

OPIOID PRIOR AUTHORIZATION EDITS - PROVIDER NOTICE - Mailed June and July 2019

BACKGROUND:

In 2016 the CDC published the Guidelines for Prescribing Opioids for Chronic Pain. During the April 2016 DUR Board Meeting, the Board reviewed the CDC guidelines and approved recommendations in accordance with the CDC guidelines. In an effort to begin moving prescribing for Mississippi Medicaid beneficiaries toward alignment with the CDC guidelines, MS-DUR began ongoing educational mailing interventions addressing high morphine equivalent daily dosing (MEDD) and concomitant opioid and benzodiazepine prescribing.

Beginning August 1, 2019, the Division of Medicaid (DOM) implemented several new pharmacy claims system edits as recommended by the DUR Board in response to the CDC guidelines. The intent of DOM was to improve the safety and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy.

MAILING

Using the planned edits, MS-DUR modeled multiple scenarios of patients who would be impacted by the edits once implemented. As part of the initial implementation to minimize disruption and prevent abrupt discontinuation of opioids, DOM elected to grandfather chronic users of short-acting opioids, long-acting opioids, benzodiazepines or any combination thereof as long as the cumulative MEDD was not ≥ 90 . For all beneficiaries receiving ≥ 90 MEDD, a manual PA would be required after August 1, 2019.

Prior to the edits being implemented, MS-DUR identified beneficiaries across all plans (FFS and CCOs) who had chronically (as defined as a history of 1 fill in each of the previous 3 months) received opioids with a cumulative MEDD ≥ 90 . Any provider who had written an opioid prescription to that beneficiary during that month received a letter notifying them of the new edit and the need to submit a prior authorization in order for that beneficiary to continue receiving opioids at ≥ 90 MEDD. A total of 188 providers were mailed addressing 342 beneficiaries during the months of June and July 2019. These providers were mailed the following materials.



June 7, 2019

**IMPORTANT NOTICE REGARDING OPIOID PRESCRIBING AND PHARMACY CLAIMS PROCESSING
CHANGES EFFECTIVE AUGUST 1, 2019**

Dear **[PRESCRIBER'S NAME]**,

On August 1, 2019, the Division of Medicaid (DOM) will implement several new pharmacy claims system edits as recommended by the Drug Utilization Review (DUR) Board in response to the Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain and per the Centers for Medicare and Medicaid Services (CMS) requirements¹. These changes will be applicable for beneficiaries in the fee for service (FFS) and Coordinated Access Network (CAN) plans.

The intent of DOM is to improve the safety and effectiveness of pain treatment and reduce the risks of long-term opioid therapy by taking a two-pronged approach:

- (1) appropriate treatment of opiate-naïve patients or 'new starts' (preventing new users from becoming addicted)
- (2) to allow prescribers to continue treating beneficiaries with chronic pain and to not abruptly stop these medications which could lead to adverse unintended consequences. At this time, chronic users of short-acting opioids, long-acting opioids, benzodiazepines or any combination thereof will be not be impacted in that prior authorization (PA) will not be required, unless they are taking ≥ 90 MEDD. |

The four (4) opioid initiatives to be implemented on August 1, 2019 are:

- 1. New opioid prescriptions (first opioid fill within 90 days) for opiate-naïve patients must be for short-acting (SA) opioid.***
- 2. For new starts (first opioid fill within 90 days) a SA opioid can be filled for a maximum of two 7-day supplies in a 30 day period.** Use of SA opioids for longer periods will require a manual PA.*
- 3. Any prescriptions (whether individual and/or cumulative daily sum of all prescriptions for the patient) with a Morphine Equivalent Daily Dose (MEDD) of ≥ 90 will require a manual PA with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.***

*** Patients with a diagnosis of cancer or sickle-cell disease are exempt from the 3 edits above. To ensure that prescriptions process for these patients, please denote the patient's diagnosis code on the prescription.**

¹ The Centers for Medicare and Medicaid Services (CMS) requires that state Medicaid programs have drug utilization review safety edits for opioid refills and an automated claims review process to identify refills in excess of state limits, monitor concurrent prescribing of opioids and benzodiazepines, on or prior to October 1, 2019. This is one of the many Medicaid-related provisions specified in Section 1004 of the SUPPORT Act (H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, the bipartisan bill aimed at addressing the nation's opioid overdose epidemic).

4. Concomitant use of opioids and benzodiazepines should require a manual PA.

To allow for the short-term treatment of pre-procedure anxiety or other short-term anxiety, a prescription for up to 2 units of a solid oral dosage form of a benzodiazepine can be overridden at the point-of-sale by the dispensing pharmacist based upon his/her clinical judgment and consultation with the prescriber. A maximum of two, 2-unit prescriptions may be overridden in a 60 day period. Prospective DUR billing directions can be found on DOM's website.

Your patients listed on the attached page were identified as being chronic users of a short-acting or long-acting opioid with an individual prescription or cumulative prescriptions totaling a MEDD \geq 90. On August 1, 2019, these users will require a PA to continue chronic use of this dosage. The PA form and opioid related material can be found at <https://medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/>.

You are being informed of this change to allow you adequate time to prepare prior to August 1, 2019. You are encouraged to query the Prescription Monitoring Program (PMP) for the most up-to-date opioid information for your patient(s).

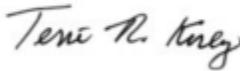
If you have questions please do not hesitate to call the pharmacy director of the plan in which your patient is enrolled:

Fee For Service-601-359-5253, extension # 4 and ask for a pharmacist,
Magnolia- Jenni Grantham (601-863-3409),
Molina- Trina Stewart (844-826-4335),
UnitedHealthcare - Heather Odem (1-877-743-8734 or 601-718-6579).

Sincerely,



Carlos A. Latorre, MD, FAAFP
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Beneficiary Name	Beneficiary Plan
BENEFICIARY 1	BENE 1 PLAN
BENEFICIARY 2	BENE 2 PLAN
BENEFICIARY 3	BENE 3 PLAN
BENEFICIARY 4	BENE 4 PLAN
BENEFICIARY 5	BENE 5 PLAN

Toll-free 800-421-2408 | Phone 601-359-6050 | Fax 601-359-6294 | medicaid.ms.gov

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