Optum Rx®

# Criteria for Indiana Medicaid
# Opioid Overutilization PA with QL

*Prepared for State of Indiana by OptumRx*

## EXECUTIVE SUMMARY

**Purpose:** Promote prudent prescribing of opioid agents

**Setting & Population:** All members

**Type of Criteria:** ☒ **Increased Risk of ADE** ☐ **Appropriate Indications** ☒ **Non-Preferred Agent** ☒ **Other:**

**Data Sources:** ☐ **Only administrative databases** ☒ **Databases + Prescriber-supplied**

## TARGETED PRODUCTS

| DRUG NAME - Short Acting Products | |
|---|---|
| ACETAMINOPHEN WITH CODEINE | MEPERIDINE HCL |
| BELLADONNA/OPIUM | MORPHINE SULFATE |
| BENZHYDROCODONE/APAP | NALBUPHINE HCL |
| BUPRENORPHINE | OPIUM TINCTURE |
| BUTORPHANOL TARTRATE | OXYCODONE HCL |
| CHLORPHENIRAMINE/CODEINE PHOS | OXYCODONE HCL/ACETAMINOPHEN |
| CODEINE PHOSPHATE | OXYCODONE HCL ABUSE DETERRENT |
| CODEINE SULF | OXYMORPHONE HCL |
| CODEINE/BUTALBIT/ACETAMIN/CAFF | PENTAZOCINE HCL/NALOXONE HCL |
| CODEINE/BUTALBITAL/ASA/CAFFEIN | PHENHYLEPHRINE/CODEINE/TRIPROLIDINE |
| DHCODEINE BT/ACETAMINOPHN/CAFF | PROMETHAZINE/CODEINE |
| GUAIFENESIN/CODEINE PHOS | PROMETHAZINE VC/CODEINE |
| HYDROCODONE BIT/ACETAMINOPHEN | TAPENTADOL HYDROCHLORIDE |
| HYDROCODONE BIT/HOMATROPINE | TRAMADOL HCL |
| HYDROCODONE/IBUPROFEN | TRAMADOL HCL/ACETAMINOPHEN |
| HYDROMORPHONE HCL | TRAMADOL HCL/CELECOXIB |
| LEVORPHANOL TARTRATE | |
| **DRUG NAME - Long-Acting Products** | |
| BUPRENORPHINE PATCH TDWK TRANSDERM | MORPHINE SULFATE CPMP 24HR ORAL |
| FENTANYL PATCH TD72 TRANSDERM | MORPHINE SULFATE CAP SR PEL ORAL |
| HYDROCODONE BITARTRATE TAB ER 24 HR | MORPHINE SULFATE TABLET ER ABUSE-DETERRENT |
| HYDROCODONE BITARTRATE CAP ER 12 HR | MORPHINE SULFATE TABLET SA ORAL |

| | |
|---|---|
| HYDROCODONE POLY/CHLORPHENIRAMINE | OXYCODONE HCL CAP ER 12H AD ORAL |
| HYDROMORPHONE HCL TAB ER 24 ORAL | OXYCODONE HCL TAB.SR 12H ORAL |
| METHADONE HCL TABLET ORAL | OXYMORPHONE HCL TAB.SR 12H ORAL |
| METHADONE HCL SOLUTION ORAL | TAPENTADOL HCL TAB ER 12H ORAL |
| METHADONE HCL CONCENTRATE ORAL | TRAMADOL HCL TBMP 24HR ORAL |
| METHADONE HCL INJ | TRAMADOL HCL CPMP ORAL |

## APPROVAL DURATION

- Approvals will be granted up to 1 year unless otherwise specified below (members transitioning to hospice care may receive approval for a 30-day supply only)

## APPROVAL CRITERIA

*Prior authorization for the prescribed drug will be granted when the following approval criteria has been met:*

## SHORT-ACTING OPIOIDS

### PREFERRED SHORT-ACTING OPIOID THERAPY – SHORT TERM USE^

^Members may utilize preferred short-acting opioid therapy without requiring prior authorization if they meet the following:

- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Submitted claim does not exceed 60 morphine milligram equivalent (MME) per day
- Must meet utilization edits, if applicable (Table 2)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review.

### NON-PREFERRED SHORT-ACTING OPIOID THERAPY – SHORT TERM USE

Must meet the following:

- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Submitted claim does not exceed 60 morphine milligram equivalent (MME) per day
- Member has a history of at least 2 different preferred short-acting opioid products (2 different ingredients) in the past 6 months (excluding claims with an emergency indicator)
- Must meet utilization edits, if applicable (Table 2)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review.

## PREFERRED SHORT-ACTING OPIOID THERAPY – LONG TERM USE

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one short-acting opioid agent
    - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- Must meet utilization edits, if applicable (Table 2)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet Opioid and Benzodiazepine Concurrent Therapy criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review. Requests for durations longer than 14 days (7 days + 7 days) for members that have undergone significant surgical intervention or other severe acute injury causing significant pain will be reviewed on a case-by-case basis and will not exceed 30 days in duration without further subsequent PA review for continued use.

## NON-PREFERRED SHORT-ACTING OPIOID THERAPY – LONG TERM USE

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one short-acting opioid agent
    - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
  - Member has a history of at least 2 different preferred short-acting products (2 different ingredients) in the past 6 months (excluding claims with an emergency indicator)
  - History of the requested agent for 90 of the past 105 days (stable therapy)
- Must meet utilization edits, if applicable (Table 2)
- Absence of denial criteria*

## DRUG-SPECIFIC SHORT-ACTING OPIOID THERAPY CRITERIA

Seglentis (celecoxib/tramadol) – short-term use

Must meet all of the following:

- Member is 18 years of age or older
- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Submitted claim does not exceed 60 morphine milligram equivalent (MME) per day
- Prescriber has provided valid rationale as to why separate components are unsuitable for use

- Must meet utilization edits (Table 2)
- Absence of denial criteria*

Seglentis (celecoxib/tramadol) – long-term use
Must meet all of the following:
- Member is 18 years of age or older
- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one short-acting opioid agent
        - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - Prescriber has provided valid rationale as to why separate components are unsuitable for use
    - History of the requested agent for 90 of the past 105 days (stable therapy)
- Must meet utilization edits (Table 2)
- Absence of denial criteria*

Tramadol 5 mg/mL oral solution – short-term use
Must meet all of the following:
- Member is 18 years of age or older
- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Submitted claim does not exceed 60 milligram morphine equivalents (MME) per day
- Prescriber has provided documentation as to why the tablets are not suitable for use
- Absence of denial criteria*

Tramadol 5 mg/mL oral solution – long-term use
Must meet all of the following:
- Member is 18 years of age or older
- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one short-acting opioid agent
        - Member will not be exceeding the established total milligram morphine equivalents (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - History of the requested agent for 90 of the past 105 days (stable therapy)
    - Prescriber has provided documentation as to why the tablets are not suitable for use
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review. Requests for durations longer than 14 days (7 days + 7 days) for members that have undergone significant surgical intervention or other severe acute injury causing significant pain will be reviewed on a case-by-case basis and will not exceed 30 days in duration without further subsequent PA review for continued use.

## LONG-ACTING OPIOIDS

### PREFERRED LONG-ACTING OPIOID THERAPY

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one long-acting opioid agent
    - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review.

### NON-PREFERRED LONG-ACTING OPIOID THERAPY

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one long-acting opioid agent
    - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
  - Member has a history of at least 2 different preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with an emergency indicator)
  - Member has a history of the requested agent for 90 of the past 105 days (stable therapy)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for codeine, codeine combination products, tramadol, tramadol containing products, and narcotic antitussives for members under the age of 18 will require prior authorization for medical necessity review.

**Note:** Methadone for the diagnosis of opioid use disorder (OUD) is not permissible for reimbursement through the pharmacy benefit. By law, only a SAMHSA-certified opioid treatment program (OTP) can dispense methadone for the treatment of OUD, as governed by 42 CFR 8. Patients taking methadone to treat OUD must receive the medication under the supervision of a practitioner at an OTP facility. The Indiana Health Coverage Programs (IHCP) requires providers to enroll under the Addiction Services/OTP provider type and to bill services as outlined in the Indiana Health Coverage Programs provider bulletin BT201755.

## DRUG-SPECIFIC LONG-ACTING OPIOID THERAPY CRITERIA

Belbuca (buprenorphine sublingual)
Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one long-acting opioid agent
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
  - History of the requested agent for 90 of the past 105 days (stable therapy)
  - History of at least 14 days of Butrans (buprenorphine) patches within the past 90 days
  - Prescriber has provided valid medical rationale as to why Butrans (buprenorphine patches) are unsuitable for use
- Diagnosis of pain
- Absence of denial criteria*

Fentanyl patches
Must meet all of the following:

- One of the following:
  - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
    - Member is not utilizing more than one long-acting opioid agent
    - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
  - Member has one of the following indications for long-term opioid use:
    - Cancer
    - Sickle cell disease
    - Palliative care
    - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
  - History of the requested agent for 90 of the past 105 days (stable therapy)
  - Member has a history of dysphagia
  - Member has a history of a NPO code on their profile or has provider-supplied information that member is NPO in the past 6 months
  - Member has an active diagnosis of cancer

    - Member has a history of at least 1 preferred long-acting opioid agent in the past 120 days (excluding claims with an emergency indicator)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

Hysingla ER (hydrocodone ER)
Must meet all of the following:
- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one long-acting opioid agent
        - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - History of the requested agent for 90 of the past 105 days (stable therapy)
    - History of at least 2 different preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator) AND 2 different non-preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

Oxymorphone ER
Must meet all of the following:
- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one long-acting opioid agent
        - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - History of the requested agent for 90 of the past 105 days (stable therapy)
    - History of at least 2 different preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator) AND 2 different non-preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

Tramadol ER products
Must meet all of the following:
- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one long-acting opioid agent

        - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - History of the requested agent for 90 of the past 105 days (stable therapy)
    - History of immediate release tramadol for 90 of the past 120 days
- Member is 18 years of age or older
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

Xtampza ER (oxycodone ER abuse deterrent)
Must meet all of the following:

- One of the following:
    - Member is a current utilizer of opioid therapy (at least 90 days of therapy in the past 120 days) AND the following:
        - Member is not utilizing more than one long-acting opioid agent
        - Member will not be exceeding the established total morphine milligram equivalent (MME) with use of all concurrent opioid agents (see below)**
    - Member has one of the following indications for long-term opioid use:
        - Cancer
        - Sickle cell disease
        - Palliative care
        - Other terminal diagnosis associated with significant pain (medical necessity review)
- One of the following:
    - History of the requested agent for 90 of the past 105 days (stable therapy)
    - History of at least 2 different preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator) AND 2 different non-preferred long-acting opioid products (2 different ingredients) in the past 90 days (excluding claims with emergency indicator)
- Must meet utilization edits (Table 3)
- Absence of denial criteria*

## NARCOTIC ANTITUSSIVES

### PREFERRED NARCOTIC ANTITUSSIVE THERAPY – SHORT TERM USE^

^Members may utilize preferred short-acting narcotic antitussive therapy without requiring prior authorization if they meet the following:

- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Member is 18 years of age or older
- Must meet utilization edits (Table 4)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for members under the age of 18 will require prior authorization for medical necessity review.

## NON-PREFERRED NARCOTIC ANTITUSSIVE THERAPY – SHORT TERM USE

Must meet the following:

- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 45 days
- Member is 18 years of age or older
- Member has a history of at least 2 different preferred narcotic antitussive products (2 different ingredients) in the past 6 months (excluding claims with an emergency indicator)
- Must meet utilization edits (Table 4)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet **Opioid and Benzodiazepine Concurrent Therapy** criteria (see below). Requests for members under the age of 18 will require prior authorization for medical necessity review.

## PREFERRED NARCOTIC ANTITUSSIVE THERAPY – LONG TERM USE

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of narcotic antitussive therapy (at least 90 days of therapy in the past 120 days)
  - Member has one of the following indications:
    - Cancer
    - Palliative care
    - Other terminal diagnosis with concomitant irretractable cough (medical necessity review)
- Member is 18 years of age or older
- Must meet utilization edits (Table 4)
- Absence of denial criteria*

**Note:** Concurrent use with benzodiazepine therapy must meet Opioid and Benzodiazepine Concurrent Therapy criteria (see below). Requests for members under the age of 18 will require prior authorization for medical necessity review.

## NON-PREFERRED NARCOTIC ANTITUSSIVE THERAPY – LONG TERM USE

Must meet all of the following:

- One of the following:
  - Member is a current utilizer of narcotic antitussive therapy (at least 90 days of therapy in the past 120 days)
  - Member has one of the following indications:
    - Cancer
    - Palliative care
    - Other terminal diagnosis with concomitant irretractable cough (medical necessity review)
- Member is 18 years of age or older
- One of the following:
  - Member has a history of at least 2 different preferred narcotic antitussive products (2 different ingredients) in the past 6 months (excluding claims with an emergency indicator)
  - History of the requested agent for 90 of the past 105 days (stable therapy)
- Must meet utilization edits (Table 4)
- Absence of denial criteria*

## ADDITIONAL OPIOID BENEFIT INFORMATION

***DENIAL CRITERIA**

- Concurrent claims for buprenorphine/naloxone or buprenorphine therapy, excluding buprenorphine patches (Butrans) and sublingual buprenorphine indicated for the treatment of pain (Belbuca), within the past 45 days
- Concurrent use with carisoprodol and combinations (medical necessity review required for concurrent use)
- Concurrent claim for Lybalvi (olanzapine/samidorphan) within the past 45 days
- Concurrent claim for benzodiazepine therapy exceeding a 7-day supply every 180 days
- >/= 5 different prescribers of opioids in the past 60 days

****MAXIMUM ALLOWABLE DAILY MORPHINE MILLIGRAM EQUIVALENT (MME) LIMITS**

In an effort to positively impact the opioid epidemic affecting Indiana Hoosiers and to meet the requirements of federal legislation, the IHCP announces updates to its opioid utilization prior authorization (PA) criteria. The following changes will be effective for claims with dates of service (DOS) on or after April 1, 2022:

- **Starting April 1, 2022, the maximum allowable limit will be 1000 MME/day**
- Subsequently, the maximum allowable daily MME limits will decrease by no more than 10% on a quarterly basis, ending with a final limit of 90 MME/day **(See Table 1 for planned taper schedule)**
- Prior authorization will be required for opioid claims exceeding the maximum allowable daily MME limits implemented on April 1, 2022 and each subsequent quarter
    - Maximum allowable daily morphine milligram equivalent (MME) limits will apply to all opioid claims for all IHCP members with the exception of the following:
        - Member has one of the following indications (1-year approval):
            - Cancer
            - Sickle Cell disease
            - Palliative Care
            - Other terminal diagnosis associated with significant pain (medical necessity review)
        - Provider has submitted an alternate taper plan with specific doses and durations (6-month approval)
        - Member has attempted a dose reduction of their opioid therapy within the past 12 months and all of the following (1-year approval):
            - Attempt at MME reduction can be identified by chart notes or claims history
            - Provider has submitted chart notes demonstrating adverse outcomes experienced with attempted taper
- Claims exceeding the maximum allowable MME limit will deny with a “MME max limit exceeded” (reject 88) denial message (Note- these claims may also include rejection message "exceeds quantity limit" (reject 76) and/or "prior authorization required" (reject 75) depending on utilization edits and preferred/non-preferred status for the specific medication, and depending on other patient/case specifics)
    - Dispensing pharmacies may utilize a one-time override per member for opioid claims exceeding the limit every six months
    - Pharmacy providers utilizing the override, should take steps to notify the prescriber so the prescriber is aware that further treatment consideration may be necessary

Providers should take steps now to review and evaluate medication regimens for their IHCP members currently prescribed opioids, including member opioid prescriptions displayed in Indiana’s prescription drug monitoring program, INSPECT. To avoid delays in therapy, please consider initiating opioid tapering or proactively submitting prior authorization requests for your IHCP members prescribed opioids exceeding initial and planned subsequent quarterly reductions in the maximum allowable daily MME limit.

**OPIOID AND BENZODIAZEPINE CONCURRENT THERAPY***

*Requests for concurrent opioid and benzodiazepine therapy exceeding a 7-day supply every 180 days

- Must meet all of the following:
    - Indications provided for both the benzodiazepine agent(s) and the opioid agent(s)
    - Documentation of previous therapies attempted for the indication(s) above

- **Prescriber signed attestation:**
  - The member's INSPECT report has been evaluated and continues to be evaluated on a regular basis
  - The member has been educated in regard to the risks of concurrent utilization of opioid and benzodiazepine therapy, and the member accepts these risks
  - The prescriber has consulted any other prescribers involved in concurrent therapy and all prescribers agree to pursue concurrent opioid and benzodiazepine therapy for the member, if applicable
  - The prescriber acknowledges the risk of adverse event(s), including respiratory depression, coma, and death, associated with concurrent utilization

**Notes:**

- Concurrent utilization will include members with a claim for a benzodiazepine in the past 30 days
- Current utilizers of benzodiazepines and opioids concurrently (utilizing for 90 of the past 120 days) will be exempt from this PA criteria at this time
- Documentation will be reviewed for medical necessity including, but not limited to, appropriate diagnoses and trials of other agents
- **Prescriber must submit documentation via fax form with signed attestation**

**TABLE 1: PLANNED TAPER SCHEDULE FOR MME LIMIT REDUCTION (2023-2024)**

| Date of Reduction | MME Daily Limit | Date of Reduction | MME Daily Limit |
|---|---|---|---|
| ~~April 1, 2022~~ | ~~1,000~~ | ~~January 1, 2024~~ | ~~525~~ |
| ~~July 1, 2022~~ | ~~900~~ | **April 1, 2024** | **475** |
| ~~October 1, 2022~~ | ~~825~~ | July 1, 2024 | 450 |
| ~~January 1, 2023~~ | ~~750~~ | October 1, 2024 | 425 |
| ~~April 1, 2023~~ | ~~675~~ | January 1, 2025 | 400 |
| ~~July 1, 2023~~ | ~~625~~ | April 1, 2025 | 375 |
| ~~October 1, 2023~~ | ~~575~~ | July 1, 2025 | 350 |
| | | October 1, 2025 | 325 |

**TABLE 2: SHORT-ACTING OPIOID QUANTITY LIMITS**

| Drug Name | Dosage Form | Strength | | Age Limit | Quantity Limit Short-Term | Quantity Limit Long-Term |
|---|---|---|---|---|---|---|
| butorphanol | Nasal Spray | 10 | mg/mL | ≥ 18 | 2.5 mL (1 bottle)/30 days | 2.5 mL (1 bottle)/30 days |
| Nucynta (tapentadol) | Tabs | 50 | mg | --- | 3/day | 6/day |
| Nucynta (tapentadol) | Tabs | 75 | mg | --- | 2/day | 6/day |
| Nucynta (tapentadol) | Tabs | 100 | mg | --- | 1.5/day | 6/day |
| tramadol | Solution | 5 | mg/mL | ≥ 18 | 60 mL/day | 80 mL/day |
| tramadol | Tabs | 25 | mg | ≥ 18 | 6/day | 8/day |
| tramadol | Tabs | 50 | mg | ≥ 18 | 6/day | 8/day |
| tramadol | Tabs | 100 | mg | ≥ 18 | 3/day | 4/day |
| tramadol/acetaminophen | Tabs | 37.5/325 | mg | ≥ 18 | 8/day | 10.6/day (if criteria to exceed APAP limit met) |
| Seglentis (tramadol/celecoxib) | Tabs | 44/56 | mg | ≥ 18 | 4/day | 4/day |

## TABLE 3: LONG-ACTING OPIOIDS QUANTITY LIMITS

| Drug Name | Dosage Form | Route | Strength | | Quantity Limit |
|---|---|---|---|---|---|
| Butrans (buprenorphine) | Patch | TOP | 5 | mcg | 4/28 days |
| Butrans (buprenorphine) | Patch | TOP | 7.5 | mcg | 4/28 days |
| Butrans (buprenorphine) | Patch | TOP | 10 | mcg | 4/28 days |
| Butrans (buprenorphine) | Patch | TOP | 15 | mcg | 4/28 days |
| Butrans (buprenorphine) | Patch | TOP | 20 | mcg | 4/28 days |
| Conzip (tramadol ER) | ER Caps | PO | 100 | mg | 1/day |
| Conzip (tramadol ER) | ER Caps | PO | 200 | mg | 1/day |
| Conzip (tramadol ER) | ER Caps | PO | 300 | mg | 1/day |
| Fentanyl | Patch | TOP | 12 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 25 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 50 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 62.5 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 75 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 87.5 | mcg | 10/30 days |
| Fentanyl | Patch | TOP | 100 | mcg | 10/30 days |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 10 | mg | 2/day |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 15 | mg | 2/day |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 20 | mg | 2/day |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 30 | mg | 2/day |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 40 | mg | 2/day |
| Hydrocodone ER (previous brand Zohydro) | ER 12h Caps | PO | 50 | mg | 2/day |
| Hydromorphone ER (previous brand Exalgo) | ER 24h Tabs | PO | 8 | mg | 1/day |
| Hydromorphone ER (previous brand Exalgo) | ER 24h Tabs | PO | 12 | mg | 2/day |
| Hydromorphone ER (previous brand Exalgo) | ER 24h Tabs | PO | 16 | mg | 1/day |
| Hydromorphone ER (previous brand Exalgo) | ER 24h Tabs | PO | 32 | mg | 2/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 20 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 30 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 40 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 60 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 80 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 100 | mg | 1/day |
| Hysingla ER (hydrocodone bitartrate ER) | ER 24h Tabs | PO | 120 | mg | 1/day |
| Kadian (morphine ER) | ER Caps | PO | 10 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 20 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 30 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 40 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 50 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 60 | mg | 2/day |

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|---|---|---|---|---|---|
| Kadian (morphine ER) | ER Caps | PO | 80 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 100 | mg | 2/day |
| Kadian (morphine ER) | ER Caps | PO | 200 | mg | 2/day |
| Methadone | Injection | IV | 10 | mg/mL | 6 mL/day |
| Methadone | Solution | PO | 10 | mg/5 mL | 30 mL/day |
| | | | | | 60 mL/day for exclusionary diagnoses* |
| Methadone | Solution | PO | 5 | mg/5 mL | 60 mL/day |
| Methadone (concentrate) | Solution | PO | 10 | mg/mL | 6 mL/day |
| | | | | | 12 mL/day for exclusionary diagnoses* |
| Methadone | Tabs | PO | 10 | mg | 6/day |
| | | | | | 12/day for exclusionary diagnoses* |
| Methadone | Tabs | PO | 5 | mg | 12/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 30 | mg | 2/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 45 | mg | 2/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 60 | mg | 2/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 75 | mg | 2/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 90 | mg | 2/day |
| Morphine ER (previous brand Avinza) | ER Caps | PO | 120 | mg | 2/day |
| MS Contin (morphine ER) | ER Tabs | PO | 15 | mg | 3/day |
| MS Contin (morphine ER) | ER Tabs | PO | 30 | mg | 3/day |
| MS Contin (morphine ER) | ER Tabs | PO | 60 | mg | 3/day |
| MS Contin (morphine ER) | ER Tabs | PO | 100 | mg | 3/day |
| MS Contin (morphine ER) | ER Tabs | PO | 200 | mg | 3/day |
| Nucynta ER (tapentadol ER) | ER Tabs | PO | 50 | mg | 2/day |
| Nucynta ER (tapentadol ER) | ER Tabs | PO | 100 | mg | 2/day |
| Nucynta ER (tapentadol ER) | ER Tabs | PO | 150 | mg | 2/day |
| Nucynta ER (tapentadol ER) | ER Tabs | PO | 200 | mg | 2/day |
| Nucynta ER (tapentadol ER) | ER Tabs | PO | 250 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 10 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 15 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 20 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 30 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 40 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 60 | mg | 2/day |
| Oxycontin (oxycodone ER) | ER Tabs | PO | 80 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 5 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 7.5 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 10 | mg | 2/day |

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|---|---|---|---|---|---|
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 15 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 20 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 30 | mg | 2/day |
| Oxymorphone ER (previous brand Opana) | ER Tabs | PO | 40 | mg | 2/day |
| Tramadol ER (previous brand Ultram ER) | ER 24h Tabs | PO | 100 | mg | 1/day |
| Tramadol ER (previous brand Ultram ER) | ER 24h Tabs | PO | 200 | mg | 1/day |
| Tramadol ER (previous brand Ultram ER) | ER 24h Tabs | PO | 300 | mg | 1/day |
| Tramadol ER (previous brand Ryzolt) | ER 24h Tabs | PO | 100 | mg | 1/day |
| Tramadol ER (previous brand Ryzolt) | ER 24h Tabs | PO | 200 | mg | 1/day |
| Tramadol ER (previous brand Ryzolt) | ER 24h Tabs | PO | 300 | mg | 1/day |
| Xtampza ER (oxycodone ER) | ER Caps | PO | 9 | mg | 2/day |
| Xtampza ER (oxycodone ER) | ER Caps | PO | 13.5 | mg | 2/day |
| Xtampza ER (oxycodone ER) | ER Caps | PO | 18 | mg | 2/day |
| Xtampza ER (oxycodone ER) | ER Caps | PO | 27 | mg | 2/day |
| Xtampza ER (oxycodone ER) | ER Caps | PO | 36 | mg | 2/day |

*Exclusionary diagnoses include cancer, sickle cell disease, palliative care, and other terminal diagnosis associated with significant pain (medical necessity review)

**TABLE 4: NARCOTIC ANTITUSSIVE QUANTITY LIMITS**

| Drug Name | Dosage Form | Strength | | Age Limit | Quantity Limit Short-Term | Quantity Limit Long-Term |
|---|---|---|---|---|---|---|
| guaifenesin/codeine | Solution | 100-10 | mg/5 mL | ≥ 18 | 6 oz/Rx | 6 oz/Rx |
| Hydromet (hydrocodone/homatropine) | Syrup | 5-1.5 | mg/5 mL | ≥ 18 | 6 oz/Rx | 6 oz/Rx |
| hydrocodone/homatropine | Tabs | 5-1.5 | mg | ≥ 18 | 36 tabs/Rx | 36 tabs/Rx |
| hydrocodone polst/chlorpheniramine polst ER | Suspension | 10-8 | mg/5 mL | ≥ 18 | 4 oz/Rx | 4 oz/Rx |
| promethazine/codeine | Solution/Syrup | 6.25-10 | mg/5 mL | ≥ 18 | 6 oz/Rx | 6 oz/Rx |
| promethazine/phenylephrine /codeine | Syrup | 6.25-5-10 | mg/5 mL | ≥ 18 | 6 oz/Rx | 6 oz/Rx |

☐ Existing Criteria
☒ Revision of Existing Criteria
☐ New Criteria