

Clinical Policy: Opioid Rx Limits

Reference Number: OH.PHAR.PPA.02

Effective Date: 11/2016

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[Revision Log](#)

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by the policy; and other indicia of medical necessity. Centene Corporation makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this policy.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This policy is current at the time of approval, may be updated and therefore is subject to change. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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Purpose

The intent of the criteria is to ensure that patients follow selection elements established by Centene medical policy for narcotic analgesic use.

Policy/Criteria

Buckeye Health Plan members may obtain up to **FIVE** opioid analgesic prescriptions within a rolling 30 day period without prior authorization, provided that the claims are within Buckeye Health Plan’s approved quantity and refill threshold limits. It is the policy of Buckeye Health Plan, an affiliate of Centene Corporation® that opioid analgesics are **medically necessary** for members meeting the following criteria:

I. Initial Approval Criteria:

- A.** Diagnosis of moderate to severe chronic pain (Prescriber must provide documentation specifying the associated diagnosis/rationale for use), sickle cell crisis pain, cancer pain, or hospice care.

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- B.** Member will be maintained on no more than two opioid analgesics concurrently;
If member requires therapy with two opioid analgesics concurrently, regimen must consist of one immediate-release and one extended-release analgesic unless contraindicated

Requests for non-preferred medications are subject to policy “CP.PMN.16 - Request for Medically Necessary Drug not on the PDL” and this policy.

Approval duration:

Chronic Pain: 3 months

Sickle cell crisis/cancer pain/hospice care: 12 months

II. Request for > 2 opioid analgesics concurrently (must meet all):

- A.** Opioid therapy must be prescribed by a pain, hospice/palliative care, or oncology specialist for sickle cell crisis pain, cancer pain, or hospice care;
- B.** Prescriber will be requested to discontinue opioid analgesic to meet the two (2) or less opioid limit by the following methods:
1. Addition of an extended release opioid analgesic, if not present;
 2. Upward titration of existing opioids within plan allowed quantity limits;
- C.** Prescriber must provide documented clinical rationale for the use of > 2 opioid analgesics concurrently instead of adding an extended release opioid or titrating/discontinuing current opioid analgesics.

Requests for non-preferred medications are subject to policy “CP.PMN.16 - Request for Medically Necessary Drug not on the PDL” and this policy.

Approval duration: 6 months

Continued Approval (must meet all as applicable):

I. Long term therapy (must meet A **OR** B):

- A.** For treatment of moderate to severe chronic pain:
1. Member has previously met all initial approval criteria;
 2. Prescriber provides associated diagnosis/rationale for continued treatment;
 3. Member will not be maintained on > 2 opioid analgesic concurrently;

OR

- B.** Opioid therapy will be used for sickle cell crisis pain, cancer pain, or hospice care and member will receive no more than 2 opioid analgesics concurrently.

Approval Duration

Chronic Pain: 3 months

Sickle cell/cancer/hospice care: 12 months

II. Request for > 2 opioid analgesic concurrently:

- A.** Member is currently receiving > two (2) opioid analgesic via Buckeye Health Plan benefit;
- B.** Opioid therapy will be used for sickle cell pain, cancer pain, or hospice care;

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C. Prescriber provides associated diagnosis/rationale for continued treatment.

Approval duration: 6 months

Background

Opioid analgesics provide relief of acute or chronic pain symptoms. The most profound analgesic effects of opioids are mediated at the mu receptors. Within the central nervous system (CNS), mu receptors are found in large numbers in the midbrain and the in the dorsal horn of the spinal cord where they induce intense analgesia, and a number of other effects such as bradycardia, sedation, euphoria, physical dependence, and respiratory depression. Some common opioid analgesics include buprenorphine, butorphanol, butalbital combinations, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, methadone, meperidine, morphine, oxycodone, oxymorphone, pentazocine, tramadol and tapentadol.

References (or Bibliography):

1. Rosenquist EW. Overview of the treatment of chronic pain. Aronson MD, Park L. (Ed), UpToDate. Waltham MA. Accessed October 2016.

Reviews, Revisions, and Approvals	Date	Approval Date
New policy	10/16	11/16
Annual Review	10/17	10/17

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