

Opioid Drug Use Policy for Chronic Non-Malignant Pain and Acute Opioid Prescriptions Exceeding SUPPORT ACT Safety Edits

Created: March 2016

Reviewed: May 2019, October 2019, December 2021, May 2024, August 2024

GUIDELINE FOR USE:

1. Chronic use of opioid pain medications will be provided as a plan benefit for patients that meet the drug use criteria.
2. Use of opioids for new starts will not be a covered benefit for painful conditions the CDC, or other regulatory entity, has determined to be ineffective or with insufficient evidence to support improved pain or function with long-term use of opioids. For example:
 - a. Low Back Pain
 - b. Headache (including migraine headache)
 - c. Fibromyalgia
 - d. TMJ
 - e. Pelvic Pain Syndrome
 - f. Neuropathy
3. Two short acting opioids will not be covered concurrently due to safety concerns with this combination. The combination of long-acting opioid and short-acting opioid will not be a covered benefit due to lack of safety evidence supporting this combination and the potential for dose escalation with this practice.
4. A 90 MED limit for new starts of short acting opioids will be applied at POS by hard threshold. Exceptions may be requested through the prior authorization process if the below risk screening has been performed and the Oregon Prescription Drug Monitoring Program has been reviewed. A 50 MED soft threshold limit will be in place for new starts of short acting opioids and is overridable by pharmacy submitting appropriate DUR code.
5. Coverage of post-op pain medication will be allowed for up to 14 days following surgery date. There will be a 7-day supply limit for new starts of short acting opioids. A refill threshold of 85% will be applied consistent with the general refill threshold for other controlled and non-controlled substances. The CDC guideline recommends use of opioids post-operatively for less than 7 days. Justification for ongoing use beyond 14 days will be required.
6. All prescriptions for extended-release opioids will require prior authorization. Elements of Guideline Note 60: Opioids for Conditions of the Back and Spine of the Prioritized List of Health Services should also be met for opioid prior authorization requests for pain related to the back or spine.
7. All opioid medications will require documentation that the Prescription Drug Monitoring Program (PDMP) was queried. Attestation that there was a PDMP check will be required for consideration of coverage.

Approved by the Western Oregon Advanced Health Pharmacy and Therapeutics Committee 3/29/16

Approved by Advanced Health Pharmacy and Therapeutics Committee on 5/13/19, 10/23/19, 1/7/21, 2/9/22, 8/14/24

Rationale:

Due to the high risk of adverse drug events, diversion and misuse of opioid pain medications, as well as recommendations from the Centers of Disease Control, the Health Evidence Review Commission, the Oregon Health Authority and guidance from the Center for Medicare and Medicaid Services regarding implementation of the SUPPORT ACT, Advanced Health will encourage safe prescribing of opioid pain medications using the best available evidence, state and federal requirements for coverage of acute and chronic opioid prescriptions.

Definitions:

Chronic use is defined as #60 tablets of any combination of opioid or opioid type medication dispensed by the pharmacy within a 180-day period.

Maximum Daily Morphine Equivalent Doses include the total of all opioids prescribed to the patient (eg. short acting opioid and long-acting opioid). See <http://www.globalrph.com/narcotic.cgi> for opioid dose calculators.

SUPPORT ACT is the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. The SUPPORT ACT was designed to reduce opioid related fraud, misuse, and abuse. Section 1004 of the SUPPORT ACT requires states to implement minimum opioid standards.

Exclusions:

This policy does not apply to individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities described in 42 USC 1396a(oo)(3)(A)(ii); and individuals with sickle cell disease are exempt from these requirements. Advanced Health will ensure individuals in these categories continue to have appropriate access to opioid treatment.

Exceptions:

Doses greater than 50 MED per day may be considered for coverage if appropriate patient risk screening is performed (Annual SBIRT questionnaire, AUDIT, DAST), urine drug screen submitted, provider has reviewed the Oregon Prescription Drug Monitoring tool for inconsistencies or aberrancies, and functional treatment goals are established and submitted with the prior authorization request.

Tapers:

Tapers are not required if provider attests that it is currently unsafe to do so.

See attached Tapering Flow Chart from Oregon Pain Guidance (also available at

<https://www.oregonpainguidance.org/guideline/tapering/>. There will be no maximum timeframe enforced for opioid tapers.

References:

1. CDC Clinical Practice Guideline for Prescribing Opioids for Chronic Pain – United States. 2022.
2. Chronic Opioid Prescribing Guidelines. Oregon Pain Guidance.
<https://www.oregonpainguidance.org/guideline/treating-chronic-pain/> Accessed May 2024
3. Oregon Acute Opioid Prescribing Guidelines. Oregon Health Authority. October 2018.
<https://www.oregon.gov/omb/Topics-of-Interest/Documents/Acute-Opioid-Prescribing-Guidelines.pdf>
4. Oregon Opioid Taper Guidelines. Oregon Health Authority. January 2020.
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2589.pdf>

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5. Minimum Standards for SUPPORT Act Compliance, Effective October 1, 2019. Oregon Health Authority Communication. August 27, 2019.
 6. MedImpact Connect. 2019 Medicaid SUPPORT Act Requirements and Solutions. July 9, 2019.
 7. Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Public Law 115-271.
 8. Guideline Note #60, Opioids for Conditions of the Back and Spine. Prioritized List of Health Services. Extracted from the January 1, 2024 Prioritized List.
 9. OAR 410-141-3855(15)
 10. 42 USC 1396w-3a