

Apple Health (Medicaid) Opioid Clinical Policy

Q&A for Pharmacies

Why a clinical policy?

Opioid use disorder (misuse and addiction) is a public health crisis in Washington and around the country. Approximately 700 Washingtonians die each year because of opioid overdose. Our state must take steps to prevent misuse and addiction.

www.doh.wa.gov/Portals/1/Documents/Pubs/346-083-SummaryOpioidOverdoseData.pdf

A recent study suggests a correlation between the length of an initial episode of opioid treatment and the likelihood of continuing to use opioids for one year or longer.

www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm

HCA's opioid clinical policy is a tool to help prevent opioid misuse and addiction, an opportunity to promote safe prescribing practices, and a direct response to Governor Inslee's [Executive Order 16-09](#).

Whose prescriptions does this policy affect? When?

All patients covered under Washington Apple Health (Medicaid), both managed care and fee-for-service (FFS). This policy takes effect **November 1, 2017**.

What does the policy do?

The policy limits the number of doses prescribed for short-term use (a "dose" is 1 tablet, 1 capsule, 1 suppository, or 5 mL of a liquid):

- For children age 20 or younger: 18 doses
- For adults age 21 or older: 42 doses

Doctors can write for an exception to these limits if the condition requires it. For patients transitioning to

long-term opioid use (beyond 6 weeks), prescribers must attest to the patient's health plan that the patient has an on-going clinical need for chronic opioid therapy and that they are following best practices and that the medication continues to be safe and effective for that patient.

Certain patients are exempt from the policy. Patients who are being treated for active cancer pain, or who are in hospice care, palliative care, or end of life care, are exempt through expedited authorization.

Which opioids prescriptions does the policy affect?

Butorphanol; Codeine; Fentanyl; Hydrocodone; Hydromorphone; Levorphanol; Meperidine; Morphine; Oxycodone; Oxymorphone; Pentazocine; Tapentadol; and Tramadol.


Buprenorphine and methadone are covered under their previous policies. There are no changes to those policies at this time.

What do I need to do?

You will continue to adjudicate claims normally, but be aware that certain patients will meet criteria for exceptions to this policy. Some patients may have conditions that can be authorized through expedited authorization.

Patients already on chronic opioid therapy will be grandfathered by their health plan and these limits won't apply. **Note:** A plan may not be able to identify chronic users who are new to the plan, so there is an expedited authorization code for this situation.

You can override the quantity limits using an expedited authorization code when:

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- The prescriber has typed “Exempt” in the text of the prescription.*
 - The patient is undergoing active cancer treatment or is in hospice, palliative care, or end-of-life care.*
 - The patient is known chronic opioid user and is new to the Medicaid health plan.*

*Plans will notify you of the specific code to use for each of these exceptions.

Otherwise, you can dispense prescriptions up to the quantity limit. You can call a provider to when you’ve dispensed a partial fill to adhere to the policy. The remainder can be dispensed within 30 days of the date written if the prescriber authorizes an exception.

Where can I read the full policy?

The policy is on the HCA website along with other resources and information. Visit www.hca.wa.gov/billers-providers/programs-and-services/opioids

Is it okay for a patient to pay out of pocket when a prescription has been written above the limit?

No. In most circumstances, it is unlawful for a Medicaid patient to pay cash for opioid prescriptions.