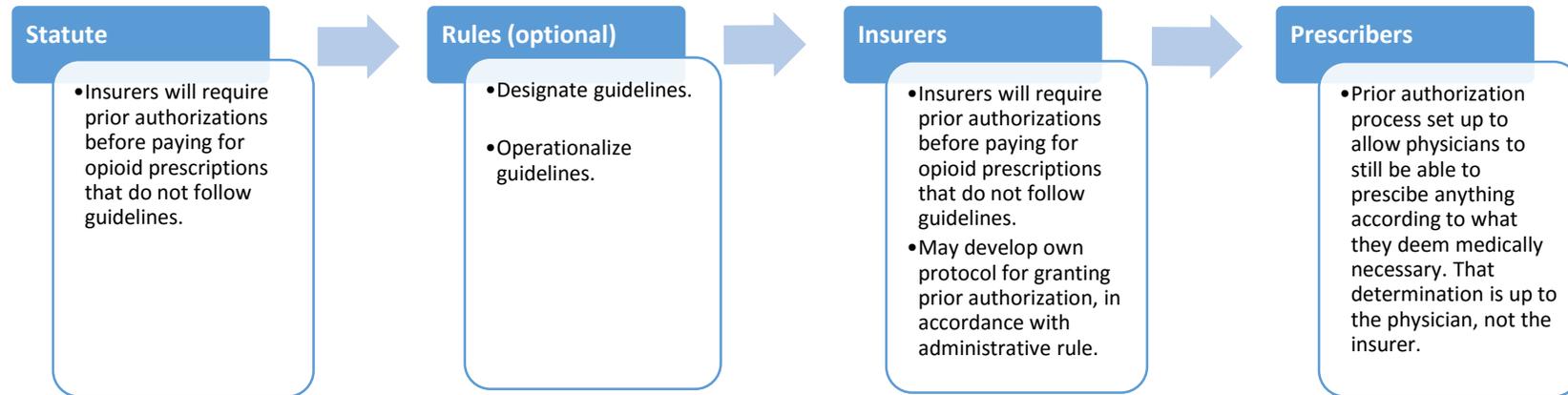


## Prior Authorization Proposal for Opioid Prescriptions

Representative Ray Ward, July 13, 2016




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### Potential Issues

|                            |   |
|----------------------------|---|
| <b>Guidelines</b>          | Which guidelines should be used (CDC, Department of Health, others)?                                    |
| <b>Rules</b>               | Should rulemaking be required? If so, who should be consulted (Dept. of Health, Insurance Dept., DOPL)? |
| <b>Affordable Care Act</b> | Restrictions?   |
| <b>Application</b>         | Commercial insurers (not self-insured plans), PEHP, Medicaid, Workers' Compensation = 42% of Utahns     |

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### CDC Guidelines

- 1. Opioids are not first-line therapy.** Physicians should prescribe opioids only if expected benefits outweigh risks to the patient. If opioids are used, they should ideally be paired with non-opioid pharmacologic therapy.
- 2. Establish goals for pain and function.** Before starting opioid therapy, physicians should establish treatment goals with patients, and establish a timeline for opioid discontinuance if no improvements are seen.
- 3. Discuss risks and benefits.** Physicians should discuss the known risks and realistic benefits of opioid therapy.
- 4. Use immediate-release opioids when starting.**
- 5. Use the lowest effective dose.** Doses should nearly always be below 50 morphine milligram equivalents (MME) per day unless there is clear justification.
- 6. Prescribe short durations for acute pain.** Physicians should prescribe no greater quantity than needed for the expected duration of severe pain. Three days or less is recommended, and almost never more than seven.
- 7. Evaluate benefits and harms frequently.** Physicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy, and then at least every 3 months subsequently.
- 8. Use strategies to mitigate risk.** Physicians should use management plan strategies to mitigate risk, including considering offering naloxone with patients who are at higher risk for overdosing.
- 9. Review PDMP data.** Physicians should review patients' histories of opioid prescriptions using the prescription drug monitoring program (PDMP) when beginning opioid therapy, and at least every 3 months subsequently.
- 10. Use urine drug testing.** Physicians should use urine drug testing before starting opioid therapy, and at least annually thereafter.
- 11. Avoid concurrent opioid and benzodiazepine prescribing.**
- 12. Offer treatment for opioid use disorder.**