UMPQUA HEALTH ALLIANCE

OHP MEDICATION GUIDELINE
DCIPA, LLC

Opioids

Approved by: **Pain Management Committee (sub-committee of QIUM)**

Last Date Approved: 5/12

POLICY:

1. Coverage is limited to treatment of above the line diagnoses.
2. Use of generic medications where available will always be preferred to high cost generic or non-preferred brand name medications.
3. Certain medications are not covered when similar medications are available at lower cost.

Guidelines:

The intent of this policy is to address the safe and effective prescribing of opioids for chronic non-cancer pain in conditions that are above the funded line. Patients should have a comprehensive assessment of their pain including physical, mental health and alcohol and drug assessment including a care plan which is safe, legal, minimizes the opportunity for diversion and facilitates patient functioning and well-being.

Opioids will be allowed as one 30-day supply every six months for emergent purposes such as acute injuries.

Criteria for approval beyond a one 30-day supply limitation:

1. The member has a current diagnosis of cancer, or the patient is receiving hospice or end-of-life care **OR**

2. The member is undergoing treatment of chronic non-cancer pain for an above the line condition and **ALL** of the following criteria are met:
   a) The patient has an above the line condition which is well documented in chart notes.
   b) There is a pain contract in place limiting the patient to one provider and one pharmacy.
   c) A urine drug screen is completed and random urine drugs screen are performed.
   d) The provider reviews the transcript from the Oregon Prescription Drug Monitoring database documenting the patient's history of controlled substance prescriptions. Notation that the provider reviewed the report is required. http://www.orpdmp.com/health-care-provider/

e) The patient does not have any of the following contraindications to treatment:
   - Any history of diversion.
   - High opioid risk score: high risk: >90% chance of developing problematic behaviors OR DIRE score 7-13: not a suitable candidate for long-term opioid analgesia.
   - No behavioral health screening done.
   - Undertreated behavioral health condition.
   - History of suicide attempt in past two years or history of suicide attempt with medication anytime.
   - Patient currently on methadone maintenance for heroin addiction.
   - No functional improvement notes after trial or chronic use.
   - No evidence that underlying diagnosis for pain condition has been explored and identified.
   - History of misuse as defined as:
     - Has received multiple prescriptions from multiple different sites/providers.
     - Has frequent utilization of ER for obtaining opioids.
     - Has had a prior dismissal and/or opioid agreement violation in another system, clinic, provider; specifically regarding opioids.
   - Active substance abuse as defined as any illicit or non-prescribed substance (including alcohol) in the past 12 months. This includes medical marijuana.
   - No non-medication therapies tried.

f) A written treatment plan stating goals used to determine treatment successes such as pain relief and improved physical and psychosocial function. Documentation of functional status at baseline and during treatment should be as objective as possible.

g) The morphine equivalent dose (MED) is ≤ 120 mg per day.

3. The provider may request a review by the DCIPA Douglas County Pain Committee if the above criteria are not met or upon referral.

Morphine Equivalent Dose* – 120mg Morphine

Morphine (reference)	**120mg**
Codeine	800mg
Fentanyl transdermal	50mcg/hr
Hydrocodone	120mg
Hydromorphone	30mg
Methadone	30mg
Oxycodone	80mg
Oxymorphone	40mg

Adapted from VA 2003 & FDA labeling

*All conversions between opioids are estimates. There is patient variability with respect to genetics factors, incomplete cross tolerance, and pharmacokinetics. **Therefore, it is recommended that after calculating the conversion dose, it be reduced by 25-50% for patient safety.**

References:

1. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National admissions to substance abuse treatment services. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2009.
2. Substance Abuse and Mental Health Services Administration. The DAWN report: highlights of the 2009 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. Rockville, MD: Substance Abuse and Mental Health Services Administration 2010. Available at http://www.samhsa.gov/data/2k10/dawnsr034edhighlights/edhighlights.htm Accessed April 2, 2012.
3. Substance Abuse and Mental Health Services Administration. Results from the 2009 National Survey on Drug Use and Health: volume 1: summary of national findings. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2010.
4. Centers for Disease Control and Prevention (CDC). CDC Grand Rounds: Prescription Drug Overdoses- a U.S. Epidemic. MMWR Morb Mortal Wkly Rep 2012;61(1): 10-13.
5. Interagency Guideline on opioid dosing for chronic non-cancer pain: An educational aid to improve care and patient safety with opioid therapy. Agency Medical Director Group (AMDG). 2010;1-54. www.agencymeddirectors.wa.gov Accessed April 16, 2012.

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