

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Opioids, Long Acting PDL Edit
<b>First Implementation Date:</b>	February 16, 2005
<b>Proposed Date:</b>	December 17, 2020
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Chronic pain, typically defined as pain of at least 6 months in duration, is a common cause of major disability. Opioids are a class of medications that act on common receptors and are natural derivatives of morphine. They are the most potent medications available for treatment of most types of severe pain. Opioids are available in both short- and long-acting preparations and are commonly used for malignant as well as chronic non-malignant pain therapy. Opioids therapy has been endorsed by both national associations and chronic pain specialists as appropriate treatment for refractory chronic non-cancer pain in the general population when used judiciously and according to guidelines similar to those used for cancer patients.

Total program savings for the PDL classes will be regularly reviewed.

**Program-Specific Information:**

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>• Butrans®</li> <li>• Fentanyl Patch 12, 25, 50, 75, 100 mcg/hr</li> <li>• Morphine Sulfate ER Tabs (gen MS Contin®)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Arymo® ER</b></li> <li>• Belbuca®</li> <li>• Buprenorphine Patch</li> <li>• Duragesic®</li> <li>• Fentanyl Patch 37.5, 62.5, 87.5 mcg/hr</li> <li>• Hydrocodone ER (gen Zohydro® ER)</li> <li>• Hydromorphone ER</li> <li>• Hysingla® ER</li> <li>• Kadian®</li> <li>• Morphine ER Caps (gen Avinza®)</li> <li>• Morphine ER Caps (gen Kadian®)</li> <li>• MS Contin®</li> <li>• Oxycodone ER</li> <li>• OxyContin®</li> <li>• Oxymorphone ER</li> <li>• Xtampza® ER</li> <li>• Zohydro® ER</li> </ul>

Type of Criteria:  Increased risk of ADE  
 Appropriate Indications

Preferred Drug List  
 Clinical Edit

Data Sources:  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Long Acting Opioids
- Age range: All appropriate MO HealthNet participants 18 years of age or older

## Approval Criteria

- Documented **or-inferred** diagnosis of cancer **OR**
- Documented diagnosis of sickle cell disease in the last 6 months **OR**
- Participant currently enrolled in Hospice care or receiving palliative care in the last year **OR**
- Therapy for pediatric participants aged 18 years of age or younger subject to Clinical Consultant review
- Documented diagnosis of chronic nonmalignant pain (CNMP) in the last 6 months
- Failure to achieve desired therapeutic outcomes with a trial on 3 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents
- Documented compliance to current **non-preferred** therapy regimen
- For fentanyl patch doses  $\geq 50\text{mcg/hr}$  and oxycodone ER 80mg: inferred diagnosis of opioid tolerance ( $> 7$  days supply in the last 30 days)
- **Participant must also meet all approval criteria contained within the Morphine Milligram Equivalent Accumulation Clinical Edit**

## Denial Criteria

- Documented opioid dependence therapy in the last 45 days
- **Denial criteria contained within the High Risk Therapies Clinical Edit: Claim is for an opioid (excluding buprenorphine tablets and buprenorphine/naloxone combinations) AND**
  - **Participant has history of  $> 3$  days of select oral benzodiazepine therapy (alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, and oxazepam) in the past 60 days AND**
  - **Participant lacks history of at least 1 claim for an opioid emergency reversal agent in the past 2 years**
- Doses exceeding dose optimization limitations
- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)

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Rule Type: PDL

## References

1. Drug Effectiveness Review Project – Drug Class Review on Long-Acting Opioid Analgesics. Center for Evidence-Based Policy, Oregon Health & Science University; May 2011/Update August 2015; Evidence Scan December 2017.
2. Medicaid Evidence-Based Decisions Project – Tapering or Discontinuing Opioid Use among Patients with Chronic Noncancer Pain (Rapid Review). Center for Evidence-Based Policy, Oregon Health & Science University; October 2017.
3. Evidence-Based Medicine Analysis: “Long-Acting Opioids”, UMKC-DIC; August 2020.
4. Evidence-Based Medicine and Fiscal Analysis: “Opioids, Long-Acting Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2020.
5. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
6. USPDI, Micromedex; 2020.
7. Drug Facts and Comparisons On-line; 2020.

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