
Opioid Prior Authorization Criteria



Topics



1. Short-acting Opioid Prior Authorization Criteria

- Initial Criteria
- Reauthorization Criteria

2. Long-acting Opioid Prior Authorization Criteria

- Initial Criteria
- Reauthorization Criteria

3. Opioid Quantity Limit Prior Authorization

Opioid Procedures

- Requests for opioid analgesics may be subject to prior authorization.
 - Requests will be screened for medical necessity and appropriateness using the prior authorization.



Opioid Procedures

- All requests for opioids will reject for members with an active claim for opioid dependence treatment (e.g., buprenorphine, naloxone, naltrexone).
 - These will be subject to individual review and approval.



Opioid Procedures

- Members with documented active cancer, hospice/palliative care, or sickle cell diagnoses are exempt from prior authorization requirements.



Section 1

Short-Acting Opioid Prior Authorization Criteria

Short-Acting Opioid Prior Authorization Criteria

Coverage may be provided for a **short-acting opioid** when the **duration of therapy threshold** is exceeded, and the following criteria is met:

- Prior authorization is required for adults (age 21 and older) when more than a five-day supply is prescribed in a 30-day period.
- Prior authorization is required for children (age 20 and younger) when more than a three-day supply is prescribed in a 30-day period.

Short-Acting Opioid Prior Authorization Criteria

Preferred agents:

- Benzhydrocodone/APAP
- Butalbital compound/codeine
- Codeine
- Codeine/APAP
- Hydrocodone/APAP
- Hydromorphone tablets, morphine tabs/solution
- Oxycodone capsules/tablets/solution
- Oxycodone/APAP
- Pentazocine/APAP
- Tramadol
- Tramadol/APAP

Short-Acting Opioid Initial Criteria Authorization

- A pain assessment (type, cause, duration, severity of pain, etc.) is provided.
- A signed provider-patient pain management contract is submitted.
- The prescribing provider, or the prescribing provider's delegate, confirms they have reviewed the Delaware Prescription Monitoring Program (DPMP) database for the member's-controlled substance prescription history.
- Provider has evaluated the member for risk factors for opioid-related harm.
 - If the member is identified at high-risk for opioid related harm, the provider has educated the member on being a candidate for carrying naloxone.

Short-Acting Opioid Initial Criteria Authorization

- Documentation the member has tried and failed or has an intolerance or contraindication to:
 - Non-pharmacologic therapies (e.g., behavioral, cognitive, physical therapies, and in situations where covered, acupuncture and/or yoga).
 - Non-opioid analgesics (e.g., acetaminophen, NSAID, antidepressant, anticonvulsant).
- Documentation the:
 - Short-acting opioid will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy.
 - Member, or parent/guardian, has been educated on the potential adverse effects of opioid analgesics.
 - This includes the risk of misuse, abuse, and addiction.

Short-Acting Opioid Initial Criteria Authorization

- Member is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
 - If taking concomitantly, physician must attest awareness of the black box warning associated with concurrent use of benzodiazepines and opioids.
- A recent UDS has been completed and results are consistent with prescribed controlled substances. If the UDS is not consistent, provider must state the results and resolution.

Authorization length: up to 3 months

Short-Acting Reauthorization Criteria

- Documentation is submitted that shows an improvement in pain control and level of functioning.
 - Rationale is provided for continued use of opioid therapy or a plan for taper/discontinuation.
- Documentation that the short-acting opioid will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy.
- The prescribing provider, or the prescribing provider's delegate, confirms they have reviewed the DPMP database for the member's-controlled substance prescription history.

Short-Acting Reauthorization Criteria

- Provider has evaluated the member for risk factors for opioid-related harm.
 - If the member is identified at high risk for opioid related harm, the provider has educated the member on being a candidate for carrying naloxone.
- Member is being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder.
- Member is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
 - If taking concomitantly, physician must attest awareness of the black box warning associated with concurrent use of benzodiazepines and opioids.

Short-Acting Reauthorization Criteria

- A UDS has been completed every six months and results are consistent with prescribed controlled substances.
 - If the UDS is not consistent, provider must state the results and resolution.

Authorization length: up to 6 months

- In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three-month authorization will be granted to allow for tapering of medication(s).
- For members who require longer than a three-month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

Section 2

Long-Acting Opioid Prior Authorization Criteria

Long-Acting Opioid Prior Authorization Criteria

- All long-acting opioids require prior authorization.
 - Requests will be screened for medical necessity and appropriateness using the prior authorization criteria.
- Coverage may be provided for a **long-acting opioid** when certain criteria are met.



Long-Acting Opioid Prior Authorization Criteria

Preferred agents:

- Fentanyl transdermal: 12mcg, 25mcg, 50mcg, 75mcg, 100 mcg/hr
- Morphine ER tablets
- Tramadol ER (gen. Ultram ER)
- Butrans
- Xtampza ER



Long-Acting Opioid Initial Criteria

- A pain assessment (type, cause, duration, severity of pain, etc.) is provided.
- A signed provider-patient pain management contract is submitted.
- The prescribing provider, or the prescribing provider's delegate, confirms they have reviewed the DPMP database for the member's-controlled substance prescription history.
- Provider has evaluated the member for risk factors for opioid-related harm.
 - If the member is identified at high risk for opioid related harm, the provider has educated the member on being a candidate for carrying naloxone.

Long-Acting Opioid Initial Criteria

- Documentation the member has tried and failed or has an intolerance or contraindication to:
 - Non-pharmacologic therapies (e.g., behavioral, cognitive, physical therapies, and in situations where covered, acupuncture, and/or yoga).
 - Non-opioid analgesics (e.g., acetaminophen, NSAIDs, antidepressant, anticonvulsant).
- Documentation that the:
 - Long-acting opioid will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy.
 - Member has had a trial of at least one short-acting opioid.
 - Member, or parent/guardian, has been educated on the potential adverse effects of opioid analgesics, including the risk of misuse, abuse, and addiction.

Long-Acting Opioid Initial Criteria

- The long-acting opioid must be prescribed for ongoing continuous therapy. Long-acting opioids are not intended to be used on an as needed (prn) basis.
- Member is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
 - If taking concomitantly, physician must attest awareness of the black box warning associated with concurrent use of benzodiazepines and opioids.
- A recent UDS has been completed and results are consistent with prescribed controlled substances. If the UDS is not consistent, provider must state the results and resolution.

Authorization length: up to three months

Long-Acting Reauthorization Criteria

- Documentation is submitted that shows:
 - An improvement in pain control and level of functioning. Rationale is provided for continued use of opioid therapy or a plan for taper/discontinuation.
 - The long-acting opioid will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy.
- The prescribing provider, or the prescribing provider's delegate, confirms they have reviewed the DPMP database for the member's-controlled substance prescription history.

Long-Acting Reauthorization Criteria

- Provider has evaluated the member for risk factors for opioid-related harm.
 - If the member is identified at high risk for opioid related harm, the provider has educated the member on being a candidate for carrying naloxone.
- Member is:
 - Being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder.
 - Not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary.
 - If taking concomitantly, physician must attest awareness of the black box warning associated with concurrent use of benzodiazepines and opioids.

Long-Acting Reauthorization Criteria

- A UDS has been completed every six months and results are consistent with prescribed controlled substances.
 - If the UDS is not consistent, provider must state the results and resolution.

Authorization length: up to six months

- In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three-month authorization will be granted to allow for tapering of medication(s).
- For members who require longer than a three-month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

Section 3

Opioid Quantity Limit Prior Authorization

Opioid Quantity Limit Prior Authorization

- Short and/or long-acting opioid analgesics will require prior authorization when:
 - Exceeding a quantity limit and/or meeting or exceeding the cumulative daily dose threshold of 90 MME.
 - Requests will be screened for medical necessity and appropriateness using the prior authorization criteria listed below.
- Quantity over Time limit: 720 units per 365 days
- Daily Dose limit: 4
- Monthly limit: 120 units per 30 days (except tramadol QL is 240/30 days)



Opioid Quantity Limit Prior Authorization

- Coverage may be provided for quantities exceeding the threshold or quantity limit when the following criteria is met:
 - The prescribing provider, or the prescribing provider's delegate, confirms they have reviewed the DPMP database for the member's-controlled substance prescription history.
 - A signed provider-patient pain management contract is submitted.
 - A treatment plan is provided:
 - This includes clinical rationale to support medical necessity for the high dose, is provided.
 - For chronic pain diagnoses:
 - Clinical rationale is provided for not utilizing a long-acting opioid If requesting high doses of short-acting opioids in the absence of a long-acting opioid.

Opioid Quantity Limit Prior Authorization

- For members meeting or exceeding 90 MME/day, the provider has educated the member on being a candidate for carrying naloxone.
- Clinical rationale is provided to support medical necessity if requested dosing frequency exceeds the maximum FDA-approved dosing frequency.

Authorization length: up to six months

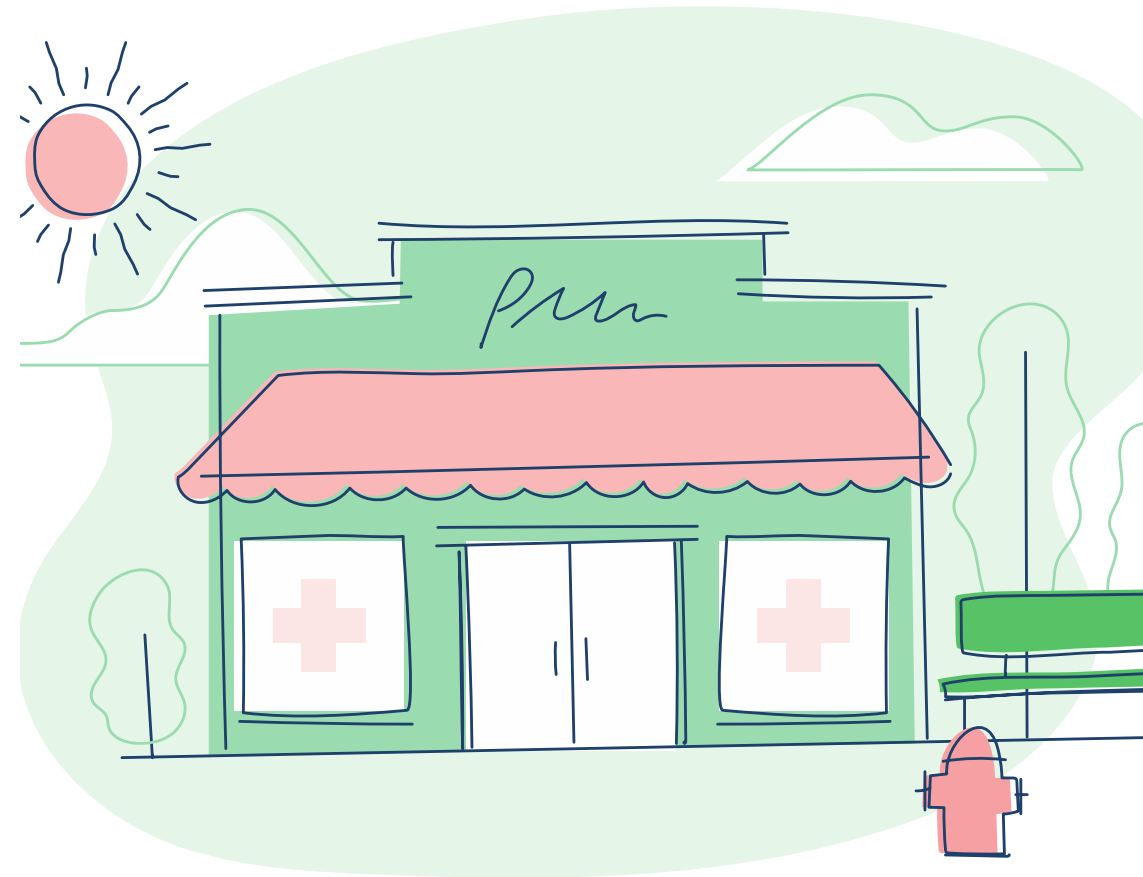
- In situations when the request is deemed not medically necessary and the member is currently on chronic opioids and/or benzodiazepines, up to a three-month authorization will be granted to allow for tapering of medication(s).
- For members who require longer than a three-month taper, the provider must submit either a tapering plan or discontinuation plan to support the extended length of time.

Pharmacy Services



Pharmacy Network

- Retail pharmacy network includes most local, independent, and national chains.
- In 2017, specialty pharmacy network launched for medications requiring special monitoring, adherence, handling, or storage requirements.



Formulary Standards

- Highmark Health Options formulary follows the Delaware Health and Social Services (DHSS) Preferred Drug List (PDL).
- Review the complete Delaware Medicaid PDL at hho.fyi/de-medicaid-pdl



Searching the Drug Formulary

Some medications:


- Require prior authorizations.
- Have a quantity limit.
- Must be dispensed by a specialty pharmacy.
- Require step therapy.

These medications are marked with a symbol in Notes & Restrictions.

Search Results

[Start Over](#)




Selection







Please select a drug from the list below to continue.

Therapeutic Class Search: 'migraine products'/'migraine combinations' - 'migraine combinations'
1 drug(s) found
To view other medications in a therapeutic class, click any class hyperlink in your search results.




Results

Brand Name <small>generic name</small>	Therapeutic Class <small>Sub-Class</small>	Dose/Strength	Status	Notes & Restrictions
Migranow Combination Therapy Pack 50 & 4-10 Mg & %	*Migraine Products* *Migraine Combinations** - *Migraine Combinations***	THERAPY PACK 50 & 4-10 MG & %	  	

Definition of Status

Icon	Status	Definition
	PDL Preferred	PDL Preferred
	PDL Non-Preferred	PDL Non-Preferred
	Supplemental Formulary	Supplemental Formulary Drug
	Non-Formulary	Non-Formulary Drug


Definition of Restrictions

Icon	Restriction	Definition
	90 Day Supply Available	90 Day Supply Available
	Age Restriction	Age Restriction
	Generic Indicator	Generic Indicator

Searching the Drug Formulary

- Alphabetically:
 - Select the first letter of the drug you are looking for.
- By brand or generic name:
 - Use the first few letters of the name.
- By therapeutic class of the drug:
 - If the exact drug name is not known.

Drug Search



Welcome to the Highmark Health Options Medicaid Formulary.

This formulary includes medications in the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL) and medications which are not otherwise covered in the PDL.

You can search the formulary in several ways.

You can search the formulary alphabetically by selecting the first letter of the drug you are looking for, OR by either the Brand or Generic name of a drug by entering the name of the drug or the first few letters if the full name or correct spelling is not known.

You can also search the formulary by Therapeutic Class of the drug if the exact drug name is not known.

Some of the medications on the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy or require step therapy. These medications are marked with a symbol under the Notes & Restrictions column.

If your drug is not included in this formulary, you should first call member services at 1-844-325-6251[®] and ask if your drug is covered.

A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the [Health Options Medicaid Drug Exception Form](#).

Prescription coverage is dependent upon the drug manufacturer's participation in the Federal Medicaid Drug Rebate Program. Drugs marketed by a drug company that does not participate in the Federal Drug Rebate Program are excluded from coverage under the pharmacy benefit regardless of their formulary status or previous approval for medical necessity.

Alphabetical Search
[A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)

Brand & Generic Name Search

Therapeutic Class Search

- [*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*](#)
- [*Alternative Medicines*](#)
- [*Aminoglycosides*](#)
- [*Analgesics - Anti-inflammatory*](#)
- [*Analgesics - Nonnarcotic*](#)
- [*Analgesics - Opioid*](#)
- [*Androgens-Anabolic*](#)

Medication Information for Providers

Go to hho.fyi/meds to:

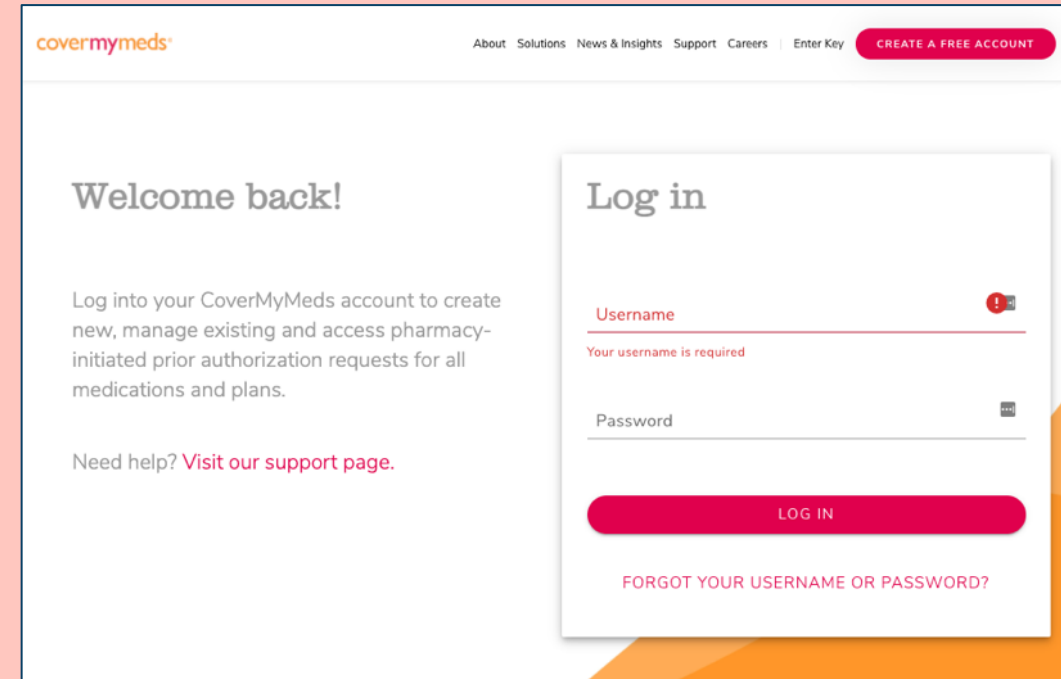
- Find medications requiring prior authorizations.
- Download the General Drug Exception Form (Prior Auth Form).
- Find the prior authorization forms to fax.
- Search prior authorization criteria by type.
- Use the drug formulary database.

Requesting Prior Authorizations

Prior authorizations can be submitted to HHO RX three ways:

- **Fax:** 855-476-4158
- **Phone:** 844-325-6251, Monday – Friday, 8 a.m. – 7 p.m. Messages may be left after normal business hours and will be returned the next business day.
- **Electronic Prior Authorization (ePA)** using the CoverMyMeds.

Processing time for all PA requests is 24 hours from time of receipt.



Free Market Health

- **About Free Market Health**

- Free Market Health (FMH) is a healthcare technology company that orchestrates and optimizes the specialty drug fulfillment process.
- In the 1st quarter of 2023, Highmark Health Options is working with FMH to launch an innovative specialty pharmacy program for select specialty medications.
- The new program facilitates a match process that gets a specialty prescription to the in-network specialty pharmacy best-suited to service that member.

Why is HHO working with Free Market Health?

- Value of Free Market Health Collaboration
 - To increase process efficiency, improve care quality, and decrease the time it takes for members to receive their medications.
 - To offer transparent and fair access to authorized referrals to our specialty pharmacy network and reward high-quality care.
 - To leverage dynamic drug rates and ensure specialty drugs remain affordable for our members.

How does this impact prescribers?

- **Prescriber Impact**

- The prior authorization process is not changing, and prescribers should continue to submit prior authorizations as usual.
- Because any in-network specialty pharmacy may service Highmark Health Options members, prescribers and their patients may notice new specialty pharmacies dispensing their medication(s).
 - The specialty pharmacy authorized by Highmark Health Options to service a specialty referral will coordinate with the prescriber office to obtain the prescription.
- Highmark Health Options works closely with network pharmacies to maintain strict controls for quality.