OHP MEDICATION GUIDELINE
DCIPA, LLC

Opioids

Approved by: **Pain Management Committee** *(subcommittee of the Clinical Advisory Panel)*

Last Date Approved: 3/2/17

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 a lower cost.

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 the 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 and/or a scanned copy of the transcript 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.
- No functional improvement notes after trial or chronic use.
- No evidence that underlying diagnosis for pain condition has been explored and identified.
- Opioid is prescribed for pain related for migraine or other headache.
- 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, and 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) No greater than 90 morphine milligram equivalent (MME) will be covered for chronic non-cancer pain.

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

Morphine Milligram Conversion Factor

Morphine (reference)	**1**
Codeine	0.15
Hydrocodone	1
Hydromorphone	4
Methadone	3
Oxycodone	1.5
Oxymorphone	3

Fentanyl transdermal 37.5 mcg = 90 MME

MME Conversion Formula:

$$\frac{\text{(Drug Strength)} * \text{(Drug Quantity)} * \text{(MME Conversion Factor)}}{\text{(Day Supply)}}$$

References:

1. Prescription Drug Monitoring Program Training and Technical Assistance Center: Technical Assistance Guide No. 01-13. Calculating Daily Morphine Milligram Equivalents. Brandeis University. February 28, 2013.
2. 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.
3. 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
4. Services Administration 2010. Available at http://www.samhsa.gov/data/2k10/dawnsr034edhighlights/edhighlights.htm Accessed April 2, 2012.
5. 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.
6. 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.
7. Interagency Guideline on Prescribing Opioid for Pain. Agency Medical Director Group (AMDG). 3rd Edition, June 2015; 1-105. www.agencymeddirectors.wa.gov Accessed January 4, 2016.