curative

Opioids Prior Authorization

Drug(s) Applied:	**fentanyl transdermal patch, hydrocodone/acetaminophen 7.5-325mg/15mL solution, oxycodone 5mg/5mL solution**

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Chronic Pain as indicated by chart notes within past 90 days

1. The requested agent is fentanyl transdermal patch **and**
2. ONE of the following:
    a) Diagnosis of chronic cancer pain due to an active malignancy **or**
    b) Patient is eligible for hospice or palliative care **or**
    c) Diagnosis of sickle cell disease **or**
    d) Diagnosis of chronic non-cancer pain **and**
3. Requested agent is not prescribed as an as-needed (prn) analgesic, or for acute/intermittent/breakthrough pain, postoperative pain, or mild pain **and**
4. Chart notes indicate patient is opioid-tolerant with a medication history of taking opioids for at least 7 days (i.e., at least 60 mg oral morphine per day, 25 mcg transdermal fentanyl per hour, 30 mg oral oxycodone per day, 8 mg oral hydromorphone per day, 25 mg oral oxymorphone per day, 60 mg oral hydrocodone per day, or an equianalgesic dose of another opioid) **and**
5. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., pain management, oncology)

Approval Duration: 3 months

B. Acute Pain as indicated by chart notes within past 90 days

1. The requested agent is hydrocodone/acetaminophen solution or oxycodone solution **and**
2. ONE of the following:
    a) Patient cannot swallow a pill **or**
    b) Patient had a recent oral or throat procedure limiting the ability to swallow **or**
    c) Patient has a condition or had a recent procedure that could impact absorption or tolerability of a pill (e.g., gastric bypass, bowel resection,

ulcer, or gastroparesis)

Approval Duration: 1 month

II. Continued Therapy Criteria

A. Chronic Pain as indicated by chart notes within past 90 days

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (e.g., improvement or stabilization of pain from baseline) **and**
3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., pain management, oncology)

Approval Duration: 6 months

B. Acute Pain as indicated by chart notes within past 90 days

1. Review under Initial Therapy Criteria

Approval Duration: N/A

References:

1. Fentanyl patch prescribing information. Mylan Pharmaceuticals Inc. December 2023
2. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1
3. Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) guidelines. Pain Physician 2017;20:S3-S92.
4. FDA Drug Safety Communication. FDA updates prescribing information for all opioid pain medicines to provide additional guidance for safe use. 04/13/2023. Link.

Policy Owned by: Curative PBM team