The Vermont Rules Governing the Prescribing of Opioids for Pain became effective 7.1.17. This Prior Authorization should be completed if the prescriber has reason to prescribe over the 90 MME (morphine milligram equivalent) per day threshold. Non-MAT (Medication Assisted Treatment) opioids are targeted. The specified exceptions are below:

**REASONS FOR PA:**

- Cost
- ✓ Potential for misuse
- ✓ Toxicity

**Permissible Exceptions to dispense above limits:**

1. The patient has: chronic pain associated with cancer or cancer treatment OR palliative care OR end of life and hospice care OR patients in skilled and intermediate care nursing facilities OR
2. The prescriber re-evaluated and documented the effectiveness and safety of the patient's pain management plan, including an assessment of the patient's adherence to the treatment regimen AND
3. The prescriber re-evaluated and documented the potential for the use of non-opioid and non-pharmacological alternatives for treating pain AND
4. The prescriber completed and documented a functional examination of the patient AND
5. The prescriber reviewed and documented the patient's Controlled Substance Treatment Agreement and Informed Consent, making any necessary revisions, including pill counts and directly observed urine testing to monitor adherence and possible use of the other substances AND
6. The prescriber assessed and documented any co-morbid conditions affected by treatment with opioids (this may be best conducted by a mental health or addictions professional) AND
7. The prescriber reviewed and documented any other related actions by the patient that may reasonably lead a prescriber to modify the pain management regimen, including but not limited to aberrant behaviors, early refills of controlled substances or other known risks associated with misuse, abuse, diversion addiction or overdose AND
8. The prescriber had an in person documented discussion with the patient prior to prescribing 90 MME or more regarding the increased risk of fatal and non-fatal overdose, and any precautions the patient should take including but not limited to safe storage, safe disposal and no sharing of medications. If the patient is a minor, or lacks legal competence, then this in-person discussion shall take place between the prescriber and the patient’s parent, guardian, or legal representative, unless provided for by law AND
9. Based on the re-evaluation the prescriber has determined and documented the possible need for a pain management, substance abuse or pharmacological consultation to achieve effective pain management, avoidance of dependence or addiction or taper from the prescribed analgesics AND
10. Based on the re-evaluation the prescriber has determined and documented that a violation of the Agreement will result in a re-assessment of the patient's treatment plan and alteration or institution of controls over medication prescribing and dispensing, which may include tapering or discontinuing the prescription. This may occur after consultation with an addictions specialist AND
11. The prescriber has prescribed naloxone AND
12. The prescriber has checked the appropriate PDMP (Prescription Drug Monitoring Program) at least once annually
<table>
<thead>
<tr>
<th>REASONS for DENIAL of BENEFIT:</th>
<th>1. Patient does not meet above criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL AND RENEWAL CRITERIA:</td>
<td>If the criteria are met for #1 approve indefinitely. Approval period for all other criteria is 365 days.</td>
</tr>
<tr>
<td>BENEFIT APPROVAL:</td>
<td>Members may only obtain a maximum of 30 days’ supply at a time.</td>
</tr>
<tr>
<td>POLICY HISTORY:</td>
<td>Created 5/2018 to support VT Rules Governing the Prescribing of Opioids for Pain</td>
</tr>
</tbody>
</table>

References:
2. [http://www.era-opioidrems.com/lsuul/remshome.action](http://www.era-opioidrems.com/lsuul/remshome.action) ER/LA Opioid Analgesics REMS