

Medication Prior Authorization Form

Opiate Medication

Policy Number: 1075

Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
Revised/Reviewed Date:	02/01/2020, 04/28/2021		

Preauthorization

All Plans	<p>Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.</p> <p>We utilize a combination of MCG and internally developed evidence-based clinical guidelines to support our prior authorization work. All internally developed prior authorization guidelines follow a rigorous process including, but not limited to, review by clinical pharmacist, clinical nurse manager, Chief Medical Officer, independent 3rd party physician review agency and Health Tradition's Medical Advisory Committee. Prior authorization guidelines are reviewed at least annually, or when there are significant labeling changes made by FDA or peer-reviewed clinical outcomes (via Cochrane or Hayes).</p>
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Policy

Section I—Approval Criteria

CDC guidelines and evidence-based literature confirm the lack of benefit from opioids for chronic pain, with the exception of a few conditions. It is the intent of this policy to ensure coverage of opiates for persons in pain and not to deprive medically necessary treatment. This policy is paramount in protecting persons from the misuse and/or abuse of opiates, thereby providing structured guidance on coverage for services to treat pain. This policy excludes members with a cancer diagnosis and those members enrolled in hospice and/or palliative care. There may be other conditions considered for exclusion and these will be reviewed on a case-by-case basis. The following requirements must be met for Health Tradition to consider coverage of opiates:

- I. Any member initially prescribed an opiate (defined as being opiate naïve, i.e. no opiate within last 90 days) will be restricted to no more than a seven day supply of medication and no more than 60mg daily morphine equivalent dose (MED). Any quantity beyond this threshold will be denied at point-of-dispensing (POD).
- II. No more than two prescriptions fulfilling the above criteria will covered within a 60 day period. Any request for further coverage will be guided by prior authorization guidelines managed by MedImpact, summarized below.
 - A. Diagnosis for use of opiate, and reason documented for continued use not to exceed 60 days from form completion date AND
 - B. Informed consent and comprehensive pain/risk assessment for addiction signed by member AND
 - C. No concurrent use of benzodiazepines and/or muscle relaxants AND

- D. Treatment plan with goals and end-date for use of opiates not to exceed 60 days from form completion date AND
 - E. Non-drug and/or non-opiate interventions trialed with results documented.
- III. Any request for coverage of opiate use beyond 60 days will be directed to Health Tradition for review and coverage determination.