Long-Acting Opioid Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial request: 3 months Maintenance Therapy: Additional prior authorization required for each additional 6 months Individuals receiving for terminal diagnosis and receiving palliative care/end-of-life therapy: Lifetime Individuals receiving for cancer pain related to active cancer therapy: 1 year

Medications	Comments	Quantity Limits
Arymo ER (morphine sulfate extended-release tablets) §	Non-Preferred	15mg, 30mg, 60mg*: 3 tablets per day
Belbuca (buprenorphine buccal film)	Non-Preferred	75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg*: 2 buccal films per day
Butrans (buprenorphine transdermal patch)	Non-Preferred	5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr: 4 patches per 28 days
ConZip (tramadol extended-release capsules)§	Non-Preferred	100 mg, 200 mg, 300 mg*: 1 capsule per day
Generic tramadol extended-release capsules§	Non-Preferred	150mg: 1 capsule per day
Fentanyl Patch (generic) §	Preferred	12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr: 15 patches per 30 days
Duragesic Patch (brand)§	Non-Preferred	12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr:

		15 patches per 30 days
Embeda (morphine sulfate/naltrexone extended-release capsules) §	Non-Preferred	20mg/0.8mg, 30mg/1.2mg, 50mg/2mg, 60mg/2.4mg, 80mg, 3.2mg, 100mg/4mg: 2 tablets per day
Hydromorphone extended-release tablets§	Preferred	8mg, 12mg, 16mg, 32mg: 1 tablet per day
Hysingla ER§ hydrocodone bitartrate extended-release tablets§	Non-Preferred Preferred	20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg: 1 tablet per day
Kadian§ Morphine sulfate extended-release capsules§ (Generic Kadian)	Non-Preferred Preferred	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg, 200 mg: 2 capsules per day
Levorphanol§	Preferred	2 mg, 3 mg: 6 tablets per day
Methadone (brand/generic) §	Non-Preferred – Brand only Preferred - Generic	5 mg: 6 tablets per day 10 mg: 6 tablets per day 40 mg: 1 tablet per day 10 mg/5 mL: 30 mL per day 5 mg/5 mL: 30 mL per day 10 mg/mL injection: 1 mL per day 10 mg/mL oral concentrate: 6 mL per day
MorphaBond (morphine sulfate extended-release tablets) §	Non-Preferred	15mg, 30mg, 60mg, 100mg: 2 tablets per day
morphine sulfate ER capsules (24 hour) (generic Avinza) §	Preferred	30mg, 45mg, 60mg, 75mg, 90mg, 120mg: 1 capsule per day
MS Contin§	Non-Preferred Preferred	15mg, 30mg, 60mg: 3 tablets per day

morphine sulfate extended-release tablets§		100mg, 200mg: 2 tablets per day
Nucynta ER (tapentadol extended-release tablets) §	Non-Preferred	50 mg, 100 mg, 150 mg, 200 mg, 250 mg*: 2 tablets per day
oxymorphone extended-release tablets§	Preferred	5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg: 2 tablets per day
OxyContin (oxycodone extended-release tablets)§	Non-Preferred	10mg, 15, 20mg, 30mg, 40mg, 60mg, 80mg: 2 tablets per day
Generic tramadol extended-release tablets§	Preferred	100 mg, 200 mg, 300 mg*: 1 tablet per day
Xtampza ER (oxycodone extended-release capsules) §	Non-Preferred	9mg, 13.5mg, 18mg, 27mg, 36mg*: 2 capsules per day
Zohydro ER (hydrocodone bitartrate extended-release capsules) §	Non-Preferred	10mg, 15mg, 20mg, 30mg, 40mg, 50mg: 2 capsules per day

Quantity Limit Override Criteria

For approval of increased quantities of selected long-acting opioid agents (denoted with §), the following criteria must be met:

I. Individual has been diagnosed with cancer and appropriate cancer pain management requires dosing that exceeds the restricted amount; **OR**
II. Individual has a terminal illness and appropriate pain management requires dosing that exceeds the restricted amount;

OR

III. Individual meets one of the following:
   A. Individual is stabilized on current dose and opioid utilization at that dose is effective in reducing pain and/or increasing function; **OR**
   B. Individual has obtained partial pain relief at lower doses of opioids and dose escalation is clinically appropriate;

AND

IV. Individual will be routinely monitored regarding continued improvement in pain and/or function as well as the absence of aberrant behaviors (including but not limited to: obtaining prescriptions from other providers, obtaining opioids from non-medical sources, forgery/alteration of prescriptions, recurrent episodes of prescription loss or theft, recurrent episodes of running short of medication supply and/or repeated requests for early refills). (AMDG 2015)

Note: It may be possible in some instances to use a higher strength of the requested medication and take fewer tablets/capsules to achieve the same total daily dosage requested.

***Indicates FDA maximum recommended dose for specific drug and dosage strength**

Tramadol Extended Release Agents may be subject to the following age requirements via prior authorization, in addition to Long-Acting Opioid Approval Criteria:

I. Individual is 18 years of age or older; **OR**
II. Individual is 12 years of age or older and treating for pain conditions other than postsurgical removal of tonsils and/or adenoids. (FDA Safety Announcement 2017)

NOTE: An FDA Safety advisory released on 4-20-2017 noted that the label for tramadol containing agents would be updated to include the following contraindications: contraindication for use in children younger than 18 years to treat pain after surgery to remove the tonsils and/or adenoids, and contraindication for use in treating pain in children younger than 12 years. This is due to serious risks, including slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12 years (https://www.fda.gov/drugs/drugsafety/ucm549679.htm

APPROVAL CRITERIA

Requests for a long-acting opioid analgesic (preferred and non-preferred) may be approved when the following criteria are met:

I. Individual has one of the following:
   A. Diagnosis of cancer related pain and/or is actively undergoing cancer therapy (provide cancer diagnosis); **OR**
   B. Diagnosis of terminal illness and is receiving palliative/end-of-life care (provide terminal diagnosis);

OR

II. Individual has a diagnosis of pain severe enough to require daily, around-the-clock, long term opioid treatment (provide diagnosis); **AND**
III. Individual has one of the following:
   A. An inadequate response to alternative treatment options, such as but not limited to non-opioid analgesics and immediate-release opioids; **OR**
   B. Alternative treatment options would otherwise be inadequate to provide sufficient management of pain; **OR**
   C. Individual has contraindications to non-opioid analgesics (such as NSAID use in individuals with active ulcer condition/gastrointestinal bleeding, renal failure)[1];

AND

IV. Individual is 18 years of age unless the following agents are requested:
   A. If requested agent is fentanyl transdermal patch and individual is 2 years of age or older AND already receiving at least 60 mg/day of oral morphine, 30 mg/day of oral oxycodone, 8 mg/day of oral hydromorphone, or an equianalgesic dose of another opioid;

AND

V. One of the following:
   A. For initial therapy, individual is not opioid naïve as noted by the following:
      1. Individual is currently using a short-acting opioid analgesic, including use of opioid analgesia as an inpatient for post-surgical pain; **OR**
      2. Individual is transitioning from one long-acting opioid analgesic to another long-acting opioid analgesic;

   OR

   B. For continued therapy, attestation that long-acting opioid therapy has provided meaningful improvement in pain and/or function compared to baseline;

AND

VI. Prescriber has consulted with individual regarding risks of opioid therapy;

AND

VII. Clear treatment goals have been defined and outlined as part of overall plan.

AND

VIII. Prescriber has reviewed the prescription drug monitoring program (PDMP) to evaluate use of controlled substances (if available).

Requests for long-acting opioid analgesics <u>may not</u> be approved for the following:

I. Individual is requesting or using as an as-needed analgesic; **OR**
II. Individual has one of the following conditions:
   A. Significant respiratory depression; **OR**
   B. Acute or severe bronchial asthma or hypercarbia; **OR**
   C. Known or suspected paralytic ileus; **OR**
   D. Methadone is prescribed for a diagnosis of opioid use disorder in the retail setting.

Requests for a non-preferred long-acting opioid analgesic must also meet the following criteria (in addition to the above criteria in I.-VII.):

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred long-acting agents (where covered);

   <u>Preferred generic agents</u>: Fentanyl patch (generic), levorphanol 2mg, 3mg (not covered in CA, CO), methadone, methadose, morphine sulfate ER, oxymorphone

ER (not covered in CA, CO), hydromorphone ER (not covered in CA, CO, CT, GA, MO, NV, NY, WI), tramadol ER tablets generic (not covered in CA, CO).

Non-preferred agents: Arymo ER, Belbuca, Butrans, ConZip, Dolophine (brand), Embeda, Hysingla ER, Kadian (brand), MorphaBond, MS Contin Brand), Nucynta ER, oxycodone ER, OxyContin (brand), tramadol ER (brand), Xtampza ER, Zohydro ER.

OR

II. Individual has completed titration and is already maintained on a stable on dose of the requested drug;

OR

III. The preferred long-acting opioids are not acceptable due to concomitant clinical situations, such as but not limited to:
   A. Known hypersensitivity to any ingredient which is not also in the requested non-preferred agent;

OR

IV. An abuse deterrent agent (OxyContin, Hysingla ER, Embeda, MorphaBond, Xtampza ER, Arymo ER), may be approved if the individual has need for abuse deterrent formulations based upon a history of substance abuse disorder OR individual's family member or household resident has active substance abuse disorder or a history of substance abuse disorder;

V. Butrans (buprenorphine transdermal patch) or Belbuca (buprenorphine buccal film) may be approved if there is concern for abuse or dependence with pure opioid agents.

Requests for a Brand fentanyl (brand Duragesic) patch may be approved and must also meet the following criteria (in addition to the above criteria in I.-VII.):

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred oral long-acting opioid analgesic agent (preferred oral long-acting agents: levorphanol 2mg, 3mg (not covered in CA, CO), methadone, methadose, morphine sulfate ER, tramadol ER (generic) (not covered in CA, CO), oxymorphone ER (not covered in CA, CO), hydromorphone ER (not covered in CA, CO, CT, GA, MO, NV, NY, WI);

OR

II. The preferred oral long-acting opioid analgesic agents are not acceptable due to concomitant clinical situations, such as but not limited to:
   A. Known hypersensitivity to any ingredient which is not also in the requested brand Duragesic patch; **OR**
   B. Individual has difficulty swallowing tablets/capsules.

NOTES:

1. Specific drug therapy and contraindication to therapy should be reported
2. Long-acting opioid analgesics have a black box warning regarding risk of addiction, abuse and misuse, respiratory depression, risks of accidental exposure and risks for neonatal opioid withdrawal syndrome. Long-acting opioid analgesic use can lead to addiction, abuse and misuse which can lead to overdose and death. Individuals should be assessed before prescribing and monitored regularly during therapy for development of these behaviors or conditions. Serious, life-threatening or fatal respiratory depression may occur while using long-acting opioid analgesics. Individuals should be monitored, particularly upon initiation or upon dose increases. Accidental exposure, especially in children, can result in fatal overdose. Prolonged exposure to long-acting opioid analgesics during pregnancy can result in neonatal opioid withdrawal syndrome. If opioid use is required for prolonged periods of time in a pregnant woman, the individual should be advised of the risk of neonatal opioid withdrawal syndrome and ensure appropriate treatment will be available. Some long acting analgesics (hydrocodone based) may interact with cytochrome P450 3A4 inhibitors, resulting in increased opioid concentration. In addition, discontinuation of a cytochrome P450 3A4 inducer may also result in an increase in opioid concentration. Monitor individuals receiving these opioid analgesics and any cytochrome P450 3A4 inhibitor or inducer. Co-ingestion with alcohol can increase plasma concentrations of some long-acting opioid analgesics (i.e., Embeda). This can potentially lead to a fatal overdose.

Key References:

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5. Advanced Opioid Converter. GlobalRPh.com [Internet database]. URL: http://www.globalrph.com/opioidconverter2.htm. Accessed July 16, 2020.
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11. Washington State Agency Medical Directors' Group. Interagency guideline on opioid dosing for chronic non-cancer pain: an educational aid to improve care and safety with opioid treatment. Olympia (WA): Washington State Department of Labor and Industries; June 2015. Available from: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.