



Opioid Naïve

EOCCO POLICY



Policy Type: PA

Pharmacy Coverage Policy: EOCCO102

Description

Opioid naïve policy for substance use-disorder prevention that promotes opioid recovery and treatment.

Length of Authorization

- Initial: 12 months
- Renewal: No renewal

Initial Evaluation

- I. Opioid therapy 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 meet 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 has a covered line diagnosis according to the Prioritized List of Health Services and the associated guidelines notes; **AND**
 1. Member has a pain contract in place limiting them to one provider and one pharmacy; **AND**
 2. Has completed a urine drug screen, and a protocol for random urine drug screen is in place; **AND**
 3. The provider has completed the opioid risk tool (ORT); **AND**
 4. There is documentation that the provider utilized the Oregon Prescription Drug Monitoring database to review transcripts and document the member's history of controlled substance prescriptions; **AND**
 5. A written treatment plan stating goals is in place, and includes documentation of functional status at baseline and during treatment; **OR**
 - D. Member is opioid experienced based on **ONE** of the following:
 1. Member's medication history submitted by the provider documents opioid use within the past 60 days; **OR**
 2. Provider attests that the member has been stable on the opioid therapy, and requires continuation of treatment; **AND**
 - i. Member has a pain contract in place limiting them to one provider and one pharmacy; **AND**



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- ii. Has completed a urine drug screen, and a protocol for random urine drug screen is in place; **AND**
 - iii. The provider has completed the opioid risk tool (ORT); **AND**
 - iv. There is documentation that the provider utilized the Oregon Prescription Drug Monitoring database to review transcripts and document the member's history of controlled substance prescriptions; **AND**
 - v. A written treatment plan stating goals is in place, and includes documentation of functional status at baseline and during treatment; **AND**
- E. Provider attests that the member does not have ANY of the following conditions that exclude the member to opioid treatment:
- 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. If there is a lapse in therapy and the claim halts as opioid naïve, please see initial evaluation.

Supporting Evidence

- I. This opioid naïve 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 an opioid naïve fill limit with the following provisions outlined below:
 - Opioid naïve member is defined as no history of opioid use within the past 60 days
 - Limits the subsequent number of opioid fills beyond 2 fills in 30 days for opioid naïve members
 - Exemptions from this policy are:
 - i. Cancer
 - ii. Sickle Cell
 - iii. Hospice
 - iv. Long term care



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- III. The Prioritized List of Health Services and the associated guideline 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 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.

References

1. Section 1927(g) of the Social Security Act. Baltimore, MD: CMS. April 2018. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18005.pdf>
2. Oregon Health Authority Prioritized List and Associated Documents are available here: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>
3. 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	October 2019
Date Effective	November 2019
Last Updated	January 2020
Last Reviewed	01/2020

Action and Summary of Changes	Date
Criteria updated to include opioid treatment exclusion criteria to better align with Opioid Cumulative Dosing policy and to ensure appropriateness of opioid use. All the initial evaluation criteria still applies upon renewal; therefore, renewal evaluation has been updated to route providers to initial evaluation.	01/2020
New Policy	10/2019