

# OPIOIDS PRIOR AUTHORIZATION CRITERIA



**Included Products:** MS Contin (morphine ER), Oxycontin (oxycodone ER), Duragesic (fentanyl patch)

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*The following criteria apply to all reviews including PA required for included products, quantity limit exceeded, and formulary exception.*

All Diagnoses and Quantity Limit Exceptions			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the diagnosis covered under Oregon Medicaid?	Continue to #2.	Do not approve.
2.	Are opioids relatively contraindicated for the indication including, but not limited to the following?: <ul style="list-style-type: none"> <li>a. Treatment of an inappropriate condition, such as migraines, central pain syndrome, or fibromyalgia</li> <li>b. Concomitant prescribing of a benzodiazepine</li> <li>c. Extended-release opioids for acute pain</li> </ul>	Do not approve. Not medically appropriate.	Continue to #3.
3.	Which product is requested? <ul style="list-style-type: none"> <li>a. Morphine ER, continue to #9.</li> <li>b. Oxycontin, continue to #8.</li> <li>c. Fentanyl Patch, continue to #8.</li> <li>d. Buprenorphine Patch, continue to #5.</li> <li>e. All other formulary immediate release, continue to #10.</li> <li>f. Non-formulary opioid not listed below, continue to #4.</li> </ul>		
4.	Have all appropriate formulary opioids been failed? See quantity limit list below.	Continue to appropriate diagnosis.	Do not approve.
5.	Is the request for tapering off low dose oral buprenorphine?	Continue to opioid use disorder	Continue to #6.

		criteria.	
6.	Is the request for chronic pain with comorbid opioid use disorder?	Continue to #7.	Continue to #8.
7.	Is there a reason oral buprenorphine cannot be used?	Continue to #10.	Do not approve.
8.	Has morphine extended release been failed or would it be inappropriate for the member?	Continue to #10.	Do not approve.
9.	Have immediate release opioids been failed?	Continue to #10.	Do not approve.
10.	Does the quantity exceed plan quantity limits as listed below?	Continue to appropriate diagnosis, then to quantity limit criteria.	Continue to appropriate diagnosis.

Back or Spine Pain			
Initial Criteria		If yes	If no
1.	Is the request for opioids for the treatment of acute injury, acute flare of chronic pain, or surgery during the first 90 days?	Continue to #2.	Continue to #5.
2.	Is the request for extended-release opioids?	Do not approve.	Continue to #3.
3.	Is the request for opioids for the treatment of acute injury, acute flare of chronic pain, or surgery during the first 6 weeks?	Continue to #4.	Continue to #7.
4.	Have one or more alternative first line pharmacologic therapies such as NSAIDs, acetaminophen, and muscle relaxers have been tried and found not effective or contraindicated?	Continue to #8.	Do not approve. Does not meet Guideline Note 60 of the Prioritized List of Health Services.
5.	Is the request for long term opioid treatment greater than 90 days after acute injury, acute flare of chronic pain, or surgery?	Continue to #6.	Do not approve. Evaluate other diagnoses.
6.	Is there a comprehensive individual treatment plan for chronic pain, taking into account the biological, behavioral, psychological and social factors which may influence each individual's experience of chronic pain as well as any current and past treatments?	Continue to #7.	Do not approve. Does not meet Guideline Note 60 of the Prioritized List of Health Services.

7.	Has the member's function been improved while on opioids?	Continue to #8.	Do not approve. Does not meet Guideline Note 60 of the Prioritized List of Health Services.
8.	Have the opioids been prescribed with a plan to keep active (home or prescribed exercise regimen) and additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, when available?	Continue to #9.	Do not approve. Does not meet Guideline Note 60 of the Prioritized List of Health Services.
9.	Has the member's risk been assessed for ALL of the following? <ul style="list-style-type: none"> <li>a. Risk of abuse</li> <li>b. Risk of respiratory adverse events</li> <li>c. Mental Health/Depression screening</li> <li>d. PDMP report</li> <li>e. Urine drug screen, after acute phase of treatment</li> </ul>	Continue to #10.	Do not approve.
10.	Is the dosing within plan quantity limits?	Continue to #11.	Continue to quantity limit exception criteria.
11.	Approve for 12 months.		
<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Have the opioids been prescribed with a plan to keep active (home or prescribed exercise regimen) and additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, when available?	Continue to #2.	Do not approve.
2.	Has the member's function been improved while on opioids?	Continue to #3.	Do not approve.
3.	Has the member's risk been assessed for ALL of the following? <ul style="list-style-type: none"> <li>a. Risk of abuse</li> <li>b. Risk of respiratory adverse events</li> <li>c. Mental Health/Depression screening</li> <li>d. Urine drug screen</li> <li>e. PDMP report</li> </ul>	Continue to #4.	Do not approve.
4.	Is the dosing within plan quantity limits?	Continue to #5.	Continue to

			quantity limit exception criteria.
5.	Approve for 12 months.		

Palliative Care or Active cancer			
Initial Criteria		If yes	If no
1.	Does the member have active cancer pain or is the member in a palliative care program?	Continue to #2.	Do not approve.
2.	Is the dosing within plan quantity limits?	Continue to #3.	Continue to quantity limit exception criteria.
3.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Does the member still have active cancer pain or is the member still in a palliative care program?	Continue to #2.	Do not approve.
2.	Is the dosing within plan quantity limits?	Continue to #3.	Continue to quantity limit exception criteria.
3.	Approve for 12 months		

Other Pain			
Initial Criteria		If yes	If no
1.	Have the opioids been prescribed with a plan to keep active (home or prescribed exercise regimen) and additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, when available?	Continue to #2.	Do not approve.
2.	Has the member's function been improved while on opioids?	Continue to #3.	Do not approve.
3.	Has the member's risk been assessed for ALL of the following? a. Risk of abuse	Continue to #4	Do not approve.

	<ul style="list-style-type: none"> <li>b. Risk of respiratory adverse events</li> <li>c. Mental Health/Depression screening</li> <li>d. Urine drug screen</li> <li>e. PDMP report</li> </ul>		
4.	Is the dosing within plan quantity limits?	Continue to #5.	Continue to quantity limit exception criteria.
5.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Have the opioids been prescribed with a plan to keep active (home or prescribed exercise regimen) and additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, when available?	Continue to #2.	Do not approve.
2.	Has the member's function been improved while on opioids?	Continue to #3.	Do not approve.
3.	Has the member's risk been assessed for ALL of the following? <ul style="list-style-type: none"> <li>a. Risk of abuse</li> <li>b. Risk of respiratory adverse events</li> <li>c. Mental Health/Depression screening</li> <li>d. Urine drug screen</li> <li>e. PDMP report</li> </ul>	Continue to #4	Do not approve.
4.	Is the dosing within plan quantity limits?	Continue to #5.	Continue to quantity limit exception criteria.
5.	Approve for 12 months.		

## Opioid Use Disorder (buprenorphine taper)

Initial Criteria		If yes	If no
1.	Is the member currently on 1mg - 2mg per day of oral buprenorphine and unable to taper any further?	Continue to #2.	Do not approve.
2.	Is the request for the 20mcg/hr or lower strength patch?	Continue to #3.	Do not approve.
3.	Approve for 3 months.		

Renewal Criteria		If yes	If no
1.	Has the member already been on buprenorphine patches for 6 months?	Do not approve.	Continue to #3.
2.	Has the member been able to titrate down to lower strength patches since starting therapy?	Continue to #3.	Do not approve.
3.	Approve for 3 months.		

Quantity Limit Exception Criteria			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is this an initial fill on the plan within standard quantity limits and clinically approved?	Continue to #2.	Continue to #3.
2.	Is the member opioid naïve?	Not eligible for clinical review. Initial opioid fills are limited to 7 days supply.	Initial fill day supply limits can be overridden by the pharmacy. Not eligible for clinical review.
3.	Does the request exceed the maximum daily quantity as listed below?	Continue to #4.	Request does not require an exception.
4.	Is the request for fentanyl patches every 48 hours?	Continue to #5.	Continue to #6.
5.	Have fentanyl patches at standard 72 hour dosing been failed due to loss of pain control within the dose interval?	Continue to #10.	Do not approve exception.
6.	Is the request for immediate release opioids?	Continue to #7.	Continue to #8.
7.	Does the product contain acetaminophen?	Do not approve exception. Not medically appropriate.	Continue to #9.
8.	Can the dose be consolidated with fewer pills or separate prescriptions to within the quantity limit?	Do not approve and request consolidation.	Continue to #9.
9.	Does the provider document that quantities or intervals under the quantity limit have been ineffective and it is medically necessary to maintain on the dose?	Continue to #10.	Do not approve.
10.	Approve for 12 months as requested.		

Renewal Criteria		If yes	If no
1.	Does the provider document medical necessity to continue the current dose and interval?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		