

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	N/A						

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Opioid Management Program Louisiana Medicaid

Override(s)	Approval Duration
Prior Authorization Quantity Limit	

Medications	Quantity Limit
All Long-Acting Opioid Analgesics will require prior authorization	Subject to quantity limits set by the State per HPA16-35 Note: as of 9/12/17, all agents will be limited to 90 mg MED (morphine equivalent dose) for opioid naïve and opioid tolerant individuals
The following short-acting opioid analgesics: <ul style="list-style-type: none"> • Codeine/acetaminophen • Hydrocodone/ibuprofen • Hydrocodone/acetaminophen • Hydromorphone IR • Meperidine • Morphine sulfate IR • Oxycodone IR • Oxycodone/acetaminophen • Oxycodone/ibuprofen • Oxycodone/aspirin • Oxymorphone IR • Tapentadol IR • Tramadol • Tramadol/acetaminophen 	Subject to quantity limits set by the State per HPA17-7 Note: as of 9/12/17, all agents will be limited to 90 mg MED for opioid naïve and opioid tolerant individuals Note: as of 7/10/17, all short acting opioids for acute pain in opioid naïve individuals (defined as no opioid therapy in the previous 90 days) will be limited to 7 day quantity limit (28 tablets) in 30 days.

APPROVAL CRITERIA

(Prior authorization must be requested using the Louisiana Opioid Analgesic Treatment Worksheet provided by the State of Louisiana. Any requests not on the Louisiana Opioid Analgesic Treatment Worksheet will not be approved.)

NOTE: Requests for a non-preferred long-acting opioid analgesic may be approved if the following criteria are met:

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- I. Individual has had a trial and inadequate response or intolerance to two preferred long-acting agents (preferred agents: morphine sulfate ER [generic MS Contin], fentanyl patch); **OR**
- II. Individual has completed titration and is already maintained on a stable dose of the requested drug; **OR**
- III. The preferred long-acting opioids are not acceptable due to concomitant clinical situations, such as but not limited to:
- IV. Known hypersensitivity to any ingredient which is not also in the requested non-preferred agent; **OR**
- V. An abuse deterring agent (OxyContin, Hysingla ER, Targiniq ER, Embeda, MorphaBond, and Xtampza ER, Troxyca ER, Vantrela ER, Arymo ER) may be approved if the individual has need for abuse deterrent formulations based upon a history of substance abuse disorder OR individual's family member or household resident has active substance abuse disorder or a history of substance abuse disorder; **OR**
- VI. If non-preferred agent is Butrans (buprenorphine transdermal patch) or Belbuca (buprenorphine buccal film), and there is concern for abuse or dependence with pure opioid agents.

NOTE: Members using for the treatment of pain related to cancer, palliative care, or end-of-life do not require prior authorization but are subject to step therapy.

Long-Acting opioids

- All long acting opioid analgesics will require prior authorization. Prior authorization must be requested using the Louisiana Opioid Analgesic Treatment Worksheet provided by the State of Louisiana. Any requests not on the Louisiana Opioid Analgesic Treatment Worksheet will not be approved.
- All long-acting opioids will also be subject to quantity limits as set by the state per HPA16-35. Quantity limit override must be requested using the Louisiana Opioid Analgesic Treatment Worksheet provided by the State of Louisiana. Any requests not on the Louisiana Opioid Analgesic Treatment Worksheet will not be approved.

Short-Acting opioids

- All short-acting opioids listed will have quantity limits set by the state per HPA16-35. Quantity limit override must be requested using the Louisiana Opioid Analgesic Treatment Worksheet provided by the State of Louisiana. Any requests not on the Louisiana Opioid Analgesic Treatment Worksheet will not be approved.

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Approval Criteria (NOTE: Louisiana Opioid Analgesic Treatment Worksheet MUST be completed)

- I. Individual is using for the treatment of pain related to cancer, palliative care, or end of life; **OR**
- II. Prescriber has completed an assessment for pain and function (documentation must be attached); **AND**
- III. Prescriber has screened individual for substance abuse/opioid dependence (documentation must be attached); **AND**
- IV. Prescription monitoring program (PMP) will be accessed each time a controlled prescription is written; **AND**
- V. A treatment plan, including current and previous goals of therapy for both pain and function has been developed; **AND**
- VI. Prescriber has explained criteria for failure of the opioid trial and for stopping or continuing the opioid; **AND**
- VII. Benefits and potential harms of opioid use have been discussed with the individual. In addition, if the individual has concurrent comorbidities or is taking medications that could potentially cause drug-drug interactions, an assessment of increased risk for respiratory depression has been completed and discussed with the patient. The risk of combining opioids with other central nervous system depressants, such as benzodiazepines, alcohol, or illicit drugs such as heroin, has also been specifically addressed. The level of risk for opioid abuse/overdose with the dose/duration prescribed to the patient has also been discussed; **AND**
- VIII. An Opioid Treatment Agreement signed by both the patient and prescriber is on file (not required for individuals in a long-term care facility).

Long-Acting opioids – in addition to RN I-VII above

- I. The Individual requires continuous around the clock analgesic therapy for which alternative treatment options have been inadequate or have not been tolerated; **AND**
- II. Individual previously utilized at least two weeks of short-acting opioids for this condition. Please enter drug(s), dose, duration and date of trial in Pharmacological Treatment Section on page 1 of the Louisiana Opioid Analgesic Treatment Worksheet; **AND**
- III. Medication has not been prescribed to treat acute pain, mild pain, or pain that is not expected to persist for an extended period of time; **AND**
- IV. Medication has not been prescribed for use as an as-needed (PRN) analgesic; **AND**
- V. Prescribing information for requested product has been thoroughly reviewed by prescriber

If prescriber answered **NO** to any of the RN above, prescriber must explain in writing rationale for not attesting to the above statements.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana	3/22/17 7/10/17 9/12/17	<p>HPA16-35/HPA 17-7</p> <ul style="list-style-type: none"> • All opioids will have quantity limits set forth by HPA16-35. Louisiana has provided a common worksheet (Louisiana Opioid Analgesic Treatment Worksheet) for all requests for quantity exceeding limit. • All prior authorization requests for any opioid must also use the common worksheet provided by Louisiana (Louisiana Opioid Analgesic Treatment Worksheet). • 3/22/17 – this will apply to new starts on opioid analgesics (no opioid therapy in the previous 90 days). • 5/22/17 – this will apply to all members utilizing opioid analgesics • 7/10/17 – The following will be implemented <ul style="list-style-type: none"> ○ 7 day quantity limit for opioid naïve recipients – units per 7 day supply within a 30 day period will be 28 (tabs/capsules) for short-acting opioids ○ Morphine equivalent dosing (MED) of 120 mg per day for ALL opioid recipients • 9/12/17 – MED will be reduced to 90 mg per day for ALL opioid recipients

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