Policy Name: Long-Acting Opioid Prior Authorization Policy
Effective Date: 4/1/19
Review Date: 4/2019, 8/2020, 6/2021, 5/2022, 9/2022, 6/2023, 4/2024

Required Medical Information

- Members who have opioids prescribed for pain associated with a cancer diagnosis, terminal condition, sickle cell disease or pain being managed through hospice or palliative care shall have access to the medication.
- The prescriber attests that Rhode Island's regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances are being followed.
- The prescriber attests that they will use or are using an objective tool to monitor the member's pain.
- The prescriber attests and acknowledges that the risk of serious harm is markedly increased with concurrent use of benzodiazepines (BZD) and other Central Nervous System (CNS) depressants.
- The prescriber attests that the patient has a prescription for or is in possession of naloxone.
- The prescriber attests that they have counseled the patient (and patient cohabitants, if available) on how to obtain and administer naloxone.
- The prescriber attests to understanding the findings of the CDC's Clinical Practice Guideline for Prescribing Opioids for Pain (2022) 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
- The patient has tried and failed the following alternatives for the treatment of pain:
    - non-pharmacologic therapy and
    - non-opioid therapy and
    - non-pharmacologic therapy and/or non-opioid therapy in combination with a low dose opioid.

New Starts/Initial Criteria

- The requested drug is being prescribed for chronic pain severe enough to require daily, around-the-clock, long-term treatment in a patient who has been taking an opioid (not opioid naïve).
  [Note: Chronic pain is generally defined as pain that typically lasts greater than 3 months.]

Renewal Criteria

- The original opioid dosing has been titrated down from the initial authorization or in the prescriber's clinical opinion it is inappropriate to decrease the dose for this member. The patient's pain will be reassessed every 3 months to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety.

Quantity Limit/MME (Opioid being prescribed over the FDA recommended dose or over 90 MME)

- 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.
- The prescriber attests to understanding the findings of the CDC's Guideline for Prescribing Opioids for Chronic Pain (2016, 2017) and the CDC's Clinical Practice Guideline for Prescribing Opioids for Pain (2022) 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

Non-formulary

- The patient has tried and failed 2 formulary alternatives, or formulary alternatives would not be appropriate (contraindication, adverse effect, etc.).

Approvals: All approvals x 1 year.

Policy Name: Long-Acting Opioid Prior Authorization Policy
Effective Date: 4/1/19
Review Date: 4/2019, 8/2020, 6/2021, 5/2022, 9/2022, 6/2023, 4/2024
Providers seeking dosages over the Post Quantity Limits below need to provide Neighborhood with documentation as to why such dosages are necessary.

Opioid Analgesics Quantity Limits Chart *The duration of 26 days is used for a 30-day fill period to allow time for refill processing. Limits are set up as daily dose edits.*	
	Authorization Limit (Post Limit QL)
Drug/Strength	**Daily Dose (number of tablets, capsules or milliliters per day) that should be entered on the authorization. Limit is either 200 MME/day or FDA Max Dose, whichever is less.** Example: MS Contin 200 mg 30 tablets per 30 days has a limit of 200 MME per day (Approvals above 200 MME/day are based on clinical judgment)
Arymo ER 15 mg (morphine sulfate extended-release tablets)	4 tabs (60 MME/day)
Arymo ER 30 mg (morphine sulfate extended-release tablets)	4 tabs (120 MME/day)
Arymo ER 60 mg (morphine sulfate extended-release tablets)	3 tabs (180 MME/day)
Avinza 30 mg (morphine extended-release capsules)	2 caps (60 MME/day)
Avinza 45 mg (morphine extended-release capsules)	2 caps (90 MME/day)
Avinza 60 mg (morphine extended-release capsules)	2 caps (120 MME/day)
Avinza 75 mg (morphine extended-release capsules)	2 caps (150 MME/day)
Avinza 90 mg (morphine extended-release capsules)	2 caps (180 MME/day)
Avinza 120 mg (morphine extended-release capsules)	1 cap (120 MME/day)
Belbuca 75 mcg (buprenorphine buccal film)	3 films (6.75 MME/day)
Belbuca 150 mcg (buprenorphine buccal film)	3 films (13.5 MME/day)
Belbuca 300 mcg (buprenorphine buccal film)	3 films (27 MME/day)
Belbuca 450 mcg (buprenorphine buccal film)	3 films (40.5 MME/day)
Belbuca 600 mcg (buprenorphine buccal film)	3 films (54 MME/day)
Belbuca 750 mcg (buprenorphine buccal film)	3 films (67.5 MME/day)
Belbuca 900 mcg (buprenorphine buccal film)	3 films (81 MME/day)

Butrans 5 mcg/hr (buprenorphine transdermal system)	0.289 (8 patches per 28 days) (18 MME/day)
Butrans 7.5 mcg/hr (buprenorphine transdermal system)	0.289 (8 patches per 28 days) (27 MME/day)
Butrans 10 mcg/hr (buprenorphine transdermal system)	0.289 (8 patches per 28 days) (36 MME/day)
Butrans 15 mcg/hr (buprenorphine transdermal system)	0.143 (4 patches per 28 days) (27 MME/day)
Butrans 20 mcg/hr (buprenorphine transdermal system)	0.143 (4 patches per 28 days) (36 MME/day)
Conzip 100 mg (tramadol hydrochloride extended-release)	2 caps (20 MME/day)
Conzip 200 mg (tramadol hydrochloride extended-release)	30 caps (20 MME/day)
Conzip 300 mg (tramadol hydrochloride extended-release)	1 cap (30 MME/day)
Dolophine 5 mg (methadone hydrochloride tablets)	4 tabs (80 MME/day)
Dolophine 10 mg (methadone hydrochloride tablets)	3 tabs (120 MME/day)
Duragesic 12 mcg (fentanyl transdermal system)	0.67 patches (57.6 MME/day)
Duragesic 25 mcg (fentanyl transdermal system)	0.67 patches (120 MME/day)
Duragesic 37.5 mcg (fentanyl transdermal system)	0.67 patches (180 MME)
Duragesic 50 mcg (fentanyl transdermal system)	0.33 patches (120 MME/day)
Duragesic 62.5 mcg (fentanyl transdermal system)	0.33 patches (150 MME/day)
Duragesic 75 mcg (fentanyl transdermal system)	0.33 patches (180 MME/day)
Duragesic 87.5 mcg (fentanyl transdermal system)	0.33 patches (210 MME/day)
Duragesic 100 mcg (fentanyl transdermal system)	0.33 patches (240 MME/day)
Embeda 20/0.8 mg (morphine sulfate and naltrexone hydrochloride extended-release caps)	3 caps (60 MME/day)
Embeda 30/1.2 mg (morphine sulfate and naltrexone hydrochloride extended-release caps)	3 caps (90 MME/day)
Embeda 50/2 mg (morphine sulfate and naltrexone hydrochloride extended-release caps)	2 caps (100 MME/day)
Embeda 60/2.4 mg (morphine sulfate and naltrexone hydrochloride extended-release caps)	2 caps (120 MME/day)
Embeda 80/3.2 mg	2 caps

(morphine sulfate and naltrexone hydrochloride extended-release caps)	(160 MME/day)
Embeda 100/4 mg (morphine sulfate and naltrexone hydrochloride extended-release caps)	2 caps (200 MME/day)
Hydromorphone ER (generic Exalgo) 8 mg tablets	2 tabs (80 MME/day)
Hydromorphone ER (generic Exalgo) 12 mg tablets	2 tabs (120 MME/day)
Hydromorphone ER (generic Exalgo) 16 mg tablets	2 tabs (160 MME/day)
Hydromorphone ER (generic Exalgo) 32 mg tablets	1 tab (160 MME/day)
Hysingla ER 20 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (40 MME/day)
Hysingla ER 30 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (60 MME/day)
Hysingla ER 40 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (80 MME/day)
Hysingla ER 60 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (120 MME/day)
Hysingla ER 80 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (160 MME/day)
Hysingla ER 100 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (200 MME/day)
Hysingla ER 120 mg (hydrocodone bitartrate extended-release tablets)	1 tab (120 MME/day)
Kadian 10 mg (morphine extended-release capsules)	3 caps (30 MME/day)
Kadian 20 mg (morphine extended-release capsules)	3 caps (60 MME/day)
Kadian 30 mg (morphine extended-release capsules)	3 caps (90 MME/day)
Kadian 40 mg (morphine extended-release capsules)	3 caps (120 MME/day)
Kadian 50 mg (morphine extended-release capsules)	2 caps (100 MME/day)
Kadian 60 mg (morphine extended-release capsules)	2 caps (120 MME/day)
Kadian 80 mg (morphine extended-release capsules)	2 caps (160 MME/day)
Kadian 100 mg (morphine extended-release capsules)	2 caps (200 MME/day)
Kadian 200 mg (morphine extended-release capsules)	1 cap (200 MME/day)
Methadone 200 mg/20 mL injection	1.334 mL (2 multidose vials of 20 ml each per 30 days) (62.7 MME/day)

Methadone 10 mg/mL Intensol soln	3 mL (141 MME/day)
Methadone 5 mg/5 mL Oral soln	20 mL (94 MME/day)
Methadone 10 mg/5 mL Oral soln	15 mL (141 MME/day)
Methadone tab 5 mg	4 tabs (94 MME/day)
Methadone tab 10 mg	3 tabs (141 MME/day)
MorphaBond ER 15 mg (morphine extended-release tablets)	4 tabs (60 MME/day)
MorphaBond ER 30 mg (morphine extended-release tablets)	4 tabs (120 MME/day)
MorphaBond ER 60 mg (morphine extended-release tablets)	3 tabs (180 MME/day)
MorphaBond ER 100 mg (morphine extended-release tablets)	2 tabs (200 MME/day)
MS Contin 15 mg (morphine extended-release tablets)	4 tabs (60 MME/day)
MS Contin 30 mg (morphine extended-release tablets)	4 tabs (120 MME/day)
MS Contin 60 mg (morphine extended-release tablets)	3 tabs (180 MME/day)
MS Contin 100 mg (morphine extended-release tablets)	2 tabs (200 MME/day)
MS Contin 200 mg (morphine extended-release tablets)	1 tabs (200 MME/day)
Nucynta ER 50 mg (tapentadol extended-release tablets)	3 tabs (60 MME/day)
Nucynta ER 100 mg (tapentadol extended-release tablets)	3 tabs (120 MME/day)
Nucynta ER 150 mg (tapentadol extended-release tablets)	3 tabs (180 MME/day)
Nucynta ER 200 mg (tapentadol extended-release tablets)	2 tabs (160 MME/day)
Nucynta ER 250 mg (tapentadol extended-release tablets)	2 tabs (200 MME/day)
Opana ER 5 mg (oxymorphone hydrochloride extended-release tablets)	3 tabs (45 MME/day)
Opana ER 7.5 mg (oxymorphone hydrochloride extended-release tablets)	3 tabs (67.5 MME/day)
Opana ER 10 mg (oxymorphone hydrochloride extended-release tablets)	3 tabs (90 MME/day)
Opana ER 15 mg (oxymorphone hydrochloride extended-release tablets)	3 tabs (135 MME/day)
Opana ER 20 mg (oxymorphone hydrochloride extended-release tablets)	3 tabs (180 MME/day)

Policy Name: Long-Acting Opioid Prior Authorization Policy
Effective Date: 4/1/19
Review Date: 4/2019, 8/2020, 6/2021, 5/2022, 9/2022, 6/2023, 4/2024

Opana ER 30 mg (oxymorphone hydrochloride extended-release tablets)	2 tabs (180 MME/day)
Opana ER 40 mg (oxymorphone hydrochloride extended-release tablets)	1 tab (120 MME/day)
OxyContin 10 mg (oxycodone hydrochloride extended-release tablets)	3 tabs (45 MME/day)
OxyContin 15 mg (oxycodone hydrochloride extended-release tablets)	3 tabs (67.5 MME/day)
OxyContin 20 mg (oxycodone hydrochloride extended-release tablets)	3 tabs (90 MME/day)
OxyContin 30 mg (oxycodone hydrochloride extended-release tablets)	3 tabs (135 MME/day)
OxyContin 40 mg (oxycodone hydrochloride extended-release tablets)	3 tabs (180 MME/day)
OxyContin 60 mg oxycodone hydrochloride extended-release tablets)	2 tabs (180 MME/day)
OxyContin 80 mg (oxycodone hydrochloride extended-release tablets)	1 tabs (120 MME/day)
Targiniq ER 10 mg/5 mg (oxycodone HCl/naloxone HCl extended-release tablets)	3 tabs (45 MME/day)
Targiniq ER 20 mg/10 mg (oxycodone HCl/naloxone HCl extended-release tablets)	3 tabs (90 MME/day)
Targiniq ER 40 mg/20 mg (oxycodone HCl/naloxone HCl extended-release tablets)	2 tabs (120 MME/day)
Tramadol ER 100 mg tab	2 tabs (40 MME/day)
Tramadol ER 200 mg tab	1 tab (40 MME/day)
Tramadol ER 300 mg tab	1 tab (60 MME/day)
Troxyca ER 10 mg/1.2 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	3 caps (45 MME/day)
Troxyca ER 20 mg/2.4 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	3 caps (90 MME/day)
Troxyca ER 30 mg/3.6 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	3 caps (135 MME/day)
Troxyca ER 40 mg/4.8 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	3 caps (180 MME/day)
Troxyca ER 60 mg/7.2 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	2 caps (180 MME/day)
Troxyca ER 80 mg/9.6 mg (oxycodone hydrochloride/naltrexone extended-release capsules)	1 cap (120 MME/day)

Ultram ER 100 mg (tramadol hydrochloride extended-release tablets)	2 tabs (40 MME/day)
Ultram ER 200 mg (tramadol hydrochloride extended-release tablets)	1 tab (40 MME/day)
Ultram ER 300 mg (tramadol hydrochloride extended-release tablets)	1 tab (60 MME/day)
Vantrela ER 15 mg (hydrocodone bitartrate extended-release tablets)	3 tabs (45 MME/day)
Vantrela ER 30 mg (hydrocodone bitartrate extended-release tablets)	3 tabs (90 MME/day)
Vantrela ER 45 mg (hydrocodone bitartrate extended-release tablets)	3 tabs (135 MME/day)
Vantrela ER 60 mg (hydrocodone bitartrate extended-release tablets)	3 tabs (180 MME/day)
Vantrela ER 90 mg (hydrocodone bitartrate extended-release tablets)	2 tabs (180 MME/day)
Xtampza ER 9 mg (oxycodone extended-release capsules)	3 caps (45 MME/day)
Xtampza ER 13.5 mg (oxycodone extended-release capsules)	3 caps (67.5 MME/day)
Xtampza ER 18 mg (oxycodone extended-release capsules)	3 caps (90 MME/day)
Xtampza ER 27 mg (oxycodone extended-release capsules)	3 caps (135 MME/day)
Xtampza ER 36 mg (oxycodone extended-release capsules)	3 caps (180 MME/day)
Zohydro ER 10 mg (hydrocodone bitartrate extended-release capsules)	3 caps (30 MME/day)
Zohydro ER 15 mg (hydrocodone bitartrate extended-release capsules)	3 caps (45 MME/day)
Zohydro ER 20 mg (hydrocodone bitartrate extended-release capsules)	3 caps (60 MME/day)
Zohydro ER 30 mg (hydrocodone bitartrate extended-release capsules)	3 caps (90 MME/day)
Zohydro ER 40 mg (hydrocodone bitartrate extended-release capsules)	3 caps (120 MME/day)
Zohydro ER 50 mg (hydrocodone bitartrate extended-release capsules)	3 caps (150 MME/day)