Drug Name: High Dose Opioid Policy
Date: 8-2018

Drug Name:	**High Dose Opioid Policy**
Required Medical Information:	• The requested drug is being prescribed for pain associated with a cancer diagnosis, terminal condition, or pain being managed through hospice or palliative care. **OR** • Request is for coverage of a formulary high dose opioid and meets all of the following: o The patient has tried and failed non pharmacologic therapy and non opioid therapy to treat their pain AND has tried non pharmacologic therapy and/or non opioid therapy in combination with a LOW DOSE opioid. o The requested drug is being prescribed for pain insufficiently managed at lower, safer doses and to a patient who has been taking an opioid (not opioid naïve) o The prescriber attests to understanding the findings of the CDC's Guideline for Prescribing Opioids for Chronic Pain (2016, 2017) which concluded that long term opioid therapy is associated with increased risk for serious harm (opioid use disorder, overdose, & death) in a dose-dependent manner: **≥ 50 MME** significantly increases risk for harm & indicates need to reassess; **≥ 90 MME** sharply increases risk for harm & requires justification of risk; **≥ 200 MME** is associated with Over Dose (OD) death o The prescriber attests to understanding the CDC's findings that opioids pose risk to all patients and currently available tools cannot rule out risk for opioid use disorder or other serious harm and that the evidence for clinical benefit of long term opioid therapy is insufficient. o The prescriber has documented that the patient was advised of the adverse risks of taking alcohol or other psychoactive medications, tolerance, dependence, addiction, overdose or death in relation to acute or long term opioid use. o The prescriber will review the Prescription Drug Monitoring Program (PDMP) before starting the patient on an opioid and review the PDMP at least every 12 months when prescribing for continuous opioid therapy o The prescriber attests that they will continuously monitor for medication or substance misuse, sedation, and cognitive impairment and, if noted or suspected, will take immediate action to reduce dosing and/or wean to cessation of opioid. o The patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months

	thereafter to ensure that clinically meaningful improvement in function outweighs risks to patient safety. o The prescriber attests that the patient has a prescription for OR is in possession of naloxone. o The prescriber has verified with the patient that the patient's cohabitant(s) know how to obtain AND administer naloxone (if applicable) o The prescriber acknowledges that the risk of serious harm is markedly increased with concurrent use of benzodiazepines (BZD) and other CNS depressants o The provider attests that the patient is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary. o The prescriber has determined that in their clinical judgement the benefits outweigh the risks in this patient. **Reauthorization Criteria:** • The member has experienced demonstrable improvement in function, has not misused medication or other substances/alcohol, and has not experienced adverse effects including but not limited to substance misuse, sedation, and/or cognitive impairment. If level of functioning has not improved, the original dosing has been titrated down from the initial authorization. • Prescriber has documented adherence to initial authorization criteria.
Coverage duration:	Initial and Reauthorization: 1 year