

Urgent: New Prior Authorization Requirements for Short-Acting Opioids – June 1st, 2016

New OPIOID Starts Limited to 30 Tablets

Overview –

Effective June 1, 2016, patients who are not taking opioids chronically (“new starts”) will be limited to 30 tablets of short-acting opioids in a 90 day timeframe, for an episode of acute pain, without prior authorization. If more than 30 tablets are prescribed or if refills are requested, the pharmacy will need to fill out a Treatment Authorization Request (TAR) which justifies the prolonged use of opioids for acute pain. Note that this limit will ***not apply*** to patients already taking chronic stable doses of short acting opioids.

Background:

In March, the CDC released a [Guideline for Prescribing Opioids for Chronic Pain](#) which reflect 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. See our [primary care blog](#) post for a summary and some reflections.

Many patients with acute pain should not be treated with opioids at all, but use other medication, such as acetaminophen or a NSAID. The few patients that need opioids usually only need them for a maximum of a few days. Almost always, use of opioid medication for new, acute pain should be limited to less than 7 days. Massachusetts and Maine have recently passed legislation requiring physicians to not prescribe more than 7 days of opioid for acute pain without re-evaluating the patient. A similar bill is being proposed in California.

Partnership HealthPlan of California’s (PHC) prior authorization requirement grows out of our initiative to ensure the safe use of opioids, called [Managing Pain Safely](#) (MPS). Earlier formulary changes included prior authorization for patients already on high doses of opioids chronically. All formulary changes are approved by PHC’s Pharmacy and Therapeutics Committee and Physician Advisory Committee.

- **Important:** At this time, our MPS program is expanding its focus to include all short acting (immediate-release) opioid analgesics with utilization restrictions.
- These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.

What we need from you:

1. Please read the [CDC Guidelines](#) for more information as to why this change is now considered best practice.
2. Change default quantities prescribed for opioids in your electronic health record system to be 15 - 30 tablets. Consider this best practice: #15 tablets with one refill provided on a second prescription.
3. **Talk to your patients.** Set patient expectations to use opioids for a limited time. Encourage patients with acute pain to use less each day and to convert to other, non-opioid treatments for pain.
4. Ensure that procedures are in place for an in-person or by phone follow-up within 2-4 days after a patient has been discharged from the hospital or emergency department. This is also a best practice to prevent hospital readmission.
5. If you feel there is medical justification for more than 30 tablets of a short-acting opioid for an episode of acute pain, be sure to *include justification subsequent prescriptions*, so the pharmacy can use that information to submit a request to us, and it can be processed quickly.



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6. For post-surgical and acute pain in the emergency department, ask colleagues to consider a single dose of 1000mg of IV acetaminophen, to avoid or reduce the need for opioids altogether. Like NSAIDS, IV acetaminophen inhibits cyclooxygenase-2 sufficiently to make it a helpful option for controlling acute post-op pain.
7. **Talk to your colleagues** on this coming change, especially the surgeons and discharge planners in your hospital.

More to come!

We will be sending out additional detailed information, including frequently asked questions, in the weeks to come. Lastly, we have scheduled “**office hours**” for an open conference call with our pharmacy and quality staff to answer questions you have about this new policy:

Time: Monday, May 23, from Noon – 1 p.m.
Call in info: 1-866-951-1151 Conf room #: 9879782

Program Highlights -Effective June 1, 2016

Table 1: Summary of Short-Acting Opioid Formulary Changes for Tablet/Capsules

Generic Name	Dosage Form	Strength	New Formulary Quantity Restrictions
APAP WITH CODEINE	TABLET	300MG-15MG 300MG-30MG 300MG-60MG	<p>QTY LIMIT #30/90 DAYS.</p> <p><i>Note: Quantity limits apply to all short-acting opioids within the 90-day timeframe.</i></p> <p><i>These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.</i></p>
HYDROCODONE BIT/APAP	TABLET	10MG-325MG 5MG-325MG 7.5MG-325MG	
HYDROMORPHONE HCL	TABLET	2MG 4MG 8MG	
LEVORPHANOL TARTRATE	TABLET	2MG	
MORPHINE SULFATE	TABLET	15MG 30MG	
OXYCODONE HCL	TABLET	5MG 10MG 15MG 20MG 30MG	
OXYCODONE HCL	CAPSULE	5MG	
OXYCODONE HCL/APAP	TABLET	10MG-325MG 5MG-325MG	
TRAMADOL HCL	TABLET	50MG	



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Table 2: Summary of Short-Acting Opioid Formulary Changes for Solution/Liquid/Syrups

Generic Name	Dosage Form	Strength	New Formulary Quantity Restrictions
APAP WITH CODEINE	SOLUTION	300MG/12.5ML 120-12MG/5ML	CODE 1 RESTRICTION & AGE LIMITS APPLY. DAILY LIMIT & QTY LIMIT APPLY. ≤240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.
HYDROCODONE BIT/APAP	SOLUTION	2.5-167/5ML 7.5-325.15ML	
MORPHINE SULFATE	SOLUTION	100MG.5ML 10MG/5ML 20MG/5ML	DAILY LIMIT APPLIES AS LONG AS QTY IS ≤240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.
GUAIFENESIN/CODEINE PHOSPATE	LIQUID	100-10MG/5ML	NEW DAILY LIMIT APPLIES. 30ML IN 1 DAYS. ≤ 240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL. 3 FILLS PER YEAR. <i>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</i>
PROMETHAZINE/PHENYLEPH/C ODEINE	SYRUP	6.25-5-10	
PROMETHAZINE HCL/CODEINE	SYRUP	6.25-10/5ML	
P-EPHEP HCL/CODEINE/GUAIFEN	SYRUP	30-10-100	
P-EPHEP HCL/COD/CHLORPHENIR	LIQUID	30-10-2/5ML	

If you have further questions regarding PHC's Formulary please visit the recommended Search Tool on our website and available at: <https://client.formularynavigator.com/Search.aspx?siteCode=9588242881>

If you have any formulary questions, additional information may be obtained by contacting the PHC Pharmacy Services Department at (707) 863-4414.

If you have questions about this initiative, visit view the MPS Immediate Release Initiative webpage at http://www.partnershiphp.org/Providers/HealthServices/Pages/MPS_IR_Initiative.aspx, or contact your assigned Provider Relations Representative.