CLINICAL RATIONALE
Patients with opioid and other addictions may have more uncontrolled pain than patients without addiction disorders. In addition, such patients may have acute pain from a traumatic injury or medical illness that requires treatment. Acute pain management in patients receiving opioid maintenance therapy often requires high opioid doses due to tolerance, as well as ongoing management of the risk of opioid misuse and coordination with substance abuse treatment. One of the most common opioid agonists used for maintenance therapy for addiction in the United States is buprenorphine. Though dosed once daily for addiction, its analgesic effects last only six to eight hours. Therefore, continuation of outpatient dosing for addiction is not sufficient for acute pain management.  

Buprenorphine
Buprenorphine and buprenorphine/naloxone are partial agonists at the μ opioid receptor, and are indicated for the induction and treatment of opioid dependence. 1,2 As the use of buprenorphine or buprenorphine/naloxone agonist treatment for opioid dependence has increased in the past decade, managing acute and sub-acute post-operative pain in such patients has become a recognized clinical challenge. The high-affinity μ-receptor binding of buprenorphine renders other opioids ineffective or reduces their efficacy. Yet it is important to continue opioid substitution therapy for patients undergoing surgery. 3

The CDC guideline for opioid prescribing states that although identification of an opioid use disorder can alter the expected benefits and risks of opioid therapy for pain, patients with co-occurring pain and substance use disorder require ongoing pain management that maximizes benefits relative to risks. Clinicians should continue to use non-pharmacologic and non-opioid pharmacologic pain treatments as appropriate and consider consulting a pain specialist as needed to provide optimal pain management. 4

Clinical studies on treating acute pain in patients receiving buprenorphine are limited. Current evidence predominantly consists of guidelines based on case reports, retrospective studies, and expert opinion. 7 If the acute pain episode is anticipated (e.g., surgical pain), buprenorphine should be discontinued for a few days before the episode. Pain in patients receiving buprenorphine treatment initially should be treated with nonopioid analgesics when appropriate. Although buprenorphine itself has powerful analgesic properties, the once-daily administration of buprenorphine, as used for the treatment of opioid addiction, often does not provide sufficiently sustained relief of pain. Additionally, the onset of action of analgesia with buprenorphine may not be adequate for the treatment of acute pain. 6

Treatment options are as follows:
- Continue the buprenorphine maintenance therapy and titrate a short-acting opioid analgesic to effect. 5
- Divide the daily dose of buprenorphine and administer it every six to eight hours to take advantage of its analgesic properties. 5
- Discontinue the buprenorphine therapy and treat the patient with the usual aggressive pain management, which may include short-acting opioid pain relievers.
Note that until buprenorphine clears the body, it may be difficult to achieve analgesia with short-acting opioids in patients who have been maintained on buprenorphine, and higher doses of short-acting opioids may be required.\textsuperscript{6}

REFERENCES
Opioid Concurrent Opioid Dependence Therapy Prior Authorization

OBJECTIVE
The intent of the Opioid Concurrent Opioid Dependence Therapy Prior Authorization (PA) program is to encourage appropriate use according to product labeling and/or clinical guidelines, and to help prevent inappropriate use of opioid agents while receiving agents for the treatment of opioid dependence. The program defines appropriate use of an opioid concomitantly with a buprenorphine product when the opioid is being requested for anticipated acute pain (e.g., surgical pain) or unanticipated acute pain (e.g., trauma). The program also allows for short-acting requests where the prescriber has submitted documentation supporting the medical necessity for the requested agent. The program will limit the number of authorizations to 3 within a 12 month period. The program will also support a quantity limit for those agents that currently have a quantity limit through a separate QL program.

TARGET AGENTS

<table>
<thead>
<tr>
<th>Brand (generic)</th>
<th>GPI</th>
<th>Multisource Code</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid agonist agents</strong></td>
<td>6510*********</td>
<td>M, N, O, Y</td>
<td>Refer to Medicaid client QL grid/documents</td>
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<td><strong>Opioid combination agents</strong></td>
<td>6599*********</td>
<td>M, N, O, Y</td>
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<tr>
<td>Butorphanol nasal spray</td>
<td>65200020102050</td>
<td>M, N, O, Y</td>
<td></td>
</tr>
<tr>
<td>Butorphanol (oral solution, 10 mg/mL)</td>
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<td>M, N, O, Y</td>
<td></td>
</tr>
<tr>
<td>Butorphanol nasal spray</td>
<td>65200040300310</td>
<td>M, N, O, Y</td>
<td></td>
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<tr>
<td>Butorphanol (oral solution, 50 mg/0.5 mg)</td>
<td>65200040300310</td>
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<tr>
<td><strong>Buprenorphine agents for pain</strong></td>
<td>652000101082**</td>
<td>M, N, O, Y</td>
<td></td>
</tr>
<tr>
<td>Belbuca™ (buprenorphine buccal film)</td>
<td>652000101082**</td>
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<tr>
<td>Butrans®, Buprenorphine Transdermal System</td>
<td>652000100088**</td>
<td>M, N, O, Y</td>
<td></td>
</tr>
</tbody>
</table>

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

**Opioids** will be approved when ALL of the following are met:

1. ONE of the following:
   a. The requested agent contains tramadol or codeine AND ONE of the following:
      i. The patient is between 12 and 18 years of age AND the requested opioid will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR**
      ii. The patient is 18 years of age or older **OR**
   b. The requested agent does not contain tramadol or codeine **AND**

2. If the patient is currently taking a buprenorphine agent, then ONE of the following:
   a. The prescriber has indicated the buprenorphine agent will be discontinued prior to starting the requested agent **OR**
   b. BOTH of the following:
      i. The requested agent is being prescribed for acute pain (e.g., surgical pain or trauma) **AND**
ii. The requested agent is a short-acting or immediate-release dosage form

AND

3. The prescriber has submitted information supporting the medical necessity of the opioid, including the specific pain that the current opioid is being used to treat and the expected duration of therapy with the opioid

AND

4. The patient has not received 3 authorizations through the PA process in the past 12 months

Length of Approval: One time fill

NOTE: If Quantity Limit program also applies, please refer to Quantity Limit documents.