Mass General Brigham
Health Plan

Opioid Quantity Limit Override
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
The Opioid Quantity Limit Override criteria should be used for single opioids that do not have an FDA-maximum dose. For opioids with an FDA-maximum dose, such as APAP-containing opioid products, please refer to the standard Quantity Limit Override criteria or the drug-specific guideline, if applicable.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

1. Member has ONE of the following diagnoses:
    a. Malignant cancer pain.
    b. All other diagnoses must meet ALL of the following:
        i. Requested medication is prescriber by a pain specialist or by pain management consultation.
        ii. The prescriber maintains and provides chart documentation of the patient's evaluation, including all of the following:
            1. An appropriate patient medical history and physical examination
            2. A description of the nature and intensity of the pain
            3. Documentation of appropriate dose escalation
            4. Documentation of ongoing, periodic review of the course of opioid therapy
            5. An updated, comprehensive treatment plan (the treatment plan should state objectives that will be used to determine treatment success, such as pain relief or improved physical and/or psychosocial function)
            6. Verification that the risks and benefits of the use of the controlled substance have been discussed with the patient, significant other(s), and/or guardian.

Limitations

1. Initial approvals will be granted for the following:
    a. For diagnosis of malignant cancer pain: 5 years
    b. For all other diagnoses: 1 year

Appendix

N/A

References

N/A

Review History

01/10/2024 – Created for Jan P&T; adopted Optum Opioid Quantity Limit Overrides guidelines. Effective 01/01/2024.