

## 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

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### 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.<sup>1</sup>

### Guidelines

In 2016, the Centers for Disease Control (CDC) published a guideline for prescribing opioids for chronic pain.<sup>2</sup> 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.

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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.<sup>2</sup> 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.<sup>2</sup> 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.,  $\leq 3$  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.<sup>3,4</sup>

### **POLICY STATEMENT**

This Drug Quantity Management program has been developed to restrict the initial days' supply of short-acting opioids for adults ( $\geq 18$  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.
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**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, et 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.<br><br>“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.<br><br>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.**

| <b>SK STC</b> | <b>SK STC Desc*</b>                                  |
|---------------|------------------------------------------------------|
| 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**

| <b>Cancer ICD-10 Codes</b> |
|----------------------------|
| C00.* to D09.*             |
| D3A.* to D48.*             |
| E34.0*                     |
| Q85.0*                     |

\*Indicates the inclusion of subheadings.