MEDICAL MUTUAL®

Drug Policy

Policy:	Morphine Equivalent Dose 200 mg Opioid Quantity Limit Prior Approval Criteria	Annual Review Date: 08/20/2020 Last Revised Date: 08/20/2020

OVERVIEW

The use of morphine-equivalent daily dose as a method to assess opioid-associated risk has been cited in professional literature and pain guidelines, and is based on overall daily opioid dose. While there is not one universally accepted morphine-equivalent daily dose (MED) 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 MED 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.

POLICY STATEMENT

A quantity of each opioid medication referenced in this policy is limited to 30 days and will be covered without prior authorization if there are no other opioid claims for the same chemical. A total quantity of opioid up to a MED 200 is allowed with a quantity limit.

Impacted Drugs:

ACETAMINOPHEN WITH CODEINE ORAL TABLETS, ORAL SOLUTION, ORAL SUSPENSION	ACETAMINOPHEN/ CAFFEINE/ DIHYDROCODEINE CAPSULES	BUPRENORPHINE TRANSDERMAL
BUPRENORPHINE INJECTION	BUPENORPHINE SUBLINGUAL FILM	BUTALBITAL/ACETAMINOPHEN/ CAFFEINE/CODEINE CAPSULES
BUTORPHANOL INJECTION	BUTORPHANOL NASAL SOLUTION	CODEINE/BUTALBITAL/ASA/ CAFFEINE CAPSULES
CODEINE SULFATE ORAL TABLETS	FENTANYL CITRATE TRANSMUCOSAL LOZENGES	FENTANYL CITRATE BUCCAL TABLETS
FENTANYL CITRATE NASAL SOLUTION	FENTANYL CITRATE SUBLINGUAL SPRAY	FENTANYL CITRATE SUBLINGUAL TABLET

FENTANYL INJECTION	FENTANYL TRANSDERMAL PATCHES	HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION
HYDROCODONE/ACETAMINOPHEN ORAL TABLETS	HYDROCODONE/IBUPROFEN TABLETS	HYDROCODONE ORAL TABLETS
HYDROMORPHONE INJECTION	HYDROMORPHONE ORAL TABLETS AND SOLUTION	HYDROMORPHONE RECTAL
LEVORPHANOL ORAL	MEPERIDINE ORAL TABLETS, AND SOLUTION	MEPERIDINE INJECTION
METHADONE INJECTION	METHADONE ORAL TABLETS AND SOLUTION	MORPHINE ORAL TABLETS, CAPSULES AND SOLUTION
MORPHINE INJECTION	MORPHINE RECTAL	NALBUPHINE INJECTION
OXYCODONE/ACETAMINOPHEN CAPSULES, TABLETS, ORAL SOLUTION	OXYCODONE ORAL TABLETS, CAPSULES AND SOLUTION	OXYCODONE/NALOXONE EXTENDED RELEASE TABLETS
OXYCODONE/ASPIRIN TABLETS	OXYCODONE/IBUPROFEN TABLETS	OXYMORPHONE ORAL TABLETS
PENTAZOCINE INJECTION	PENTAZOCINE/NALOXONE ORAL TABLETS	TAPENTADOL ORAL TABLETS
TRAMADOL/ACETAMINOPHEN TABLETS	TRAMADOL ORAL TABLETS, CAPSULES	

RECOMMENDED AUTHORIZATION CRITERIA

For Buprenorphine Sublingual

Buprenorphine SL is being used as maintenance opioid dependency. Authorize a quantity limit override for up to 12 months.

For ALL other opioids

Approve for up to 12 months if ONE of the following criteria is met:

- **A)** The patient has a cancer 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. Treatment plan (including goals for pain and function) is in place and reassessments (including pain levels and function) are scheduled at regular intervals according to the prescribing physician

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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 August 5, 2020
2. Prescribing Opioids for Postoperative Pain- Supplemental Guidance. Bree Collaborative and Washington State Agency Medical Directors Group. Available from: https://agencymeddirectors.wa.gov/Files/FinalSupBreeAMDGPostopPain091318wcover.pdf Accessed August 5, 2020
3. 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.
4. American Society of Interventional Pain Physicians. *Guidelines for Responsible Opioid Prescribing in Chronic Non-cancer Pain: Part 2 – Guidance*. Paducah (KY): ASIPP; 2012.
5. 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 August 5, 2020
6. 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.
7. 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.