



Opioid Cumulative Dosing Override

EOCCO POLICY



Policy Type: PA Pharmacy Coverage Policy: EOCCO101

Description

Opioid cumulative dosing for substance use-disorder prevention that promotes opioid recovery and treatment.

Length of Authorization

- Initial: 12 months
- Renewal: 12 months

Initial Evaluation

- I. Opioid therapy above 200 morphine milligram equivalence (MME) dose may be considered medically necessary when the following criteria below are met:
 - A. Member has been identified as being enrolled in hospice (i.e., plan notification, member attribute, physician/member notification on the medication request form); **OR**
 - B. Member meets at least ONE of the following:
 1. Diagnosis of active cancer
 2. Receiving palliative care or end-of-life care
 3. Resident of a long-term care facility
 4. Diagnosis of sickle cell disease; **OR**
 - C. Member is undergoing treatment for chronic non-cancer pain and meets ALL the following conditions:
 1. Has a funded condition according to the Prioritized List of Health Services and the associated guideline notes
 2. Has a pain contract in place limiting the member to one provider and one pharmacy
 3. Has completed a urine drug screen, and has a protocol for random urine drug screening in place
 4. The provider has completed the opioid risk tool (ORT)
 5. Documentation that the provider has utilized the Oregon Prescription Drug Monitoring database to review transcripts and document the member's history of controlled substance prescriptions
 6. A written treatment plan stating goals are in place, and also includes documentation of functional status at baseline and during treatment; **AND**
 - D. Member has tried and failed non-medication therapies (e.g., physical therapy, acupuncture, etc.); **AND**
 - E. Provider attests that the member does not have ANY of the following conditions that exclude the member to opioid treatment:



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1. High opioid risk score from the ORT assessment
2. Currently being treated for opioid use disorder (e.g. Suboxone, buprenorphine, methadone, etc.)
3. Has taken a benzodiazepine consecutively for 90 days or more
4. Standard of care for the requested covered line diagnosis does not recommend opioids as a treatment option
5. Documentation in chart notes of lack of functional improvement after trial or chronic use of opioids
6. Active or history of substance or alcohol abuse in the past 12 months

Renewal Evaluation

- I. Please see initial evaluation.

Supporting Evidence

- I. This opioid cumulative dosing override policy was developed to be in compliance with the new federal regulation around Substance Use-Disorder Prevention that Promotes Opioid Recovery (SUPPORT) Act.
- II. The SUPPORT ACT requires a drug utilization review (DUR) when the cumulative morphine milligram equivalence (MME) dose is greater or equal to 90 MME.
 - Exemptions from this policy are:
 - i. Cancer
 - ii. Sickle Cell
 - iii. Hospice
 - iv. Long term care
- III. The Prioritized List of Health Services and the associated guidelines notes are developed by the Health Evidence Review Commission (HERC) to help rank health services based on a methodology that places a higher emphasis on preventive services and chronic disease management.
- IV. The Opioid Risk Tool (ORT) was developed by Dr. Lynn Webster and has been validated by a pilot study of patients with chronic pain. The ORT is a self-reported screening tool that aides prescribers in assessing if a patient is at risk for opioid abuse prior to prescribing opioid in the primary care setting for patients with chronic pain. The ORT is part of the assessment tools recommended by The Oregon Pain Guidance.



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References

1. Section 1927(g) of the Social Security Act. Department of Health and Human Services, CMS. April 2018. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18005.pdf>
2. HHS Guide for Clinicians on the Appropriate Dosage Reduction of Discontinuation of Long-Term Opioid Analgesics. Department of Health and Human Services, CMS. September 2019.
3. Oregon Health Authority Prioritized List and Associated Documents are available here: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>
4. Opioid Risk Tool can be accessed here: <http://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-Risk-Tool-ORT.pdf>

Policy Implementation/Update:

Date Created	February 2018
Date Effective	February 2018
Last Updated	October 2019
Last Reviewed	11/2019

Action and Summary of Changes	Date
Criteria was transitioned into policy format. As a result of the new U.S. Department of Health and Human Services (HHS) guidance relating to opioid tapering, the tapering requirement has been removed.	10/2019