Commercial/Healthcare Exchange PA Criteria

Effective: April 28, 2020

Prior Authorization: MME/MEqD 200 mg Opioid Quantity Limit

Products Affected: *******

- Alfentanil - injectable
- Buprenorphine – injectable
- Butorphanol - injectable, nasal solution
- Codeine - oral tablets, combination product oral tablets/capsules, combination product oral solution, combination product oral suspension
- Dihydrocodeine – combination oral tablets/capsules
- Fentanyl - transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone - combination product oral tablets, combination product oral solution
- Hydromorphone - injectable, oral tablets, oral solution, rectal suppositories,
- Levorphanol - oral tablets
- Meperidine - oral tablets, oral solution, injectable
- Morphine - oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine - injectable
- Opium/Belladonna – rectal suppositories
- Oxycodone – oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone - oral tablets, injectable
- Pentazocine - injectable
- Pentazocine/naloxone - oral tablets
- Remifentanil – injectable
- Sufentanil - injectable
- Tapentadol - oral tablets
- Tramadol - oral tablets, combination product oral tablets

**This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically. Opioid cough and cold products are excluded from the calculations of MME.*

Medication Description:

Use of morphine milligram equivalent as a method to assess opioid-associated risk based on overall daily opioid dose has been cited in the professional literature and pain guidelines.[1-4] While there is not one universally accepted morphine milligram equivalent (MME) that has been found to represent the dose at which a patient is at the greatest risk for adverse effects, there is general opinion that as opioid doses are increased the risk of patient adverse events increases. Current published guidelines for the treatment of non-cancer related pain list ranges of 50 – 120 MME to be used as a reference for maximum daily opioid doses to assist in reducing the risk of overdose, addiction, and other adverse events associated with

opioid therapy.[1-4] The Centers for Medicare and Medicaid Services (CMS) recommends the use of a 200 mg MME as the cumulative threshold for implementing hard point-of-service (POS) edits.[5]

MME is calculated for each members opioid prescription claim using the appropriate conversion factor associated with the opioid product for the claim. After converting the member's opioid medications to their MME, a member's cumulative prescription opioid daily dose (MME) is calculated to determine if the member exceeded the 200 MME threshold. A prescription will reject at POS that, if filled, would cause the member to exceed the cumulative daily MME threshold of 200.

Covered Uses: Management of pain severe enough to require an opioid analgesic

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried and failed
3. Current medication regimen

Age Restriction: N/A

Prescriber Restriction: Prescribed by, or in consultation, with a physician that specializes in pain management

Coverage Duration: 12 months

Other Criteria:

Approve may be granted for patients who meet one of the following criteria (A, B or C):

A) The patient has a cancer or sickle-cell disease diagnosis; OR
B) The patient is in hospice program, end-of-life care, or palliative care; OR
C) For patients who do not have a cancer diagnosis, approve if the patient meets the following criteria (**i**, **ii, iii**, and **iv**):
- **i.** Non-opioid therapies (e.g., non-opioid medications [e.g., nonsteroidal anti-inflammatory drugs {NSAIDs}, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors {SNRIs}, anticonvulsants], exercise therapy, weight loss, cognitive behavioral therapy) have been optimized and are being used in conjunction with opioid therapy according to the prescribing physician; AND
- **ii.** The patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), unless unavailable in the state, according to the prescribing physician; AND
- **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescribing physician; AND
- **iv.** Prescriber has attested that in his/her clinical judgement that the requested dose exceeding 200 MME is medically necessary.

References:

1. Interagency Guideline on Prescribing Opioids for Pain. Washington State Agency Medical Directors' Group. Available at: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf. Accessed February 28, 2017.
2. Chou R, Fanciullo GJ, Fine PG, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain*. 2009;10:113–130.
3. American Society of Interventional Pain Physicians. *Guidelines for Responsible Opioid Prescribing in Chronic Non-cancer Pain: Part 2 – Guidance*. Paducah (KY): ASIPP; 2012.
4. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recommendations and Reports. 2016;65(1):1-49. Available at: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. Accessed February 28, 2017.
5. Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. The Centers for Medicare and Medicaid Services. Available at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf. Accessed 02/28/2017.
6. Nuckols T, Anderson L, Popescu I, et al. Opioid prescribing: a systematic review and critical appraisal of guidelines for chronic pain. Ann Intern Med. 2014;160:38–47.
7. Opioid Dose calculator: available at http://www.agencymeddirectors.wa.gov/opioiddosing.asp. Accessed 02/27/2017.
8. Center for Disease Control and Prevention, Morphine Equivalent Conversion Factors for Opioids. CDC, Atlanta, GA, 2014. Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf. Accessed February 28, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy Adopted EH policy and placed on new CCI template	All	4/28/2020