limited to 7 days and written for formulary, short acting opioids?
 - a. Yes; Approve additional therapy up to 90 days total from the date of injury or flare
 - b. No; Deny category 5: Not medically appropriate. *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)*