

UPDATES FOR LONG-ACTING OPIOIDS

Effective February 1, 2017

January 9, 2017

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Dear Care1st Providers and Staff:

Per the AHCCCS mandate to require prior authorization on all long acting narcotics, we are initiating the changes outlined below to ensure the long acting narcotics are initiated appropriately.

✓ **The following changes are effective 2/1/2017:**

- Per AHCCCS mandate, All Long-Acting Opioid medications will require prior authorization
- Preferred formulary agents are as follows:
 1. Morphine Sulfate ER
 2. Fentanyl Patches
 3. Oxycontin
 4. Butrans Patches
 5. Embeda ER
 6. Hysingla ER

✓ **Prior authorization required when any of the following apply:**

New prescriptions for long-acting opioid analgesics without cancer diagnosis

✓ **Benzodiazepine interaction safety measures:**

High dose or long-acting or non-preferred narcotics will be denied if the patient is concurrently using a benzodiazepine. Exceptions include:

- Patient has a seizure diagnosis
- 3-6 month transition plan submitted to eliminate concurrent benzodiazepine use with narcotics

Any request for patients to maintain continued concurrent therapy and not taper off benzodiazepine will be sent to the medical director for review

✓ **Acetaminophen interaction safety measures:**

Total doses of acetaminophen greater than 4000mg per day will be denied

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- ✓ **General requirement for prior authorization of long-acting narcotics:**
 1. Patient at least 12 years of age
 2. Ongoing continuous therapy, not on an as needed basis
 3. Records include a pain assessment filled out by the physician
 4. Physician-Patient pain management contract is provided
 5. Documentation includes random urine or blood tests twice a year
 6. Documentation that provider has reviewed the Controlled Substance provided
 7. Prescription Monitoring Program (CSPMP) report provided
 8. One physician selected for all pain prescription services
 9. Patient does not have an active addiction to illicit substances or prescription drugs

- ✓ **Patient should be tapered off narcotics if any of the following apply:**
 - Patient has committed serious or repeated drug seeking behavior
 - Patient makes no progress toward therapeutic goals

- ✓ **For all patients receiving more than 200mg morphine or equivalent per 24 hours:**
 - If the diagnosis includes an inflammatory pain component, the patient must have tried or be contraindicated to a Non Steroidal Anti-Inflammatory Drug
 - If the diagnosis is a form of neuropathic pain, the patient must have tried or be contraindicated to two (2) neuropathic pain medications

If you have any questions, please contact the Pharmacy Department at 602.778.1800 (Options in order: 5, 5).

Thank You!