



<b>ISSUE DATE</b>  April 26, 2018	<b>EFFECTIVE DATE</b>  April 26,2018	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Prior Authorization of Analgesics, Opioid Short Acting – Pharmacy Services		<b>BY</b>   Sally A. Kozak, Acting Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: [http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and an addition to the type of information needed to evaluate the medical necessity of prescriptions for Analgesics, Opioid Short Acting submitted for prior authorization.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service delivery system. Providers rendering services under the MA managed care delivery system should address any questions related to Analgesics, Opioid Short Acting to the appropriate managed care organization.

*01-18-05	09-18-06	27-18-05	33-18-06
02-18-03	11-18-03	30-18-03	
03-18-03	14-18-04	31-18-06	
08-18-06	24-18-03	32-18-03	

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

**BACKGROUND:**

As part of the ongoing effort to address the opioid crisis in the Commonwealth, but continue to provide access to beneficiaries who have a medical need for Analgesic, Opioid Short Acting, the Department of Human Services (Department), is revising the requirements for prior authorization and the guidelines to evaluate the medical necessity of Analgesics, Opioid Short Acting.

**DISCUSSION:**

The Department is revising the requirements and the guidelines as follows:

- Revision to the sections that set forth the prescriptions that require prior authorization:

A prescription for more than a 5-day supply of a preferred Analgesic, Opioid Short Acting, requires prior authorization when prescribed for an adult 21 years of age or older. For beneficiaries under 21 years of age, prescriptions for more than a 3-day supply will continue to require prior authorization.

- Addition to the clinical review guidelines to determine medical necessity of an Analgesic, Opioid Short Acting:

Whether the beneficiary:

- a. Is under 18 years of age, has a diagnosis of active cancer, sickle cell with crisis or neonatal abstinence syndrome, or is receiving palliative care or hospice services, and the Analgesic, Opioid Short Acting does not contain codeine or tramadol

OR

- b. Is 18 years of age or older and has a diagnosis of active cancer or sickle cell with crisis, or is receiving palliative care or hospice services

- Addition to the provisions for automated prior authorization:

When the PROMISe Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim 365 days prior to the date of service that documents receipt of palliative care or hospice services

The proposed revisions were shared with the Medical Assistance Advisory Committee and were subject to public review and comment.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Analgesics, Opioid Short Acting are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Analgesics, Opioid Short Acting) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

**ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

SECTION II  
Analgesics, Opioid Short Acting

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**Requirements for Prior Authorization of Analgesics, Opioid Short Acting**

A. Prescriptions That Require Prior Authorization

Prescriptions for Analgesics, Opioid Short Acting that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Analgesic, Opioid Short Acting regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Analgesics, Opioid Short Acting at: <https://papdl.com/preferred-drug-list>
2. A prescription for a preferred Analgesic, Opioid Short Acting with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
4. A prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting when a beneficiary has a concurrent prescription for a Buprenorphine Agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension (Vivitrol)
5. A prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting that contains codeine or tramadol when prescribed for a child under 18 years of age.
6. A prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting that contains codeine or tramadol when prescribed for a child 18-20 years of age, and:
  - a. More than a 3-day supply is prescribed, **OR**
  - b. The child has a history of a paid claim for an Analgesic, Opioid Short Acting within the past 365 days
7. A prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting that does not contain codeine or tramadol when prescribed for a child under 21 years of age, and:

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

- a. More than a 3-day supply is prescribed, **OR**
  - b. The child has a history of a paid claim for an Analgesic, Opioid Short Acting within the past 365 days
8. A prescription for a preferred Analgesic, Opioid Short Acting when prescribed for an adult 21 years of age or older, and
- a. More than a 5-day supply is prescribed, **OR**
  - b. The beneficiary has a history of a paid claim for an Analgesic, Opioid Short Acting within the past 180 days

**B. 5-Day Supply**

A pharmacist may dispense a 5-day supply of the prescribed medication without prior authorization if, in the professional judgment of the pharmacist, the beneficiary has an immediate need for the medication, unless the pharmacist determines that taking the medication either alone or along with other medications that the beneficiary may be taking, would jeopardize the health and safety of the beneficiary. The maximum number of 5-day supplies of a prescription for an Analgesic, Opioid Short Acting that can be dispensed without prior authorization is one (1) 5-day supply per beneficiary during a six (6) month period.

In response to health and safety concerns, a pharmacist may not dispense a 5-day supply of an Analgesic, Opioid Short Acting that contains codeine or tramadol when prescribed for a child under 18 years of age.

**C. Clinical Review Guidelines and Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for an Analgesic, Opioid Short Acting, the determination of whether the requested prescription is medically necessary will take into account the following:

- 1. For transmucosal fentanyl products - The beneficiary has a diagnosis of cancer

**AND**

- a. The beneficiary is opioid tolerant. Opioid tolerant is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/h, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**AND**

- b. The prescriber is an American Board of Medical Specialties (ABMS) Certified Oncologist or Pain Specialist

**AND**

- c. The beneficiary has a history of a contraindication to the preferred Analgesics, Opioid Short Acting

**AND**

- 2. For Nasal Butorphanol - The beneficiary is not opioid tolerant (Opioid tolerant is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/h, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equi-analgesic dose of another opioid for one (1) week or longer.)

**AND**

- a. Has a diagnosis of pain

**AND**

- b. Has a history of a contraindication, intolerance to or therapeutic failure of at least three unrelated (different opioid ingredient) preferred Analgesics, Opioid Short Acting Medication (single entity or combination products)

**AND**

- c. Is being prescribed nasal butorphanol by a neurologist or pain medication specialist

**OR**

- d. Has a diagnosis of migraine

**AND**

- e. Has a history of a contraindication, intolerance to or therapeutic failure of the triptans for abortive therapy

**AND**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

- f. Has a history of a contraindication, intolerance to or therapeutic failure of the following preventative therapies:
  - i. Beta blockers
  - ii. Calcium channel blockers
  - iii. Anticonvulsants
  - iv. Selective serotonin reuptake inhibitor (SSRI)  
Antidepressants
  - v. Tri-cyclic antidepressants
  - vi. Non-steroidal anti-inflammatories (NSAIDs)

**AND**

- 3. For non-preferred Analgesics, Opioid Short Acting – The beneficiary has a history of a contraindication to, intolerance, or therapeutic failure of at least three unrelated (different opioid ingredient) preferred Analgesics, Opioid Short Acting Medication (single entity or combination products for breakthrough pain)

**AND**

- 4. When determining medical necessity of a prescription for a preferred or non-preferred Analgesic, Opioid Short Acting for a beneficiary with a concurrent prescription for a Buprenorphine Agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension (Vivitrol) the physician reviewer will consider whether:

- a. Both of the prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

- b. The beneficiary has an acute need for therapy with an Analgesic, Opioid Short Acting and the other therapy will be suspended during the treatment for acute pain.

**AND**

- 5. For therapeutic duplication, whether:
  - a. The beneficiary is being titrated to, or tapered from, a drug in the same class

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**OR**

- b. Supporting peer-reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

**AND**

- 6. Whether the beneficiary:

- a. Is under 18 years of age, has a diagnosis of active cancer, sickle cell with crisis or neonatal abstinence syndrome, or is receiving palliative care or hospice services, and the Analgesic, Opioid Short Acting does not contain codeine or tramadol.

**OR**

- b. Is 18 years of age or older and has a diagnosis of active cancer or sickle cell with crisis, or is receiving palliative care or hospice services

**OR**

- 7. For a prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting when prescribed for a beneficiary under 21 years of age who does not meet the guidelines in #6 above, whether the beneficiary:

- a. Has documentation of pain that is:
  - i. Caused by a medical condition

**AND**

- ii. Not neuropathic or migraine in type

**AND**

- iii. Severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

**AND**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

b. Has documentation of the anticipated duration of therapy

**AND**

c. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:

i. Non-pharmacologic techniques (i.e., behavioral, cognitive, physical and/or supportive therapies)

**AND**

ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

**AND**

d. Has documentation that the Analgesic, Opioid Short Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

**AND**

e. Is prescribed a medication and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions as listed in:

i. The FDA-approved package insert

**OR**

ii. Nationally recognized compendia for medically-accepted indications for off-label use

**OR**

iii. Medically accepted standards of care that corroborate use, such as peer-reviewed literature or national treatment guidelines

**AND**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

- f. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider

**AND**

- g. Has documentation that the beneficiary or parent/guardian has been educated on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction

**AND**

- h. Was evaluated for risk factors for opioid-related harm; if beneficiary is identified at high risk for opioid related harm, the prescriber considered prescribing naloxone

**AND**

- i. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

**AND**

- j. Was assessed for recent use (within the past 60 days) of an opioid

**AND**

- k. Has a recent urine drug screen (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

**AND**

- l. For a combination agent containing a barbiturate, meets the guidelines in the handbook chapter for Analgesics, Non-Opioid Barbiturate Combinations

**AND**

- 8. For a prescription for a preferred or non-preferred Analgesic, Opioid Short Acting when prescribed for a beneficiary 21 years of

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

age and older who does not meet the guidelines in #6 above, whether the beneficiary:

a. Has documentation of pain that is:

i. Caused by a medical condition

**AND**

ii. Not neuropathic or migraine in type

**AND**

iii. Moderate to severe, as documented by a pain assessment tool measurement (e.g. a numeric or visual analog scale)

**AND**

b. Has documentation of the anticipated duration of therapy

**AND**

c. Has documentation of therapeutic failure, contraindication or intolerance to the following pain management modalities:

i. Non-pharmacologic techniques (i.e., behavioral, cognitive, physical and/or supportive therapies)

**AND**

ii. Non-opioid analgesics (e.g., acetaminophen, NSAIDs)

**AND**

d. Has documentation that the Analgesic, Opioid Short Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

**AND**

e. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**AND**

- f. Has documentation of education on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction

**AND**

- g. Was assessed for recent use (within the past 60 days) of an opioid

**AND**

- h. Was evaluated for risk factors for opioid-related harm; if the beneficiary is identified at high risk for opioid related harm, the prescriber considered prescribing naloxone

**AND**

- i. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

**AND**

- j. Has a recent urine drug screen (including testing for licit and illicit drugs with the potential for abuse, and specific testing for oxycodone fentanyl, tramadol, and carisoprodol) that is consistent with prescribed controlled substances

**AND**

- k. For a combination agent containing a barbiturate, meets the guidelines in the handbook chapter for Analgesics, Non-Opioid Barbiturate Combinations

**AND**

- 9. Whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Opioid Short Acting

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

Quantity Limits - In addition, if the quantity of a prescription for either a preferred or non-preferred Analgesic, Opioid Short Acting exceeds the quantity limit, the determination of whether the prescription is medically necessary will take into account the guidelines in the Quantity Limits Handbook Chapter and whether:

1. The beneficiary has moderate to severe pain

**AND**

2. The medication is being prescribed by an appropriate specialist or in consultation with an appropriate specialist

**AND**

3. An Opioid Analgesic at the requested dose is the most appropriate treatment option as documented by one or more of the following:

- a. Pain is inadequately controlled at the current quantity limit

**AND**

- b. Pain is inadequately controlled by other Analgesics, Opioid Short Acting or the beneficiary has a history of a contraindication, or adverse reaction to alternative Analgesics, Opioid Short Acting

**AND**

4. The beneficiary would not be more appropriately pain controlled by initiating or adjusting the dose of an Analgesic, Opioid Long Acting

NOTE: As described in Section E, if the beneficiary does not meet the clinical review guidelines and/or the quantity limit guidelines listed above, but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

**FOR RENEWALS OF PRESCRIPTIONS FOR ANALGESICS, OPIOID SHORT ACTING:** Requests for prior authorizations of renewals for Analgesics, Opioid Short Acting that were previously approved will take into account whether the beneficiary:

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Experienced an improvement in pain control and level of functioning while on the requested agent

**AND**

2. Has documentation that the Analgesic, Opioid Short Acting will be used in combination with tolerated non-pharmacologic therapy and non-opioid pharmacologic therapy

**AND**

3. Is being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder

**AND**

4. Was evaluated for risk factors for opioid-related harm; if beneficiary is identified at high risk for opioid related harm, the prescriber considered prescribing naloxone

**AND**

5. Is not taking a benzodiazepine, unless the benzodiazepine or opioid is being tapered or concomitant use is determined medically necessary

**AND**

6. If prescribed less than 50 Morphine Milligram Equivalents (MME) per day, has a UDS (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 12 months that is consistent with prescribed controlled substances.

**OR**

7. If prescribed greater than or equal to 50 MME per day, has a UDS (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 3 months that is consistent with prescribed controlled substances.

**AND**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

8. Whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history before prescribing the Analgesic, Opioid Short Acting

NOTE: As described in Subsection E, if the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

D. Automated Prior Authorization

Prior authorization of a prescription for a preferred Analgesic, Opioid Short Acting will be automatically approved when the PROMISE Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim 365 days prior to the date of service that documents:

1. A diagnosis of active cancer, sickle cell with crisis or neonatal abstinence syndrome, or is receiving palliative care or hospice services, for a beneficiary under 18 years of age, and the Analgesic, Opioid Short Acting does not contain codeine or tramadol.

**OR**

2. A diagnosis of active cancer or sickle cell with crisis, or is receiving palliative care or hospice services, for a beneficiary 18 years of age or older.

E. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C. above, to assess the medical necessity of the request for a prescription for an Analgesic, Opioid Short Acting. If the guidelines in Section C. are met, the reviewer will prior authorize the prescription.

The prior authorization request will be referred to a physician reviewer for a medical necessity determination when any of the following occur:

1. The guidelines are not met

**OR**

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

2. The beneficiary is concurrently being prescribed a Buprenorphine Agent with an FDA-approved indication for opioid dependence or naltrexone for extended-release injectable suspension (Vivitrol)

Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

F. Dose and Duration of Therapy

The Department will limit authorization of prescriptions for Analgesics, Opioid Short Acting to three (3) months of therapy.

**References:**

1. Cytochrome P450 drug interactions. Pharmacist's Letter/Prescriber's Letter 2006; 22(2):220233
2. Subutex [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
3. Suboxone [package insert]. South San Francisco, CA: Genentech, Inc.; September 2006
4. Suboxone/Subutex Pharmacist's Letter/Prescriber's Letter 2009; 25(1) 250101
5. Hauer J, Jones BL. Evaluation and management of pain in children, UpToDate. Accessed August 12, 2013.
6. Wilford BB, Parran TV, DuPont RL. Prescription drug abuse and addiction: prevention, identification, and management, UpToDate. Accessed August 12, 2013.
7. Substance Abuse and Mental Health Services Administration, Results
8. National Institute on Drug Abuse, Topics in Brief: Prescription Drug Abuse, Revised December 2011
9. American News Report, Should Children Take Opioid Painkillers? July 10, 2012
10. Chou R, Fanciullo GJ, Fine PG, et al for the American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. Journal of Pain 2009;10(2):113-130.
11. FDA News Release: FDA announces safety labeling changes and postmarket study requirements for extended-release and long-acting opioid analgesics; September 10, 2013. Available at <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm367726.htm>. Accessed February 12, 2014.
12. Government Accountability Office. Prescription Pain Reliever Abuse. GAO-12-115, December 2011. Available at [www.gao.gov/assets/590/587301.pdf](http://www.gao.gov/assets/590/587301.pdf). Accessed on January 31, 2014.
13. Kirschner N, Ginsburg J, Sulmasy LS for the Health and Public Policy Committee of the American College of Physicians. Prescription Drug Abuse: Executive Summary of

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

a Policy Position Paper from the American College of Physicians. *Annals of Internal Medicine* 2014;160(3):198-200.

14. Nuckols TK, Anderson L, Popescu I, et al. Opioid Prescribing: A Systematic Review and Critical Appraisal of Guidelines for Chronic Pain. *Annals of Internal Medicine* 2014;160(1):38-47.
15. Policy Impact: Prescription Painkiller Overdoses. Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/homeandrecreationalsafety/rxbrief>. Accessed February 12, 2014.
16. Saving Lives and Protecting People: Preventing Prescription Painkiller Overdoses. Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/injury/about/focus-rx.html>. Accessed February 12, 2014.
17. Wilford BB, Parran TV, DuPont RL. Prescription drug abuse and addiction: prevention, identification and management, UpToDate. Accessed February 12, 2014.
18. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>
19. Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain. Accessed January 31, 2017, <http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Documents/PAGuidelinesonOpioids.pdf>