OPTUMRx®

Quantity Limit Changes on Short-Acting Opioids

Applies to select OptumRx Commercial clients

Effective July 1, 2017

As part of the standard OptumRx formulary update process, select commercial clients with members utilizing brand or generic short-acting opioid medications are subject to the following quantity limit changes. These updates align with the new Centers for Disease Control and Prevention (CDC) guidelines released in 2016, as well as clinical-based prescribing recommendations for Morphine Milligram Equivalent (MME) dosing.

As outlined below, there will be separate limits for members new to therapy and those who are existing opioid utilizers:

New to therapy member limits on short-acting opioids
Members naïve to opioid therapy (no opioid in their most recent 120-day claims history) are limited to a maximum of 49 MME per day; up to two 7-day supplies within a 60-day timeframe.

Treatment experienced member limits on short-acting opioids
Members NOT new to therapy (have filled opioids in their most recent 120-day claims history) are limited to a maximum of 90 MME per day and subject to two fills within a 60-day timeframe.

Edits will first screen the past 360 days of a member's profile for oncology drugs and will not initiate a quantity limit if one is found.

Effective 7/1/18: 4 products added to short-acting opioid (SAO) quantity limit program

- Ultram (tramadol) tablets, Ultracet (tramadol-acetaminophen) tablets, Butorphanol nasal spray, Levorphanol tablets

Effective 10/1/2018: Short-acting opioid (SAO) utilization management edit to restrict treatment naïve (new to therapy) members age 19 and younger to no more than a 3-day supply.

"Adolescents who misuse opioid pain medication often misuse medications from their own previous prescriptions, with an estimated 20% of adolescents with currently prescribed opioid medications reporting using them intentionally to get high or increase the effects of alcohol or other drugs."[1]

PRESCRIBE SHORT DURATIONS FOR ACUTE PAIN[1]
"Clinicians should prescribe opioids at the lowest effective dose and for no longer than the expected duration of pain severe enough to require opioids to minimize unintentional initiation of long-term opioid use. **Three days or less will often be sufficient;** more than seven days will rarely be needed."[1]

References
1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. JAMA. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464

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We encourage prescribers to practice safe prescribing through the recommendations of the CDC without fully restricting their practice, and allowing appropriate prescribing on a case by case basis.

As always, prescribers are able to utilize the prior authorization process for those patients whose clinical diagnosis may require high quantities or ongoing therapy.

Commonly prescribed short-acting opioids and maximum fill limits

Brand Name	Drug Label Name	Morphine Milligram Equivalent Dose of 90 mg Units/Day	Morphine Milligram Equivalent Dose of 120 mg Units/Day
ROXICODONE	OXYCODONE TAB 30MG	1	2
PERCOCET, ENDOCET	OXYCOD/APAP TAB 10-325MG	3	6
LORTAB, LORCET, NORCO	HYDROCO/APAP TAB 10-325MG	4	9
LORTAB, LORCET, NORCO	HYDROCO/APAP TAB 5-325MG	9	12
PERCOCET, ENDOCET	OXYCOD/APAP TAB 5-325MG	6	12

When these edits are encountered
Pharmacies and prescribers should follow applicable federal or state dispensing guidelines for dispensing controlled substances.
Specific to CII dispensing, either:

- Cut back the quantity to the limit permitted, cancelling the remainder of the units on the script OR
- Dispense an emergency 1-2 day supply, while PA is sought for the higher volume if justified

References
a. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. JAMA. 2016. doi: 10.1001/jama.2016.1464

Prior Authorization may be pursued if clinically necessary

Additional treatment/increased quantities will be approved when the following criteria are met:

1. One of the following:
    - 1.1. Diagnosis of Cancer OR
    - 1.2. Patient is receiving opioids as part of end of life care OR
    - 1.3. All of the following:
        - 1.3.1. The prescriber certifies that there is an active treatment plan that includes but is not limited to a specific treatment objective and use of other pharmacological and non-pharmacological agents for pain relief as appropriate AND
        - 1.3.2. The prescriber certifies that there has been an informed consent document signed and an addiction risk assessment has been performed AND
        - 1.3.3. The prescriber certifies that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists, OR
    - 1.4. Post-Operative Pain Management (all of the following):
        - 1.4.1. Medication is being used to treat postoperative pain, AND
        - 1.4.2. Medication is not being prescribed for pain related to a dental procedure, AND
        - 1.4.3. The dose being prescribed is the dose that the patient was stable on prior to discharge

References.