



Drug Name: Long-Acting Opioids

Date: 9-2017

Drug Name:	Fentanyl patch, Morphine sulfate ER (MS Contin), and methadone for new starts only
Required Medical Information:	<p>1. Patient is being treated for cancer-associated pain diagnosis; or under the care of palliative/nursing home care.</p> <p style="padding-left: 40px;">a. Note: For patients diagnosed with cancer, providers may choose to convert to a long acting opioid agent faster; thus, these patients will be considered on a case by case basis.</p> <p style="text-align: center;"><u>OR</u></p> <p>2. Request for coverage of a formulary long-acting opioid and all of the following:</p> <p style="padding-left: 40px;">a. Patient is not opioid naïve and being treated for chronic pain.</p> <p style="padding-left: 80px;">i. Chronic Pain is defined “as ongoing or recurrent pain, lasting beyond the usual course of acute illness or injury healing, more than 3 to 6 months, and which adversely affects the individual’s well-being.</p> <p style="padding-left: 80px;">ii. Opioid tolerant defined as having regularly taken a short acting opioid for at least 60 days per pharmacy claims.</p> <p style="padding-left: 40px;">b. Patient is expected to require regular, round the clock pain management</p> <p style="padding-left: 40px;">c. Patient can safely take requested opioid at prescribed dose based on current opioid use history.</p> <p style="padding-left: 40px;">d. For exceeding MME threshold:</p> <p style="padding-left: 80px;">i. Patient has received a consultation with a Pain Medicine Physician for doses exceeding Neighborhood’s upper MME threshold.</p> <p style="padding-left: 80px;">ii. Updated, comprehensive pain management treatment plan inclusive of trials of non-opioid pain therapies explored for pain management.</p> <p style="padding-left: 120px;">1. Updated pain management treatment plan is defined by one that is agreed upon by patient and provider within the previous 3 months from change in opioid therapy.</p> <p style="padding-left: 120px;">2. For patients continuing on pain management therapy, a periodic review of treatment plan (no more than once</p>

	<p>every 6 months) with in-person visit reviews patient adherence to plan; continued appropriateness of opioid therapy in progress towards treatment objectives.</p> <p>e. Patient has been evaluated for and will be monitored on an on-going basis for development of potential risk of substance misuse, dependence or misuse.</p> <p>f. Provider has reviewed the previous 6 months of prescription fills loaded to the Prescription drug mentoring Program (PMP) for purposes of identifying any risks of opiate misuse (e.g. more than 3 different pharmacies and more than 3 different prescribers; OR more than 5 different prescribers).</p>
Note(s):	<ul style="list-style-type: none"> • Requests for fentanyl patches-the lowest strength will be approved, 12mcg/hr. • Long-acting opioids are not authorized for acute pain. • Current opioid limitations continue to be applicable for those who are opioid-experienced per pharmacy claims data.
Coverage duration:	12 months