Highmark Wholecare
Pharmacy Division
Phone 800-392-1147 Fax 888-245-2049

I. Requirements for Prior Authorization of Analgesics, Opioid Long-Acting

A. Prescriptions That Require Prior Authorization

All prescriptions for Analgesics, Opioid Long-Acting must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Analgesic, Opioid Long-Acting, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Analgesic, Opioid Long-Acting, **one** of the following:
   a. For a non-preferred buprenorphine product, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine,
   b. For a non-preferred tramadol product, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol,
   c. For all other non-preferred Analgesics, Opioid Long-Acting, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting

   See the Preferred Drug List for the list of preferred Analgesics, Opioid Long-Acting at: https://papdl.com/preferred-drug-list; **AND**

2. For an Analgesic, Opioid Long-Acting when the beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR naltrexone for extended-release injectable suspension (Vivitrol), is prescribed both prescriptions by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s); **AND**

3. **One** of the following:
   a. **One** of the following:
      i. For a beneficiary under 18 years of age, **both** of the following:
         a) Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome or is receiving palliative care or hospice services
         b) The Analgesic, Opioid Long-Acting does not contain codeine or tramadol
      ii. For a beneficiary 18 years of age or older, has a diagnosis of active cancer or sickle cell with crisis or is receiving palliative care or hospice services
   b. **All** of the following:
      i. Has documentation of pain that is **all** of the following:
         a) Caused by a medical condition,
         b) Not migraine in type,
         c) Severe,
      ii. Has a history of therapeutic failure of or a contraindication or an intolerance to non-opioid analgesics (e.g., acetaminophen, NSAIDs, gabapentinoids, duloxetine, tricyclic antidepressants) appropriate for the beneficiary's condition,
      iii. Has documentation of a trial of Analgesics, Opioid Short-Acting,

iv. Is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one week or longer),

v. Is prescribed a dose that is appropriate based on FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,

vi. Was assessed for potential risk of opioid misuse or use disorder by the prescribing provider,

vii. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined to be medically necessary,

viii. Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol) that is consistent with prescribed controlled substances,

ix. For a beneficiary under 18 years of age, is prescribed a medication and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions and is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature;

AND

4. For therapeutic duplication, **one** of the following:
   a. Is being transitioned to or from another Analgesic, Opioid Long-Acting with the intent of discontinuing one of the medications
   b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

   AND

5. If a prescription for an Analgesic, Opioid Long-Acting is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account **all** of the following:
   a. An opioid analgesic at the requested dose is the most appropriate treatment option as documented by at least **one** of the following:
      i. Pain is inadequately controlled at the current quantity limit
      ii. Pain is inadequately controlled by other Analgesics, Opioid Long-Acting or the beneficiary has a history of a contraindication or adverse reaction to alternative Analgesics, Opioid Long-Acting,
   b. There is documentation demonstrating an appropriate upward titration of or an appropriate conversion from other opioid-containing medications,
   c. The requested dosing frequency is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

   NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved. When the above guidelines are not met but the beneficiary is receiving ongoing opioid therapy, a 1-month approval will be issued to avoid abrupt discontinuation while the requested information to determine medical necessity is submitted.

FOR RENEWALS OF PRIOR AUTHORIZATION FOR ANALGESICS, OPIOID LONG-ACTING: The determination of medical necessity of a request for renewal of a prior authorization for an Analgesic, Opioid Long-Acting that was previously approved will take into account whether the beneficiary:

1. **One** of the following:
   a. **One** of the following:
      i. For a beneficiary under 18 years of age, **both** of the following:
         a) Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome or is receiving palliative care or hospice services
         b) The Analgesic, Opioid Long-Acting does not contain codeine or tramadol
      ii. For a beneficiary 18 years of age or older, has a diagnosis of active cancer or sickle cell with crisis or is receiving palliative care or hospice services

   b. **All** of the following:
      i. Has documentation of improvement in pain control and/or level of functioning while on the requested agent,
      ii. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary,
      iii. Has results of a UDS testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol) at least every 12 months that is consistent with prescribed controlled substances;

   AND

2. If a prescription for an Analgesic, Opioid Long-Acting is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account **all** of the following:
   a. An opioid analgesic at the requested dose is the most appropriate treatment option as documented by at least **one** of the following:
      i. Pain is inadequately controlled at the current quantity limit
      ii. Pain is inadequately controlled by other Analgesics, Opioid Long-Acting or the beneficiary has a history of a contraindication or adverse reaction to alternative Analgesics, Opioid Long-Acting,
   b. There is documentation demonstrating an appropriate upward titration of or an appropriate conversion from other opioid-containing medications,
   c. The requested dosing frequency is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

   NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved. When the above guidelines are not met but the beneficiary is receiving ongoing opioid therapy, a 1-month approval will be issued to avoid abrupt discontinuation while the requested information to determine medical necessity is submitted.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an

Analgesic, Opioid Long-Acting. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. Dose and Duration of Therapy

Requests for prior authorization of an Analgesic, Opioid Long-Acting will be approved for up to 6 months.

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ANALGESICS, OPIOID LONG-ACTING PRIOR AUTHORIZATION FORM *(form effective 7/10/2023)*

☐New request ☐Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	Formulation (capsule, tablet, etc.):
Directions:		Weight (if <21 years of age):
Quantity per fill: _____ to last _____ days		Requested duration:
Diagnosis *(submit documentation)*:		Dx code (*required*):

- Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.
- Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone free-of-charge through their prescription drug benefit.

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

1. For a non-preferred Analgesic, Opioid Long-Acting *(See the Preferred Drug List for the list of preferred and non-preferred Analgesics, Opioid Long-Acting at: https://papdl.com/preferred-drug-list)*:
   - ☐For a non-preferred product containing buprenorphine:
     - ☐Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine
   - ☐For a non-preferred product containing tramadol:
     - ☐Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol
   - ☐For all other non-preferred Analgesics, Opioid Long-Acting:
     - ☐Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting
2. For a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder (OUD) OR Vivitrol (naltrexone extended-release suspension for injection):
   - ☐Both prescriptions are prescribed by the same prescriber
   - ☐Prescriptions are prescribed by different prescribers and all prescribers are aware of the other prescription(s)
   - ☐Not applicable – beneficiary is not taking a buprenorphine agent indicated for the treatment of OUD or Vivitrol

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3. For all Analgesics, Opioid Long-Acting:
   - ☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
   - ☐ Is receiving palliative care or hospice services
   - ☐ Has documentation of pain that is all of the following:
     - ☐ Caused by a medical condition
     - ☐ Not migraine in type
     - ☐ Severe
   - ☐ Tried and failed or has a contraindication or an intolerance to non-opioid analgesics appropriate for the beneficiary's condition:
     - ☐ acetaminophen
     - ☐ duloxetine (e.g., Cymbalta, Drizalma)
     - ☐ gabapentinoids (e.g., gabapentin, pregabalin [Lyrica])
     - ☐ NSAIDs (e.g., ibuprofen, naproxen, meloxicam, etc.)
     - ☐ tricyclic antidepressants (e.g., amitriptyline, nortriptyline, etc.)
     - ☐ other (specify): _____
   - ☐ Has documentation of a trial of short-acting opioids
   - ☐ Is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equianalgesic dose of another opioid for one week or longer)
   - ☐ Was assessed by the prescriber for the potential risk of opioid misuse or opioid use disorder
   - ☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, that is consistent with prescribed controlled substances

4. For a beneficiary with a concurrent prescription for a benzodiazepine:
   - ☐ The benzodiazepine is being tapered
   - ☐ The opioid is being tapered
   - ☐ Concomitant use of the benzodiazepine and opioid is medically necessary
   - ☐ Not applicable – beneficiary is not taking a benzodiazepine

RENEWAL requests

1. For all Analgesics, Opioid Long-Acting:
   - ☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
   - ☐ Is receiving palliative care or hospice services
   - ☐ Experienced an improvement in pain control and/or level of functioning while on the requested medication
   - ☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, at least every 12 months that is consistent with prescribed controlled substances

2. For a beneficiary with a concurrent prescription for a benzodiazepine:
   - ☐ The benzodiazepine is being tapered
   - ☐ The opioid is being tapered
   - ☐ Concomitant use of the benzodiazepine and opioid is medically necessary
   - ☐ Not applicable – beneficiary is not taking a benzodiazepine

PLEASE FAX COMPLETED FORM TO HIGHMARK WHOLECARE – PHARMACY DIVISION

Prescriber Signature:	Date: