Benefit Design Considerations for a PBM

Essential Recommendations

☐ Review when opioids can be prescribed for chronic pain. Consider prescription only after failure of, or in conjunction with, first line non-opioid and non-pharmacologic therapies for painful conditions.

☐ Consider quantity limits per opioid fill for acute pain (3-7 days).

☐ Require immediate release formulations be prescribed before long acting opioids.

Strongly Recommended

☐ Require high utilizers of opioids to “lock-in” (only receive prescriptions from one prescriber and one pharmacy).

☐ Evaluate co-pays for non-opioid therapy relative to opioids to support published guidelines.

☐ Consider coverage for concurrent opioid reversal agent (naloxone) prescriptions for patients with a history of overdose, substance use disorder, higher opioid doses or concurrent benzodiazepine utilization.

Optional Recommendations

☐ Require assessment/documentation for patients with an opioid prescription:
  ✔ One week after initiation of an opioid
  ✔ Every three months for patients on chronic opioids (assess patients on chronic opioids for potential of tapering to lower doses)
  ✔ If patient has a prescription for a high dose of an opioid

☐ Offer coverage for abuse deterrent opioid formulations for patients for whom chronic opioid therapy is appropriate.

☐ Ensure pharmacist cannot override rejected claim for an opioid without an exemption (i.e. prior authorization) from a physician.

Source: Employer Guide: Pain Management at the Worksite, MBGH