

Clinical Policy: Narcotic Analgesics

Reference Number: LA.PPA.12

Effective Date: 02/11

Last Review Date: 01/18

Line of Business: Medicaid

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Narcotic analgesics exert their analgesic effect through opiate receptors distributed in tissues throughout the body. All opioid analgesics therapy (both preferred and non-preferred agents) that does not abide with this criteria will require prior authorization.

FDA approved indication

Narcotic analgesics are indicated for the management and treatment of moderate to severe pain.

Policy/Criteria

** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria**

It is the policy of health plans affiliated with Centene Corporation[®] that narcotic analgesics are **medically necessary** when the following criteria are met:

Request for non-preferred medications is subject to policy “CP.PMN.16 - Request for Medically Necessary Drug not on the PDL” and this policy

I. Initial Approval Criteria

A. Initial Approval Opioid Naive

Louisiana Healthcare Connections (LHCC) Opioid Naïve (must meet 1 & 2)

1. If member is opioid-naïve (no opioids within the previous 90 days), must meet the requirements in Louisiana Department of Health (LDH) drug list of quantity limits for an opioid-naïve member (See Attachment of Louisiana HPA 16-35 and/or HPA 17-7).
2. Member is on no more than 2 different opioid analgesics concurrently;
3. If request exceeds the morphine milligram equivalents (MME)/day dosing of 90mg/day (also referred to as Morphine Equivalent Dose [MED], the physician must submit an “Opioid Treatment Worksheet” for review (see attachment). Prescriber must submit documented clinical rationale that supports exceeding the MED 90mg/day.
4. If request exceeds the quantity limits for drugs listed by LDH on the Louisiana HPA 16-35 and/or HPA 17-7, the physician must submit an “Opioid Treatment Worksheet” for review (see attachment). Prescriber must submit documented clinical rationale that supports exceeding the Opioid quantity limits listed in HPA 16-35 and/or HPA 17-7.
5. Members with cancer or palliative care diagnosis are exempt for the LDH opioid quantity limits and MED >90mg/day except the Fentanyl Citrate Immediate Release. Diagnosis codes include C00-C96 and Z51.5.

Approval duration: 3 months

B. Short Term Therapy (prior authorization will NOT be required for opioid use meeting all of the following):

1. Member has received < 28 day supply of opioid in the last 90 days;
2. Request is for ≤ 7 day supply;
3. Member is on no more than 2 different opioid analgesics concurrently;
4. Request is for an immediate release opioid;
5. Total opioid dose does NOT exceed 90 morphine milligram equivalents (MME)/day.
6. If request exceeds the morphine milligram equivalents (MME)/day dosing of 90mg/day (also referred to as Morphine Equivalent Dose [MED], the physician must submit an "Opioid Treatment Worksheet" for review (see attachment). Prescriber must submit documented clinical rationale that supports exceeding the MED 90mg/day.

C. Cancer, Sickle Cell Disease, or Palliative Care (Must meet 1,2,& 3):

1. Prescribed for pain associated with cancer, sickle cell disease, or palliative care;
2. For request for > two (2) agents concurrently, prescriber must submit a documented clinical rationale supporting that the addition of an extended release agent and the upward titration of existing opioid analgesics is inappropriate or contraindicated;
3. If request is for Oxycontin, member is ≥ 11 years and has failed two other preferred long acting opioids, unless contraindicated or clinically significant adverse effects are experienced;
**Long acting opioid therapy may require prior authorization*
4. Members with cancer or palliative care diagnosis are exempt for the MED 90mg/day edit.

Approval duration: 12 months

D. Chronic Pain – Long Term Therapy (Must meet 1-7):

1. Diagnosis of chronic pain;
2. Member has received ≥ 28 day supply of opioid within a 90 day period;
3. Prescribed for the treatment of non-cancer/non-malignant pain outside of active cancer treatment, sickle cell disease treatment and palliative care;
4. If request is for an extended release agent, a documented failure of an immediate release opioid has occurred;
5. Member meets one of the following:
 - a. Failure of ≤ 2 non-opioid ancillary treatments (such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, anticonvulsants, antidepressants, etc.) unless contraindicated or clinically significant adverse effect are experienced;
 - b. Member has had a total of 90 cumulative days of opioid therapy in the last 120 days;

CLINICAL POLICY
Narcotic Analgesics

6. If request is for Oxycontin, member is ≥ 11 years and has failed two other preferred long acting opioids, unless contraindicated or clinically significant adverse effects are experienced;
**Long acting opioid therapy may require prior authorization*
7. Member will be maintained on no more than 2 opioid analgesics concurrently;
**If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic*
8. Provider agrees to continuously assess the member's pain management regimen for possible discontinuation of opioid therapy;
9. Documentation that the provider has reviewed the Prescription Drug Monitoring Program (PDMP) to identify concurrently prescribed controlled substances.
10. If request exceeds the morphine milligram equivalents (MME)/day dosing of 90mg/day (also referred to as Morphine Equivalent Dose [MED], the physician must submit an "Opioid Treatment Worksheet" for review (see attachment). Prescriber must submit documented clinical rationale that supports exceeding the MED 90mg/day.

Approval duration: 3 months

E. Other diagnoses/indications – Not applicable

II. Continued Therapy

A. Cancer, Sickle Cell Disease, or Palliative Care (Must meet 1,2, & 3):

1. Prescribed for pain associated with cancer, sickle cell disease, or palliative care;
2. If member is receiving more than 2 opioid analgesics concurrently, at least one of the following requirements has been met (a or b):
 - a. Prescriber previously provided a documented clinical rationale for the use of > 2 opioid analgesics concurrently;
 - b. Prescriber provides a documented clinical rationale supporting that addition of an extended release agent or upward titration of existing opioid analgesics is inappropriate or contraindicated;
3. If request is for Oxycontin, member is ≥ 11 years and has failed two other preferred long acting opioids, unless contraindicated or clinically significant adverse effects are experienced;
**Long acting opioid therapy may require prior authorization*
4. Members with cancer or palliative care diagnosis are exempt for the MED 90mg/day edit.

Approval duration: 12 months

B. Chronic Pain – Long Term Therapy (Must meet 1,2,3,4 & 5):

1. Member has previously met all initial approval criteria for long-term opioid use;
2. Prescriber provides documentation supporting inability to discontinue opioid therapy;
3. Member will not be maintained on > 2 opioid analgesics concurrently;

CLINICAL POLICY
Narcotic Analgesics

If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic

4. Documentation that the provider has reviewed the PDMP to identify concurrently prescribed controlled substances
5. If request is for Oxycontin, member is ≥ 11 years and has failed two other preferred long acting opioids, unless contraindicated or clinically significant adverse effects are experienced;
**Long acting opioid therapy may require prior authorization*
6. If request exceeds the morphine milligram equivalents (MME)/day dosing of 90mg/day (also referred to as Morphine Equivalent Dose [MED]), the physician must submit an "Opioid Treatment Worksheet" for review (see attachment). Prescriber must submit documented clinical rationale that supports exceeding the MED 90mg/day.

Approval duration: 3 months

C. Other diagnoses/indications – Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized:

Not applicable

IV. Dosage and Administration

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for information on appropriate dosage and administration.

V. Product Availability

There are numerous narcotic analgesics, please refer to the package insert of your drug of interest for product availability information.

VI. See Attachments:

- a. Opioid Treatment worksheet
- b. HPA 16-35
- c. HPA 17-7

References

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. JAMA. 2016 Apr 19; 315(15):1624-45.
2. Initial and Continued Approval follow-up periods based on the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain – 2016. <http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>
3. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. J Addict Med. 2015 Sep-Oct;9(5):358-67.

CLINICAL POLICY
Narcotic Analgesics

Reviews, Revisions, and Approvals	Date	Approval Date
Added fentanyl patches as a PDL ER treatment option.	02/12	02/12
No changes.	02/13	02/13
No changes	02/14	02/14
Updated references. Added tramadol as a narcotic.	02/15	02/15
Clarified item B under criteria for approval by specifying what the provider must supply as part of the request.	05/15	05/15
<p>Converted to new policy template. Removed Criteria B and C so guideline strictly addresses the restriction for narcotic analgesic. CP.PMN.16 addresses the use of PDL agents first prior to non-pdl agent:</p> <ul style="list-style-type: none"> B- Available Preferred Drug List (PDL) agents must be used first-line. Non- PDL medications would only be eligible for authorization with the trial and failure of PDL medications. A trial and failure may include: insufficient response at maximum dose of PDL agents, adverse effects/intolerance, allergic reactions, or contraindications. The provider must provide the specific reason for the failure as part of the request. C- The minimum “Maximized doses” for extended release PDL medications are as follows: MS Contin, up to 400 mg/day; methadone, up to 60 mg/day, and fentanyl patches 100 mcg/hr. The provider may choose to exceed these doses (as there is no true maximum in the above opioid analgesics), but these are the minimum doses that must be trialed prior to deeming the medication a failure from suboptimal pain control. <p>Added reference</p>	11/15	02/16
<p>Added levorphanol to opioid list and removed butalbital combination listing under background; Modified policy to delineate criteria for short and long term use of opioid analgesic to reflect CDC recommendation for opioid use in chronic pain; Added maximum allowable dose of 90 MME/day per CDC recommendation for chronic pain; Modified criteria for > 2 opioid analgesic concurrently to require</p> <ol style="list-style-type: none"> 1) Use for sickle cell pain, cancer pain or palliative care 2) Prescription by a pain/oncology specialist <p>Removed the PDL language within the policy and added that non preferred agent is subject to policy “CP.PMN.16 - Request for Medically Necessary Drug not on the PDL and this policy</p>	06/16	08/16
<ul style="list-style-type: none"> - Short term therapy without PA requirement modified to allow: a) no more than 28 day supply of opioid in the last 90 days, b) no 	01/17	02/17

CLINICAL POLICY
Narcotic Analgesics

Reviews, Revisions, and Approvals	Date	Approval Date
<p>more than 14 days supply dispensed at a time, c) immediate release agent to be used.</p> <ul style="list-style-type: none"> - Long term therapy modified to require that: a) member has used \geq 28 days of therapy in the last 90 days, b) member has been treated with ancillary treatment or received 84 cumulative days of therapy within a 120 day period, c) provider’s agreement to continuously assess the member’s pain management regimen for possible discontinuation of opioid therapy. 		
<p>Added language for LHCC Opioid Naïve members. Added attachments: the Opioid Treatment Worksheet & LDH Opioid Naïve Quantity Limits, HPA16-35</p>	3/17	3/17
<p>Updated language for LHCC Morphine Equivalent Dosing (MED) limits of 120mg/day, Added language for cancer and palliative care diagnosis exemption for quantity limits and MED limits Updated Opioid Treatment worksheet Added attachment HPA 17-7</p>	07/17	
<p>Updated Morphine Equivalent Dosing (MED) from 120mg/day to 90mg/day</p>	9/17	9/17
<p>“Request does not exceed health plan quantity limits” was removed from Cancer, Sickle Cell Disease or Palliative Care requirements</p> <ul style="list-style-type: none"> - Added Oxycontin-specific criteria adapted from CP.PPA.04, which will be retired; - Change the requirement for approval for long term use to require 90 days of opioid use in 120 days from 84 in 120 days to align with edit programming <p>Clarified Chronic pain requirements are for Non-cancer, Non-Sickle Cell and Non-Palliative Care diagnosis</p> <ul style="list-style-type: none"> - References reviewed. 	1/18	1/18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that

CLINICAL POLICY

Narcotic Analgesics

has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior

CLINICAL POLICY

Narcotic Analgesics

written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.