

Opioid Drugs for the Treatment of Pain

Treatment of acute pain

Face to Face Visit

A face-to-face visit between the member and the prescriber must occur within four(4) days before or after the date of the prescription of an opioid drug for the treatment of acute pain. Each authorization will allow for up to fourteen(14) days of coverage.

After the first authorization, further reimbursement may be authorized only after a face-to face visit has occurred in reference to the prescription for opioids

Prior authorization is required after a total of fifteen (15) days of opioids have been prescribed for the treatment of acute pain within a twelve (12)- month period. Three subsequent prior authorized prescriptions of up to fourteen (14) days are allowed within a twelve (12)-month period; each individual fourteen (14)- day prescription requires prior authorization for a cumulative maximum of fifty-seven (57) days.

Opioid drugs prescribed in conjunction with post surgical care are exempt from the requirements stated above.

In order to maintain continuity of care for transition to longer-term treatment, a pain management care plan consisting of a therapeutic treatment option must be developed and prior authorized before exhausting the third (3rd) prior authorization refill. Once authorized another prescriber may continue to prescribe refills under the approved prior authorization, up to the maximum amount identified in the original prior authorization request.

Post Surgical Care

If the provider of the surgical procedure determines that the use of opioid drugs for post-surgical care beyond the first fifteen (15)-day prescription is medically necessary, further reimbursement may be available through prior authorization. A face-to face visit between the member and the prescriber must occur within four(4) days before or after the date of the prescription requiring prior authorization.

Reimbursement for post surgical care is limited to a one-time prior authorization up to a total sixty (60)- day quantity, regardless of the number of prescriptions, outside the context of the treatment for non-acute pain or exceptions described below.

Long-acting, extended-release Opioids

Prior authorization, based on the providers determination of medical necessity, is required for long-acting,extended-release Opioid drugs prescribed for acute pain.

Treatment of (long-term) non-acute pain

Reimbursement of opioid drugs beyond the limit for acute pain and post-surgical care is allowed by prior authorization if the MaineCare member participates in one (1) or more therapeutic treatment options.

In order to qualify for reimbursement for opioid drugs of long-term, non-acute pain, the prescribing physician must demonstrate that the member has:

Participated in a pain management care plan (when clinically appropriate);
and

Failed to have adequate response to the prescribed pain management care plan;
or

Completed the prescribed therapeutic treatment option in accord with the member's plan
and show signs of regression;or

Completed at least fifty percent (50%) of the visits specified in the prescribed pain
management care plan. After which the prescriber recommends that adequate control of
pain will not be obtained under the therapeutic treatment.

Approved prior authorization will not exceed twelve (12) months. After the twelve (12)-month period expires opioid drugs for the treatment of pain will be reimbursed only within the restrictions as listed in the acute pain section 80, unless:

the provider demonstrates that the member qualifies for an exception, listed in section 80,
or

the provider has indicated that the member has chronic pain and is still engaged in a pain
management care plan, in which instance, the provider must request prior authorization
for another period, not to exceed twele (12) months.

Other terms and conditions

Therapeutic Treatment Options:

The Department may grant prior authorization for an opioid drug when participation in all appropriate therapeutic treatments is not feasible and opioid treatment is medically necessary.

Exceptions

The following shall be exempt from the prior authorization requirements stated above:

A MaineCare member who is receiving opioid drugs for symptoms related to HIV, AIDS and cancer and other qualifying diseases and conditions, as set forth on the Department's Preferred Drug List; or

A MaineCare member who is receiving opioid drugs during inpatient treatment in a hospital, in a nursing facility or during hospice care

A MaineCare member who is receiving 30 thirty milligrams (30mg) or less of morphine sulfate equivalents on a daily basis; or

A MaineCare member for whom MaineCare reimbursement for opioid drugs for the treatment of addiction is restricted by limits applicable to methadone and buprenorphine and naloxone combination drugs.