Mass General Brigham
Health Plan

Opioid Risk Management
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
N/A

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
Short-Acting Opioids
Authorization may be granted when ONE of the following criteria is met:

1. Member has a diagnosis of cancer or is receiving opioids as part of end-of-life care.
2. Member has a diagnosis of post operative pain management and ALL of the following:
    a. Medication is being used to treat postoperative pain.
    b. Medication is not being prescribed for pain related to dental procedure.
    c. The dose being prescribed is the dose that the patient was stable on prior to discharge.
3. Medication is requested for all other diagnoses and ALL of the following:
    a. Prescriber certifies that there is an active treatment plan that includes but is not limited to a specific treatment objective and the use of other pharmacological and non-pharmacological agents for pain relief as appropriate.
    b. Prescriber certifies that there has been an informed consent document signed and an addiction risk assessment has been performed.
    c. Prescriber certifies that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists.

Long-Acting Opioids
Authorization may be granted for members when all the following criteria are met:

1. Member has ONE of the following diagnoses:
    a. Diagnosis of cancer.
    b. Member is receiving opioids as part of end-of-life care.

c. For all other diagnoses:
    i. ONE of the following
        1) Member has moderate to severe chronic pain that is non-neuropathic.
        2) Member has moderate to severe neuropathic pain or fibromyalgia AND all of the following:
            a. Adequate response to 8 weeks of treatment with or contraindication to gabapentin titrated to a therapeutic dose (Document drug(s), dose, duration, and date of trial).
            b. Adequate response to at least 6-8 weeks of treatment with or contraindication to a tricyclic antidepressant (e.g., amitriptyline, nortriptyline, imipramine) titrated to a therapeutic dose (Document drug(s), dose, duration, and date of trial).
    ii. The requested drug will NOT be used for any of the following:
        1) For use as an as-needed PRN analgesic
        2) For pain that is mild or not expected to persist for an extended period of time
        3) For acute pain
        4) For postoperative pain, unless the member is already receiving chronic opioid therapy prior to surgery, or if postoperative pain is expected to be moderate to severe and persist for an extended period of time
    iii. ONE of the following:
        1) For members that are filling the prescribed medication for the first time, prior to the start of therapy with the prescribed medication, the member has failed an adequate (minimum 4 week) trial of a short-acting opioid (Document drug(s), dose, duration, and date of trial).
        2) Member is established on the prescribed medication and this prescription is for continuation of therapy.

2. **Nucynta only:** Member has had trial and failure, contraindication, or intolerance to at least two of the following preferred products:
    a. Hydromorphone ER
    b. Morphine sulfate ER
    c. Oxymorphone ER
    d. Hysingla ER
    e. Oxycontin
    f. Xtampza ER

Butrans, Belbuca (generic buprenorphine patch)

Authorization may be granted for members when ONE of the following criteria is met:

1. Member is being treated for cancer related pain or pain associated with end-of-life
2. All other diagnoses must meet all of the following:
    a. Member is being treated for pain severe enough to require daily, around-the-clock, longer-term opioid treatment AND
    b. The requested drug will NOT be used for any of the following:
        i. For use as an as-needed PRN analgesic
        ii. For pain that is mild or not expected to persist for an extended period of time

iii. For acute pain
iv. For opioid dependence

c. Member is not receiving other long-acting opioids concurrently.

Opioid Cough Medications

Authorization may be granted for members when all the following criteria are met:

1. Member is 18 years of age or older.
2. If requesting greater than the maximum dose as specified in the product prescribing information OR compendia for off-label uses:
    a. ONE of the following:
        i. Quantity limit override requests must involve an FDA-approved indication.
        ii. Quantity limit override requests involving off-label indications must meet off-label guideline approval criteria.
    b. ONE of the following:
        i. The maximum doses specified under the quantity restriction have been tried for an adequate period of time and been deemed ineffective in the treatment of the member's disease or medical condition.
        ii. If lower doses have not been tried, there is clinical support (i.e., clinical literature, patient attributes, or characteristics of the drug) that the number of doses available under the quantity restriction will be ineffective in the treatment of the member's disease or medical condition.
    c. ONE of the following:
        i. Higher dose or quantity is supported in the dosage and administration section of the manufacturer's prescribing information.
        ii. Higher dose or quantity is supported by one of following compendia:
            1) American Hospital Formulary Service Drug Information
            2) Micromedex DRUGDEX System

<u>Continuation of Therapy</u>

Reauthorizations for short-acting opioids must meet all initial criteria.

Reauthorizations may be granted for members requesting continued treatment with a long-acting opioid or with Butrans or Belbuca when ONE of the following criteria is met:

1. Member is requesting medication for cancer or end-of-life care.
2. For all other diagnoses, documentation has been provided addressing ALL of the following:
    a. Treatment goals are defined, including estimated duration of treatment
    b. Treatment plan includes the use of a nonopioid analgesic and/or nonpharmacologic intervention
    c. Member demonstrates meaningful improvement in pain and function using a validated instrument (e.g., Brief Pain Inventory)
    d. Member has been screened for substance abuse/opioid dependence using a validated instrument (e.g., DAST-10)
    e. Rationale for not tapering and discontinuing
    f. Member has been screened for comorbid mental health

g. If a state prescription drug monitoring program (PDMP) is available, the prescriber has identified there are no concurrently prescribed controlled substances from PDMP
h. If used in patients with medical comorbidities or if used concurrently with a benzodiazepine or other drugs that could potentially cause drug-drug interactions, the prescriber has acknowledged that they have completed an assessment of increased risk for respiratory depression
i. Total daily morphine equivalent dose

Limitations

1. Initial approvals may be granted for the following:
    a. For diagnosis of cancer/end-of-life care: 12 months
    b. For diagnosis of postoperative pain management: 14 days
    c. For all other diagnoses: 6 months
    d. Opioid cough medications: 6 months
    e. Opioid cough medications exceeding quantity limits or for off-label uses: 60 days
2. Reauthorizations may be granted for the following:
    a. For diagnosis of cancer/end-of-life care: 12 months
    b. Long-acting opioids, Butrans, and Belbuca for all other diagnoses: 6 months

References

N/A

Review History

01/10/2024 – Created for Jan P&T; adopted Optum Opioid Risk Management guidelines. Effective 01/01/2024.