Drug Name: Long Acting/Short Acting High Potency Opioid Policy

Date: 8/2018

Drug Name:	**Long Acting/Short Acting High Potency 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 an opioid and meets all of the following: 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 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 and function 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 has determined that in their clinical judgement the benefits outweigh the risks in this patient. For Long Acting Opioids the above is true PLUS: o The requested drug is being prescribed for pain severe enough to require daily, around-the-clock, long-term treatment in 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 include: 1) long term opioid therapy is associated with increased risk for serious harm including opioid use disorder,

	overdose, and death; 2) risk of harm increases with dosage; 3) opioids pose risk to all patients and currently available tools cannot rule out risk for opioid use disorder or other serious harm; 4) evidence for clinical benefit of long term opioid therapy is insufficient. **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