Section Title: Benefits Administration - *Medical Aid*
Subject: Opioid Medication
Effective Date: November 1, 2011

A. INTRODUCTION

The WCB is committed to supporting injured workers during their recovery process and return to health and work. The WCB pays for medical services and treatments that contribute to a better quality of life for injured workers through the improvement of functional ability. The WCB supports the appropriate use of opioid medication when the reduction of pain after an injury is associated with an improvement in function. The WCB also supports the use of other effective treatments that lessen pain and improve function.

Addiction, overdose and illegal usage are problems associated with opioid use. The WCB, injured workers and health care professionals have important roles to play in ensuring that opioid medications are used safely.

The WCB also strives to improve patient care through cooperation and communication with professionals in health care disciplines.

B. POLICY PURPOSE

The WCB recognizes that physicians are confronted with the challenge of prescribing opioids in a way that balances their ability to relieve pain and improve function while minimizing side effects and risks. This policy is intended to provide parameters for the authorization and payment of opioids. This policy applies to cases involving non-cancer pain.

C. POLICY

1. Definitions

Opioids: For the purposes of this policy, opioid medication refers to prescription medications of this class that are legally available in Canada and the U.S.

Acute Phase: For the purposes of this policy, the acute phase of treatment is up to 2 weeks following an injury or surgery.

2. General Principle

The WCB ordinarily pays for opioid medication during the acute phase of an injury or during the acute, post-operative phase.

Following the acute phase, the WCB may pay for the minimum dose of opioid medication that supports a documented improvement in the injured worker's functional ability. To authorize or continue payment for opioid medication beyond the acute phase, the WCB must be satisfied that the physician has followed best practices adopted by the WCB, including utilization of outcome measures acceptable to the WCB.

3. Suspending or Discontinuing Opioid Medication

The WCB may suspend or discontinue authorization of payment for opioid medication:

- When an injured worker does not co-operate with the prescribing physician's instructions;
- When opioid medication does not support a sustained documented improvement in the worker's functional ability;
- When the side effects or risks of opioid medication outweighs their benefit;
- When it is evident that the prescribing physician has not followed best practices adopted by the WCB, or has not utilized outcome measures acceptable to the WCB.

4. Reducing the Use of Opioid Medication

When the WCB decides to suspend or discontinue payment for opioid medication, an intervention program that helps to gradually reduce reliance on opioid medication may be approved. Ordinarily, the WCB will fund such a program on a one-time-only basis. The goal of the intervention program must be the complete discontinuance (not reduction or adjustment) of opioid medication. The program must be supervised by a physician. Following the program, the WCB will ordinarily discontinue paying for opioid medication.

D. REFERENCES

The Workers Compensation Act, sections 1(1), 20, 27(10), and 37

History:

1. Policy 44.120.20, *Opioid Medication*, approved by Board Order No. 12/11 on June 28, 2011, effective October 1, 2011. This policy is intended to provide parameters for the authorization and payment of opioid medications.
2. Policy effective date revised to November 1, 2011, to accommodate roll out of the policy. Board of Directors advised at its September 22, 2011 meeting.
3. Minor formatting changes were made to the policy June 27, 2012.
4. Change to Administrative Guideline k) *High-dose therapy*: Base changed to 120 mg per day from 200 mg per day by the Policy Steering Committee on August 27, 2014.
5. Minor formatting changes were made to the policy, August 2021.

E. GUIDELINES

These guidelines provide further detail regarding the principles, best practices, timeframes, suspension or discontinuance, intervention program and outcome measures mentioned in the Opioid Medication policy.

1. Definitions

Morphine equivalent (ME): Refers to the dose of an opioid medication in relation to morphine.

2. Best Practices

The documented evidence must show that the prescribing physician is following best practices by:

a) **Identify the cause of the pain:** Establishing, to the extent possible, the underlying medical process causing the pain, and that the course of treatment is consistent with the nature of the condition;

b) **Not for undetermined pain:** Not prescribing opioid medication for patients whose pain is undetermined or primarily determined by psychological factors;

c) **Non-opioid trial required first**: Carrying out an adequate trial of treatment alternatives and non-opioid medication prior to commencing a trial of opioids;

d) **Risk assessment:** Conducting initial and periodic clinical assessments with respect to the risk factors for substance abuse, misuse or addiction;

e) **Initiation and adjustment of dose:** Selecting the medication, initial dosing, and adjusting opioid medication in an individualized manner in order to attain the minimal dosage level (morphine equivalent) necessary to maximize the injured worker's functional ability;

f) **Dose instructions:** Restricting "prn" or "take as needed" dosing up to a specific maximum per day. For example, using "one pill, up to bid prn" to indicate "take one pill, up to a maximum of twice per day, on an as needed basis".

g) **No injection:** Except in the acute post-injury or post-operative phase, the prescribed opioid medication is not given by injection;

h) **Maximum prescription quantity:** Limiting the prescription to a maximum of 30 days;

i) **Exact pill count:** Instructing the pharmacy to provide only the exact number of pills required for the duration of the prescription;

j) **Dose increase:** Demonstrating caution and clinical re-evaluation of risks and benefits when increasing the dose of opioids (morphine equivalent) over time;

k) **High-dose therapy:** Close monitoring, ongoing evaluation and more frequent follow-up visits when the morphine equivalent of the opioid medication approaches or exceeds 120 mg per day;

l) **Outcomes:** Using outcome measures acceptable to the WCB to determine the efficacy of opioid medication in the particular situation.

m) **Monitoring:** Reassessing, using a risk assessment tool acceptable to the WCB, periodically or as warranted by circumstances, progress towards therapeutic goals including pain control and

level of function, presence of adverse events and adherence to the opioid treatment plan;

n) **Side-effects or risks:** Suspending opioid usage when it is evident that the side-effects or risks outweigh the benefits;

o) **Action on opioid misuse:** Taking appropriate actions when it becomes evident that the prescribed opioid medication is being used in a manner not intended by the prescribing physician or inconsistent with the intended purpose of the medication.

3. Timeframes and Payment Authorization

The WCB will ordinarily pay for the cost of appropriate opioid medication in the following circumstances:

a) **Acute Phase:** for an injured worker who is in the acute stage of recovery following an injury or surgery that causes organically based pain, payment for opioid medication will be provided **for up to 2 weeks without prior authorization**;

b) **Post-acute Phase:** when an injured worker experiences pain and associated functional deficits after the acute phase, payment for opioid medication may be provided **for as long as necessary, at the minimum dosage level that attains the maximum functional improvement, with prior authorization** from the WCB. During this period, documented evidence must show the following:

i) **Not first line:** The prescribed opioid medication does not form the first line of treatment;

ii) **One prescriber:** Confirming that there is only one prescriber of opioid medication (generally the injured worker's primary treating physician or physician group that provides coverage, on a pre-arranged basis, for when the treating physician is not available);

iii) **One pharmacy:** Directing only one pharmacy to fill the opioid prescription;

iv) **Agreement:** That a written treatment agreement has been made between the injured worker and the prescribing physician, which, at a minimum, identifies the prescriber, the pharmacy, and the risks associated with opioid medication use;

v) **Agreement received:** The treatment agreement, in a manner and form acceptable to the WCB, be on file with the WCB within two weeks of the start of the opioid medication;

vi) **Improved function and side-effects:** That the benefits regarding the improvement in function outweigh the side-effects and risks from the opioid.

4. Stopping Payment for Opioids

The benefit of opioid medication is the reduction of pain with an associated improvement in function. If this benefit is not evident, payment for an opioid medication should stop.

Payment authorization may also be suspended or discontinued for prescribed opioid medication when a policy provision has not been met, or when:

a) **More harm than benefit:** It is evident that the side-effects and risks from an opioid medication outweigh its benefit;

b) **Inhibit progress:** Medical opinion indicates the prescribed opioid medication is delaying or impeding the injured worker's recovery, return to function or return to work;

c) **Maladaptive behaviours:** The treatment is contributing to maladaptive pain behaviours, unhealthy dependence, or addiction;

d) **Prescription misuse:** It is evident that the opioid medication is being misused, used in a manner not intended by the prescribing physician or inconsistent with the intended purpose of the medication.

5. Conditions for an Intervention Program

The following conditions may apply to an intervention program:

a) **Discontinuation goal:** The goal of an intervention program is to discontinue, not reduce or adjust, opioid usage;

b) **Counselling:** Referral and coverage for counselling or other support services during the intervention program may be made if there are significant behavioural issues associated with the reduction of opioid dosage;

c) **Medication during intervention program**: During an intervention program, the WCB will only cover medication if their use is supervised by a physician, and then only for a duration pre-approved by the WCB;

d) **Program cooperation:** If an appropriate intervention program is not followed without just cause, coverage for opioid medication will cease immediately;

e) **Program delays:** Where there is a delay in accessing an appropriate intervention program, the WCB will review ongoing coverage for opioids with the treating physician.

6. Morphine Equivalents:

The morphine equivalent amounts for opioid medication will be established by the WCB.