



Important Update — Opioid Medication Management Strategy

The CVS opioid program is aligned with Guidelines for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention (CDC) in March 2016. Details on the CDC guidelines can be found at <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm> and <https://www.cdc.gov/drugoverdose/patients/materials.html>

Effective February 1, 2018, all commercial health plan, employer and Medicaid clients will be transitioned, to the enhanced morphine milligram equivalent (MME)-based program.

This enhanced Utilization Management program will:

Limit Days' Supply: The length of the first fill (when appropriate) will be limited to seven days for immediate release, new, acute prescriptions for plan members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization (PA) request if it is important to exceed the seven-day limit.

Limit Quantity of Opioids: The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) will be limited up to 90 MME per day (based on a 30-day supply). Prescribers who believe their patient should exceed CDC Guideline recommendations can submit a PA request for up to 200 MME per day unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME per day. Quantities higher than that would require an appeal. Opioid products containing acetaminophen, aspirin, or ibuprofen will be limited to 4 grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.

Require Step Therapy: Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product, or the prescriber submits a PA.

Our strengthened UM criteria is aligned to the CDC Guideline which focuses on:

- The decision to begin or continue the use of opioid analgesics to treat patients with chronic pain, who are not receiving cancer treatment, palliative care or end-of-life care
- The selection of an opioid analgesic – including dosage, duration of therapy, follow-up, and when to discontinue opioids
- Identifying and mitigating opioid analgesic misuse