PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MPRP4059				**Lead Department: Health Services**	
Policy/Procedure Title: Formulary Utilization Management for Managing Pain Safely program				☒ **External Policy** ☐ **Internal Policy**	
Original Date: 10/02/2014		**Next Review Date:** **Last Review Date: 05/12/2021**			
Applies to:	☒ **Medi-Cal**			☐ **Employees**	
Reviewing Entities:	☒ **IQI**	☒ **P & T**		☐ **QUAC**	
	☐ **OPERATIONS**	☐ **EXECUTIVE**		☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**	☐ **COMPLIANCE**		☐ **FINANCE**	☒ **PAC**
	☐ **CEO** ☐ **COO**	☐ **CREDENTIALING**		☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert L. Moore, MD. MPH, MBA*				**Archived vs. DHCS Carve-Out** **Effective Date: 01/01/2022**	

I. RELATED POLICIES:

A. MPRP4049 – Chronic Opioid Therapy in Chronic Non-Cancer Pain
B. MCRO4018 – Pharmacy TAR Procedure
C. MPRP4020 – Restricted Status for Members Receiving Prescription Medications
D. MCUP3049 – Pain Management Specialty Services
E. MPXG5008 – Clinical Practice Guideline: Pain Management, Chronic Pain Management, and Safe Opioid Prescribing

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. External TAR Process for Opioid requests
B. Provider Information Form for Medication Prior Authorization

V. PURPOSE:

The purpose of this policy is to describe the process that the Partnership HealthPlan of California (PHC) Pharmacy Department plays in helping to improve the health of PHC members by ensuring that all opioids prescribed for chronic non-cancer pain and acute pain are for appropriate indications at safe doses. This policy elaborates the formulary utilization management tools utilized for the Managing Pain Safely Program. It further provides guidelines in avoiding dose escalation when maximum daily opioid dose has exceeded 90 mg Morphine Equivalent Per Day (MED) and minimizing short acting (immediate-release) opioid analgesics that exceed 30 tablets or 240 milliliters in a 90 day timeframe which reflects the March 2016 Centers for Disease Control and Prevention (CDC) recommendations for treatment of an acute episode of pain.

BACKGROUND:

Studies have shown that prolonged use of long-acting, high-dose opioids actually results in hyperalgesia and decreased function for patients. In March 2016, the CDC released a Guideline for Prescribing Opioids for Chronic Pain which reflected substantial changes from common current clinical practice. It notes that most chronic opioid use began with short acting opioids for acute pain, where the opioid was continued for too long. PHC has a community-wide initiative to promote safer use of opioid medications.

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VI. POLICY / PROCEDURE:

A. Opioid formulary restrictions:
   1. Restricted Quantity Limit (QL): All PHC formulary opioids have an established QL for each single dose strength not to exceed a maximum daily dose on 90-mg MED. All PHC formulary short-acting (immediate release) opioids have a cumulative QL of 30 tablets in a 90 day timeframe or 240 milliliters in a 90 day timeframe (Attachment A).
   2. Refill Too Soon: A prescription for all opioids are considered to be filled "too frequent" if less than 90% of the day's supply submitted when the last fill has not elapsed.
   3. Day supply limit: All controlled medications have a 30 day prescription limitation, unless otherwise designated of the formulary.
   4. Formulary Immediate Release (IR) opioids used for an as needed (PRN) basis for members residing in Skilled Nursing Facilities (SNF) or Long Term Care (LTC) will be limited to a maximum 14 day supply in accordance with PHC daily formulary limits. Quantity that exceeds the daily limit or exceeds a 14 day supply will be reviewed for medical necessity through the Treatment Authorization Request (TAR) process.
   5. Information on formulary status for opioids, including quantity limits and other restrictions, can be found by utilizing the PHC Formulary Navigator™ Search Tool.

B. Opioid TAR processing:
   1. Opioid claims that reject for either QL limit exceeded, non-formulary status or refill too soon will require TAR processing by dispensing pharmacies and review by PHC Pharmacy Department.
   2. PHC pharmacy will review TAR to identify diagnosis, dose escalation, justifiable use of short-acting opioid and/or other concurrent opioid medications.
   3. Opioid utilization of formulary products for terminally ill, palliative care, and cancer pain will be approved as requested by provider.
   4. Opioid utilization for non-cancer pain demonstrating at least 3 months of consecutive fills without dose escalating (dose increase) is considered continuing care and may be approved if medically necessary.
   5. Subsequent opioid fill requests that have been previously reviewed by PHC for dose stability will require a TAR. Because the opioid dosing may be stable but exceeds the 90 MED limit, further PHC intervention may require prescriber submission of plan for tapering patient's total opioid dosing.
   6. Opioid utilization for non-cancer pain that is determined to be a dose escalation (dose increase) will be denied without adequate documentation of medical necessity for the dose increase
      a. The request for dose increase will be denied but the member may be allowed to continue at previous dose if needed. The PHC Pharmacy Department will authorize a pro-active TAR at the previous stable dose that member was taking if appropriate. The dispensing pharmacy will need to contact prescriber to obtain authorization/prescription for opioid at the previous dose.
   7. Short-acting opioid utilization for non-cancer pain exceeding QL will be reviewed for prescriber submission of clinical documentation, rationale and date of expected discontinuance for continued immediate-release opioid prescription.
   8. Appropriate and timely member notification of PHC determination for the denial and information about the appeals process will be done as per policy MCRO4018 Pharmacy TAR Procedure.
   9. The plan assists the prescribers by identifying outliers such as members utilizing high dose opioids, members with known compliance problems, members receiving controlled substances from multiple prescribers and shares this information with the prescriber.

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VII. REFERENCES:

A. American Pain Society. Guideline for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain Evidence Review. Available at: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf Accessibility verified on December 30, 2019

B. CDC – Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm

VIII. DISTRIBUTION:

A. PHC Department Directors

B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Pharmacy Services Director

X. REVISION DATES:

Medi-Cal

10/01/15; 07/07/16; 04/06/17, *02/14/18, 08/08/18; 05/08/19; 05/13/20; 05/12/21; Archived vs. DHCS Carve-Out Effective 01/01/2022

*Through 2017, Approval Date reflective of the Pharmacy & Therapeutics Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids

10/02/2014; 10/01/15; 07/07/16 to 12/01/16 (Healthy Kids program ended 12/01/2016)

XI. POLICY DISCLAIMER:

A. In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:
   1. Consistent with sound clinical principles and processes;
   2. Evaluated and updated at least annually;
   3. If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request.

B. The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

C. PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.