VENTURA COUNTY
HEALTH CARE PLAN

DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Opioids – Short-Acting Products Drug Quantity Management Policy (Adults) – Per Rx
Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.

- Alfentanil injectable
- Benzhydrocodone combination oral tablets
- Buprenorphine injectable
- Butorphanol injectable, nasal solution
- Codeine oral tablets, combination product oral tablets/capsules, combination product oral solution
- Dihydrocodeine combination oral tablets/capsules
- Fentanyl transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
- Hydrocodone combination product oral tablets, combination product oral solution
- Hydromorphone injectable, oral tablets, oral solution, rectal suppositories
- Levorphanol oral tablets
- Meperidine oral tablets, oral solution, injectable
- Morphine oral tablets, oral solution, injectable, rectal suppositories
- Nalbuphine injectable
- Opium/Belladonna rectal suppositories
- Oxycodone oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
- Oxymorphone oral tablets
- Pentazocine/naloxone oral tablets
- Remifentanil injectable
- Sufentanil injectable
- Tapentadol oral tablets
- Tramadol oral tablets, combination product oral tablets

REVIEW DATE: 06/30/2022

OVERVIEW

Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.[1]

Guidelines

In 2016, the Centers for Disease Control (CDC) published a guideline for prescribing opioids for chronic pain.[2] The guideline provides recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. In the guideline, chronic pain is defined as pain that typically lasts > 3 months or past the time of normal tissue healing, resulting from an underlying medical disease or condition, injury, medical treatment, inflammation, or an unknown cause. To support the guideline an updated evidence review of long-term opioid therapy for chronic pain outside of end-of-life care was undertaken and the results showed that evidence remains limited, with insufficient evidence to determine long-term benefits versus no opioid therapy. However, the evidence did suggest risk for serious harms that appears to be dose-dependent.

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain; if opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.[2] Before starting and periodically during opioid therapy, healthcare providers should discuss risks and realistic benefits of opioid therapy and also patient and clinician responsibilities for managing therapy with their patient. When starting opioid therapy for chronic pain, healthcare providers should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids at the lowest effective dosage.

The CDC guideline states that long-term opioid use often begins with treatment of acute pain.[2] When opioids are used for acute pain, the guideline recommends that clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids (i.e., ≤ 3 days and only rarely > 7 days). Clinicians should offer or arrange treatment for patients with opioid use disorder. These recommendations are supported by other opioid use guidelines.[3,4]

POLICY STATEMENT

This Drug Quantity Management program has been developed to restrict the initial days' supply of short-acting opioids for adults (≥ 18 years of age) to 7 days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse. A quantity sufficient for a 7-day supply per dispensing with up to four 7-day fills (28 days) in a 60-day period will be covered without coverage review. Additional quantities for greater than a 7-day supply or treatment duration longer than 28 days in 60 days will require coverage review. If the Drug Quantity Management rule is not met for the requested product at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Note: This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically.

Automation: This policy targets new users of short-acting opioid products only. If the patient has a history of any opioid of greater than or equal to a 28-day supply within the past 130 days, the claim will adjudicate. If the patient has a prescription for a cancer medication (see Appendix A for STC codes/descriptions used) within a 180-day period, the claim will adjudicate. When available, the ICD-10 codes for cancer/hospice will be used as part of automation to allow approval of the requested medication (see Appendix B).

CRITERIA

1. Approve the requested quantity if the patient who meets one of the following criteria (A, B or C):
- **A)** Patient has a cancer diagnosis; OR
- **B)** Patient is in hospice program, end-of-life care, or palliative care; OR
- **C)** For patients who do not have a cancer diagnosis, approve if the patient meets the following criteria (i, ii, and iii):
  - **i.** Non-opioid therapies (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs], acetaminophen) have provided an inadequate response or are inappropriate according to the prescriber; AND
  - **ii.** Patients history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescribing physician; AND
  - **iii.** Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescriber.

REFERENCES

1. Clinical Pharmacology [database online]. Tampa, FL: Elsevier/Gold Standard; 2022. Available at: http://www.clinicalpharmacology-ip.com/Default.aspx. Accessed on June 8, 2022. Search terms: Opioid Agonists.
2. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recommendations and Reports*. 2016;65(1):1-49. Available at: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. Accessed on June 8, 2022.
3. American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. *Anesthesiology*. 2012;116:248–73. Available at: http://dx.doi.org/10.1097/ALN.0b013e31823c1030. Accessed on June 8, 2022.
4. Hooten M, Thorson D, Bianco J, at al. Institute for Clinical Systems Improvement. Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management. Updated August 2017. Available online at: https://www.icsi.org/guideline/pain/. Accessed June 8, 2022.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Removal of statement in criteria "unless unavailable in the state (see note below)" and removal of note regarding Missouri being the last state to not have a statewide PDMP program in place. Legislation was passed mid-2021 to create a statewide PDMP program. "Prescribing physician" changed to "prescriber" where necessary.	09/29/2021
Annual Revision	The following products were removed from the policy (no longer available): codeine combination product oral suspension, oxymorphone injection, pentazocine injection. Automation for ICD-9 codes removed from the policy (ICD-10 codes remain in place).	06/30/2022

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

SK_STC	SK_STC_Desc*
0473	ANTIBIOTIC ANTINEOPLASTICS
8585	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY
B759	ANTINEOPLAST,HISTONE DEACETYLASE (HDAC) INHIBITORS
0470	ANTINEOPLASTIC - ALKYLATING AGENTS
6323	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS
H309	ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE
G590	ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY
0471	ANTINEOPLASTIC - ANTIMETABOLITES
G607	ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY
C593	ANTINEOPLASTIC - AROMATASE INHIBITORS
H617	ANTINEOPLASTIC - BRAF KINASE INHIBITORS
C370	ANTINEOPLASTIC - EPOTHILONES AND ANALOGS
D560	ANTINEOPLASTIC - MICROTUBULE INHIBITORS
E150	ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR
D426	ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC
G545	ANTINEOPLASTIC - IMMUNOTHERAPY, VIRUS-BASED AGENTS
E039	ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS
G575	ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS
C232	ANTINEOPLASTIC - MTOR KINASE INHIBITORS
I264	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT
C532	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS
E600	ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS
F501	ANTINEOPLASTIC - VEGFR ANTAGONIST
0472	ANTINEOPLASTIC - VINCA ALKALOIDS
H317	ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H329	ANTINEOPLASTIC- CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H214	ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT
8569	ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY
7977	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS
8254	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.
8460	ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS
9150	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS
H018	ANTINEOPLASTIC, PDGFR-ALPHA BLOCKER MC ANTIBODY
F665	ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB
G802	ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS
H868	ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE
H324	ANTINEOPLASTIC-CD19 DIR. CAR-T CELL IMMUNOTHERAPY
H768	ANTINEOPLASTIC-CD22 DIRECT ANTIBODY/CYTOTOXIN CONJ
F495	ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB,ANTIBODY
H289	ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS
7235	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES
0475	ANTINEOPLASTICS,MISCELLANEOUS
I054	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)
G857	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB
D687	CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY
I738	ANTINEOPLASTIC – EGFR AND MET RECEPTOR INHIB, MAB
I746	ANTINEOPLASTIC – KRAS INHIBITOR
I832	ANTINEOPLASTIC – HYPOXIA INDUCIBLE FACTOR (HIF) INH
I938	ANTINEOPLASTIC – IMMUNOTHERAPY, T-CELL ENGAGER
I996	ANTINEOPLASTIC – IMMUNOTHERAPY CHECKPOINT INHIB COMB

* Excluding topical products

APPENDIX B

Cancer ICD-10 Codes
C00.* to D09.*
D3A.* to D48.*
E34.0*
Q85.0*

*Indicates the inclusion of subheadings.