

# Long-Acting Opioids

PA Criteria	Criteria Details
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Nature and intensity of pain, past and current treatments of pain, and underlying or co-occurring disorders and conditions.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by, or in consultation with, a pain specialist or oncologist, if prescriber attests that the member has an elevated morphine milligram equivalent (MME) greater than 90 mg/day and/or history of substance abuse disorder (including alcohol).
Coverage Duration	Authorization will be for one year.
Other Criteria	<p>Long-acting opioids will be approved if ALL of the following is met:</p> <ul style="list-style-type: none"> <li>a. Prescriber attests that the patient HAS NOT received Medication-Assisted Treatment for the treatment of opioid dependence in the last 60 days AND</li> <li>b. Prescriber attests that the patient HAS NOT received a prescription for an opioid, a benzodiazepine AND a muscle relaxant in the last 60 days AND</li> <li>c. Documentation that shows the patient's diagnosis, evaluation and medical assessment for the requested medication AND</li> <li>d. Prescriber has completed a risk assessment for aberrant behavior associated with opioid misuse AND</li> <li>e. A signed pain management agreement between the patient and prescriber in the past 6 months AND</li> <li>f. Prescriber has checked the state controlled substance database in the last 90 days AND</li> <li>g. A treatment plan is in place between the patient and provider AND</li> <li>h. Previous treatment with short-acting opioids at the lowest possible dose.</li> </ul>

# Initial Seven Day Limit Criteria for Short-Acting Opioids

PA Criteria	Criteria Details
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Nature and intensity of pain, past and current treatments of pain, underlying or co-occurring disorders and conditions, and medically necessity of an opioid above alternative treatment.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	30 Days*
Other Criteria	<p>Greater than a seven day supply of short-acting opioids will be approved if ONE of the following is met:</p> <ul style="list-style-type: none"> <li>a. Patient had surgery in the last 14 days OR</li> <li>b. Patient has suffered a severe burn or major physical trauma in the last 30 days OR</li> <li>c. Patient is currently in a licensed health care facility OR</li> <li>d. Patient is being seen by a pain management specialist or supervisee of a pain specialist OR</li> <li>e. Patient has been treated with an opioid for greater than 90 days in the last year.</li> </ul>

\* Exception to coverage duration up to one year will be made for those with a diagnosis of cancer, end-of-life/hospice care and sickle cell anemia.

## Morphine Milligram Equivalent (MME)

Morphine Milligram Equivalent (MME): We measure how strong each medicine is compared to morphine and limit the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day

PA Criteria	Criteria Details
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis, nature and intensity of pain, past and current treatments of pain and medical necessity to exceed the standard MME limit.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	180 days
Other Criteria	N/A

# Short-Acting Opioids

PA Criteria	Criteria
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Nature and intensity of pain, past and current treatments of pain, and underlying or co-occurring disorders and conditions.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by, or in consultation with, a pain specialist or oncologist, if prescriber attests that the member has an elevated morphine milligram equivalent (MME) greater than 90 mg/day and/or history of substance abuse disorder (including alcohol).
Coverage Duration	Authorization will be for one year.
Other Criteria	<p>Short-acting opioids will be approved if ALL of the following is met:</p> <ul style="list-style-type: none"> <li>a. Prescriber attests that the patient HAS NOT received Medication-Assisted Treatment for the treatment of opioid dependence in the last 60 days AND</li> <li>b. Prescriber attests that the patient HAS NOT received a prescription for an opioid, a benzodiazepine, AND a muscle relaxant in the last 60 days AND</li> <li>c. Prescriber attests that the member's treatment plan includes a long-acting opioid when the member has an elevated morphine milligram equivalent greater than 50 mg/day, unless contraindicated AND</li> <li>d. Documentation that shows the patient's diagnosis, evaluation, and medical assessment for the requested medication AND</li> <li>e. Prescriber has completed a risk assessment for aberrant behavior associated with opioid misuse AND</li> <li>f. A signed pain management agreement between the patient and prescriber in the past 6 months AND</li> <li>g. Prescriber has checked the state controlled substance database in the last 90 days AND</li> <li>h. A treatment plan is in place between the patient and provider.</li> </ul>

Please submit coverage reviews through CoverMyMeds in Availity or by calling **1-800-924-7141**.

Note: Not all opioids may be covered on the member's formulary.