Purpose:

To describe Central California Alliance for Health’s (the Alliance’s) utilization criteria for requests for quantity-limit exceptions for high-dose opioid regimens.

Policy:

The goal of Alliance’s opioid policy is provide tools and support that promotes the safe and evidence-based use of opioid medications for chronic non-cancer pain (CNCP). Concern over opioid overutilization has led the Centers for Medicare & Medicaid Services (CMS) to recommended enhanced drug utilization review for Medicare Part D members with CNCP on greater-than 120mg morphine equivalent dose (MED) of opioids. Subsequently, the Centers for Disease Control and Prevention (CDC) published the CDC Guideline for Prescribing Opioids for Chronic Pain- United States, which recommends avoiding CNCP opioid regimens greater-than 90 mg MED. This policy is designed to encourage CNCP opioid utilization in accordance with CDC guidelines. The policy gives Alliance Clinical Pharmacists and Medical Directors a guideline when reviewing opiate cases for CNCP greater-than 90mg MED.

Definitions:

CNCP (Chronic Non-Cancer Pain): any pain not related to cancer (malignant neoplasm), palliative, or end-of-life care.

MED (morphine equivalent dose): method used to compare the potency of different opioid medications to the equivalent dose of morphine.

Procedures:

Opioid Authorization Guidelines: the Alliance’s opioid authorization criteria are based on recommendations by the CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016

1. Population managed: Patients > 90mg MED with CNCP
   a. Exclusions: Pain associated by cancer diagnoses; palliative care; non-palliative care; members who cannot be safely tapered to lower dose (continuation-of-care).
2. **Opioid quantity limits:** The Alliance has established new quantity limits for various opioid medications that are outlined in Alliance Policy 403-1121 – Quantity Limits for Opioid Medications. Requests for opioid quantities exceeding established quantity limits established in Alliance Policy 403-1121 will prompt treatment-authorization-requests (TARs) submitted either by the prescriber or pharmacy. This process triggers opiate utilization review.

3. **Prior authorization documentation requirements for >90mg MED:** TARs for restriction overrides due to quantity limit will prompt the pharmacist to calculate member’s MED/month. Below are the procedures for the following scenarios:
   a. **Greater-than 90 mg MED CNCP new starts & new escalation:**
      escalations beyond greater-than 90mg MED will not be approved unless otherwise reviewed on a case-by-case basis.
   b. **Greater-than 90 mg MED CNCP continuation-of-care:** Request will be approved for continuation-of-care once the following documentation is submitted:
      1. Pain assessment (Visual Analog Scale (VAS) score OR similar tool)/treatment plan with chart notes.
      2. Attestation that the provider(s) checked Controlled Substance Utilization Review and Evaluation System (CURES) and confirmed that there is no suspicious activities including multiple prescribing providers or servicing pharmacies.
      3. Documentation of any plans for tapering the member down, or why the member’s medications cannot be tapered down.
   c. **Greater-than 90mg MED for cancer pain/palliative care/hospice care:**
      Documentation of diagnosis. Once diagnosis is confirmed, these members should not have an opiate ceiling.

**References:**

Alliance Policies:
- 403-1121 – Quantity Limits for Opioid Medications

Impacted Departments:
- Care Management
- Compliance
- Member Services
- Provider Services

Regulatory:

Legislative:
POLICIES AND PROCEDURES

Policy #: 403-1139  Lead Department: Pharmacy
Title: Opioid Utilization Review
Original Date: 11/15/2016  Policy Hub Approval Date: 01/04/2017
Approved by: Utilization Management Work Group

Contractual:
MMCD Policy Letter:
NCQA:
Supersedes:
Other References:
Attachments:

Lines of Business This Policy Applies To  LOB Effective Dates
☒ Medi-Cal  (01/01/1996 – present)
☒ Alliance Care IHSS  (07/01/2005 - present)
☒ Medi-Cal Access Program (MCAP)  (02/01/2009 – present)

Revision History:

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