UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 4008-9
Program	Short-Acting Opioid Review Criteria for opioid naïve members
Medication	Includes all salt forms, single and combination ingredient products short-acting opioid formulations, and all brand and generic formulations
P&T Approval Date	12/2017, 4/2018, 7/2018, 4/2019, 4/2020, 4/2021, 4/2022, 10/2023, 10/2024
Effective Date	1/1/2025

1. Background:

The Center for Disease Control (CDC) recommends that clinicians should prescribe the lowest effective dosage when opioids are started. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to 50 morphine milligram equivalents (MME) or more per day, and should avoid increasing dosage to 90 MME or more per day or carefully justify a decision to titrate dosage to 90 MME or more per day.

Patients new to opioid therapy will be limited to a 7-day supply* and less than 50 MME per day. Opioid naïve members are defined as not having filled an opioid in the past 120 days.

2. Coverage Criteria [a]:

A. Short-Acting Opioids

1. Opioid naïve members (defined as not having filled an opioid in the past 120 days) may receive greater than the supply limit* based on **ALL** of the following:

   a. **ONE** of the following:

      (1) Cancer diagnosis
      (2) End of life pain, including hospice care
      (3) Palliative care
      (4) Sickle cell anemia
      (5) **Both** of the following:

         (a) **ONE** of the following:

            i. Traumatic injury
            ii. Post-surgical procedures, excluding dental procedures
            iii. Prescriber attests the patient has received an opioid in the past 120 days.

-AND-

(b) Prescriber attests to the following:

i. If requested for traumatic injury or post-surgical procedure, prescriber attests that based on the injury or surgical procedure performed the member requires greater than a 7-day supply* of short-acting opioids to adequately control pain.

-AND-

b. If the request is for 50 MME or greater **ONE** of the following:

(1) Diagnosis of cancer, end of life pain (including hospice care), palliative care or sickle cell anemia
(2) Patient is currently at or exceeding 50 MME and prescriber attests patient has been on an opioid in the past 120 days
(3) Document **all** of the following:

i. The diagnosis associated with the need for pain management with opioids.
ii. If used in patients with medical comorbidities or if used concurrently with a benzodiazepine or other drugs that could potentially cause drug-drug interactions, the prescriber has acknowledged that they have completed an assessment of increased risk for respiratory depression.
iii. The prescriber has acknowledged that they have completed an addiction risk and risk of overdose assessment.
iv. Prescriber attests the member requires more than 50 MME per day to adequately control pain. (please note initial fill will be limited to 90 MME)

-AND-

c. Request does not exceed four grams of acetaminophen per day.

Authorization for cancer, end of life pain or palliative care pain or sickle cell anemia will be issued or a quantity of 9999 for 24 months to prevent further disruption in therapy if the patient's dose is increased. Members new to plan (coverage effective date of <120 days) will be approved for one month for the requested MME not to exceed the plan's supply limit. All other approvals will be issued for one month for the requested MME not to exceed the maximum labeled FDA dosing where a maximum exists, the plan's supply limit OR 90 MME.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

* Patients age 19 years and under new to opioid therapy are restricted to a 3-day supply for initial fill. Members age 20 years and older new to opioid therapy are restricted to up to a 7-day supply for initial fill. Initial fill for all ages is limited to <50 MME.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Opioid Cumulative Dose Review may be in place.

4. References:

1. 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.

Program	Short-Acting Opioid Review Criteria
Change Control	
12/2017	New program
4/2018	Administrative changes to clarify intent.
7/2018	Added information around edit restrictions for patients less than 20 years of age.
4/2019	Revised morphine equivalent dosing to morphine milligram equivalent.
4/2020	Revised criteria for member established on > 50 MME
4/2021	Annual review. Administrative change for formatting.
4/2022	Annual review. No changes.
10/2023	Removed “routine audit” language from criteria.
10/2024	Annual review with no changes.