AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Immediate-Release Opioid Analgesic Duration of Therapy and Quantity Limits	Page:	1 of 4
Effective Date:	4/1/2025	Last Review Date:	11/19/2024
Applies to:	☐Illinois ☐New Jersey ☒Pennsylvania Kids	☐Florida ☐Maryland ☐Virginia	☒Florida Kids ☐Michigan ☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for immediate-release opioid analgesics for members 19 years of age and younger under the patient's prescription drug benefit.

Description:

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines for immediate-release opioid analgesics for members 19 years of age and younger. All immediate-release opioid analgesics are limited to a maximum 3-day supply and other quantity limits. The American Pain Society Opioid Treatment Guidelines state that a reasonable definition for high dose opioid therapy is greater than 200 mg daily of oral morphine (or equivalent). Requests to exceed these limits and those for any non-preferred product are subject to the criteria in this policy. Medications requested for more than 200 Morphine Milligram Equivalents (MME) per day will require a Medical Director Review.

Applicable Drug List:

Immediate-Release Opioid Analgesics

Codeine sulfate tablets
Hydromorphone hydrochloride oral solution, suppositories, tablets
Levorphanol tartrate tablets
Meperidine hydrochloride oral solution, tablets
Morphine sulfate oral solution, oral solution concentrate, suppositories, tablets
Oxycodone hydrochloride capsules, oral solution, oral solution concentrate, tablets
Oxymorphone hydrochloride tablets
Pentazocine/naloxone tablets
Tapentadol tablets
Tramadol hydrochloride oral solution, tablets

Acetaminophen/Aspirin/Ibuprofen Containing Opioid Analgesics

Acetaminophen and benzhydrocodone
Acetaminophen and codeine
Acetaminophen and hydrocodone
Acetaminophen and oxycodone
Acetaminophen and tramadol
Acetaminophen, caffeine, and dihydrocodeine
Aspirin and oxycodone
Celecoxib and tramadol

Ibuprofen and hydrocodone

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care

  AND
- If the request is for a non-preferred product, the patient is unable to take the 3 formulary alternatives for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

OR

- The patient can safely take the requested dose based on their history of opioid use. [Note: The lowest effective dosage should be prescribed for opioid naïve patients.]

  AND
- The patient is 19 years of age and younger and has been evaluated and will be monitored regularly for the development of opioid use disorder

  AND
  - The requested drug is being prescribed for CHRONIC pain severe enough to require an opioid analgesic. [NOTE: Chronic pain is generally defined as pain that typically lasts greater than 3 months.]

    AND
  - The patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety

  OR
  - The patient requires extended treatment beyond 3 days for ACUTE pain severe enough to require an opioid analgesic [NOTE: Many acute pain conditions (e.g., the pain that occurs with a number of surgical procedures or acute musculoskeletal injuries) require no more than a few days of an opioid analgesic.]

  AND
- If the request is for a non-preferred product, the patient is unable to take the 3 formulary alternatives for the given diagnosis due to a trial and inadequate treatment

response or intolerance, or a contraindication. Documentation is required for approval.

Quantity Limits may apply.

Approval Duration and Quantity Restrictions:

Pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care: Approve 12 months

Chronic Pain: Approve 6 months

Acute Pain: 1 month

Quantity Level Limit: Reference Formulary for drug specific quanitity level limits

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