Medicaid Opioid Policy Update

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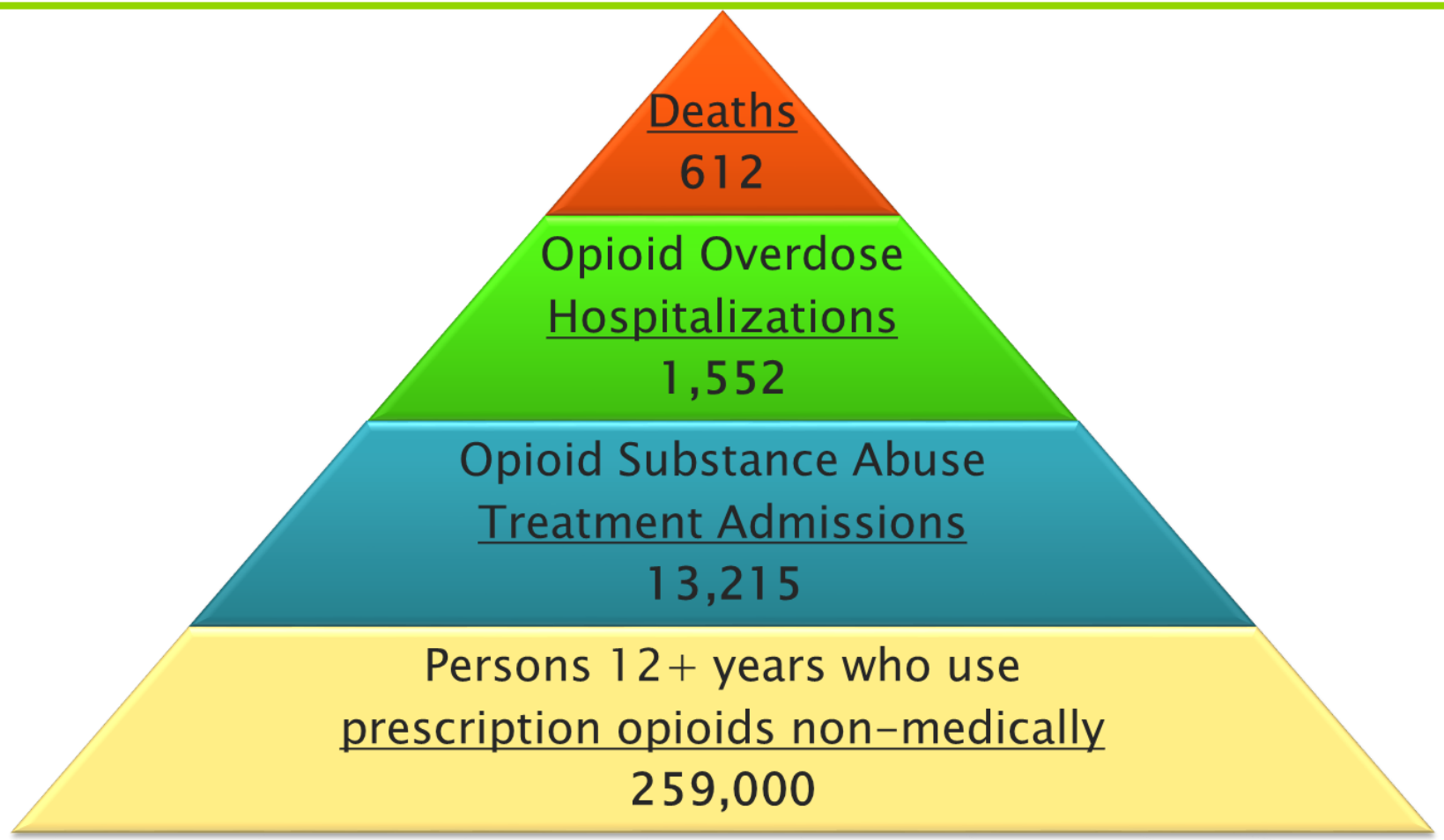
Washington State Health Care Authority

Presentation Overview

- Review Opioid Policy
- Review Data and Dashboard
- Discuss Future Analyses
- Discuss Potential Policy Updates

Review Opioid Policy

Opioid-related Disease Burden in WA (2014)



1.Opioids involved in an unintentional overdose death listed as underlying cause of death. Washington State death certificate data, 2014.
2.Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) and Oregon State Hospital Discharge Data , 2014.
3.Treatment and Assessment Report Generation Tool, 2014
4.National Survey on Drug Use and Health, 2013-2014

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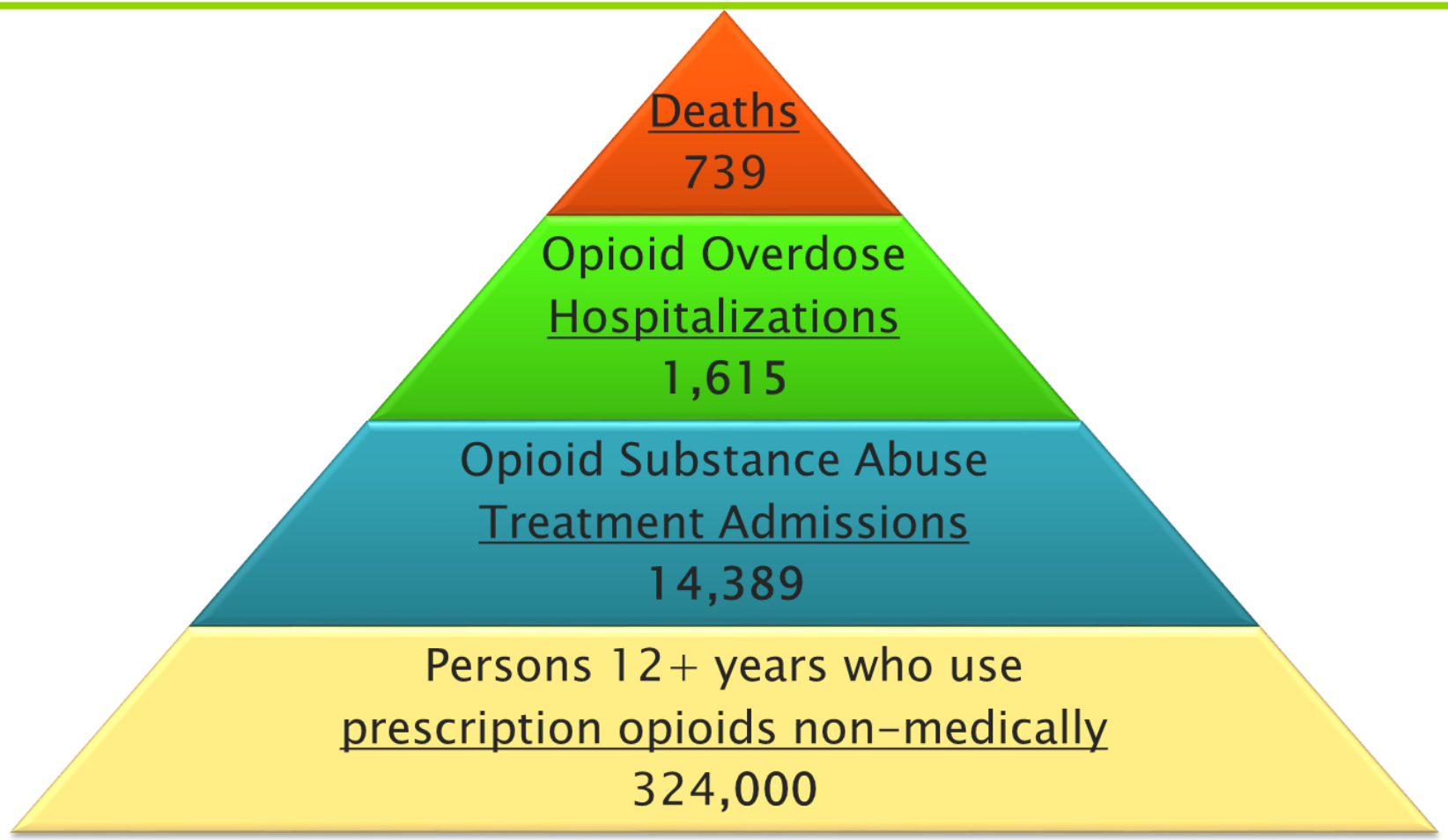
Opioid-related Disease Burden in WA (2017)



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4.National Survey on Drug Use and Health, 2015-2016

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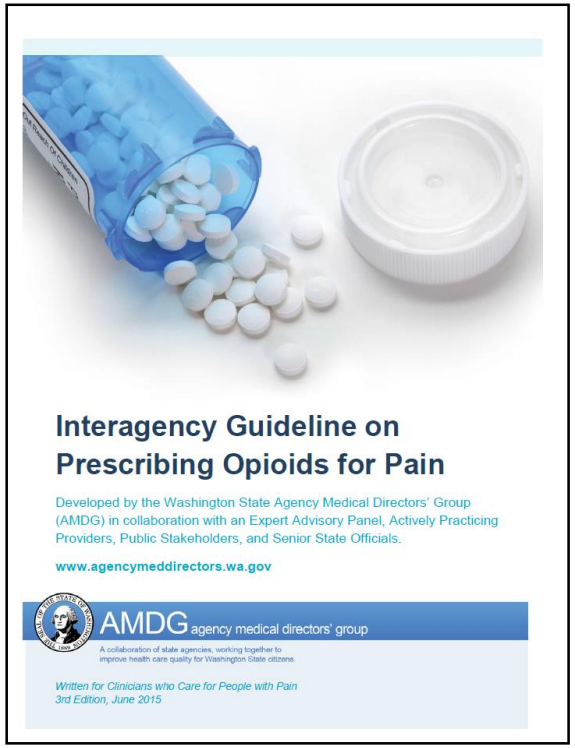
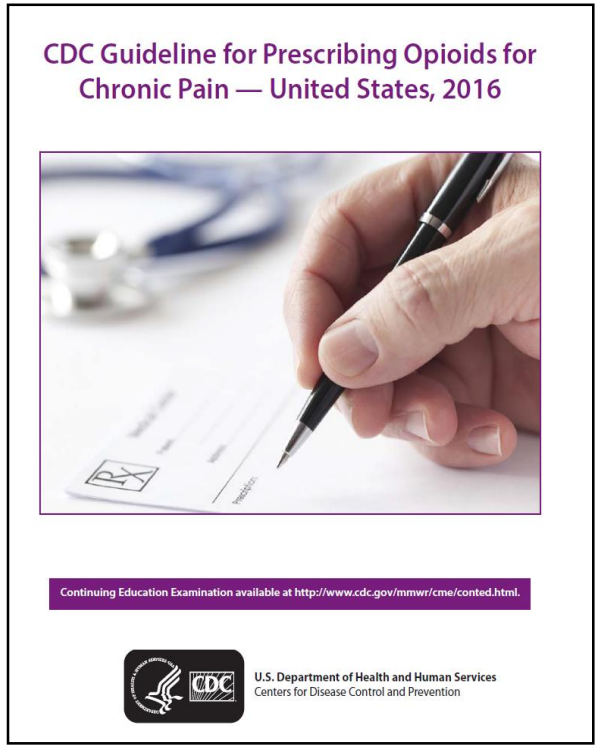
Opioid Policy Background

- Utilized state and federal opioid guidelines and local best practices
  - 2015 AMDG Guidelines, 2016 CDC Guidelines, and recommendations from the Bree Collaborative.
- Reviewed studies published on the topics of assessing risk of chronic use and real world use of opioids
  - Shah A, Hayes CJ, Martin BC. *Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015*. MMWR Morb Mortal Wkly Rep 2017;66:265–269.
  - Hill MV, McMahon ML, Stucke RS, Barth RJ Jr. *Wide Variation and Excessive Dosage of Opioid Prescriptions for Common General Surgical Procedures*. Ann Surg. 2017 Apr;265(4):709-714.





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Our Goals

- Reduce unnecessary exposure
- Reduce unused pills in the community
- Ensure safe transitions and best practices when chronic use is needed
- Minimize administrative burden on providers
- Encourage adherence to guidelines while recognizing clinical need for exceptions

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Chronic Opioid Attestation

Please fax responses to: 1-866-668-1214
Form 13-835A must be submitted as a coversheet
For more information go to: https://www.hca.wa.gov/billers-providers/programs-and-services/opioids

Patient	Date of birth		ProviderOne ID
Pharmacy name	Pharmacy NPI (if known)	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use (if known)	

Use of any opioid for more than 42 days within a 90 day period is considered chronic use. Use of opioids for more than 42 days may be authorized in 12 month intervals when the prescriber signs the attestation below. **If a prescriber wants an attestation to be authorized for less than 12 months**, the prescriber can include a specific end date below. The attestation form is effective for a maximum of 12 months.

Quantity limits do not apply for existing chronic users or those with a diagnosis or pharmacy claim for active cancer treatment, hospice, palliative care, or end-of-life care.

Criteria for chronic use of opioids for the treatment of non-cancer pain:

1. The patient has an on-going clinical need for chronic opioid use at the prescribed dose (more than 42 days per 90 day calendar period) that is documented in the medical record.
2. The patient is using appropriate non-opioid medications, and/or non-pharmacologic therapies; OR
3. The patient has tried and failed non-opioid medications and non-pharmacologic therapies for the treatment of this pain condition; AND
4. For long-acting opioids, the patient must be using or had trials of short-acting opioid therapy for at least 42 days; OR
   a. The reason for inadequate response to short-acting opioid therapy is documented in the medical record; OR
   b. Justification of beginning an opiate naïve patient on a long-acting opioid is documented in the medical record;
5. The provider has recorded baseline and ongoing assessments of measurable, objective pain scores and function scores. These should be tracked serially in order to demonstrate clinically meaningful improvements in pain and function; AND
6. The patient has been screened for mental health disorders, substance use disorder, naloxone use; AND
7. The provider will conduct periodic urine drug screens; AND
8. The provider has checked the PDMP for any other opioid use and concurrent use of benzodiazepines and other sedatives; AND
9. The provider has discussed with the patient the realistic goals of pain management therapy and has discussed discontinuation as an option during treatment; AND
10. The provider confirms that the patient understands and accepts these conditions and the patient has signed a pain contract or informed consent document.
    - I attest that all of the above criteria are met, or there is documentation in patient's chart for why one or more are not applicable ☐ Yes ☐ No
    - The requested treatment is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical record ☐ Yes ☐ No
    - How long should this attestation form be effective for? Please specify an end date:
      (**Note**: The attestation form will expire on the date specified or in 12 months, whichever is sooner. If no date is entered, the attestation form will expire in 12 months.)

By signing below I certify that the information on this form is true and understand that any misrepresentation or any concealment of any information requested may subject me to recoupment upon an audit.

Prescriber signature	Prescriber specialty	Date

HCA 13-967 (2/18)

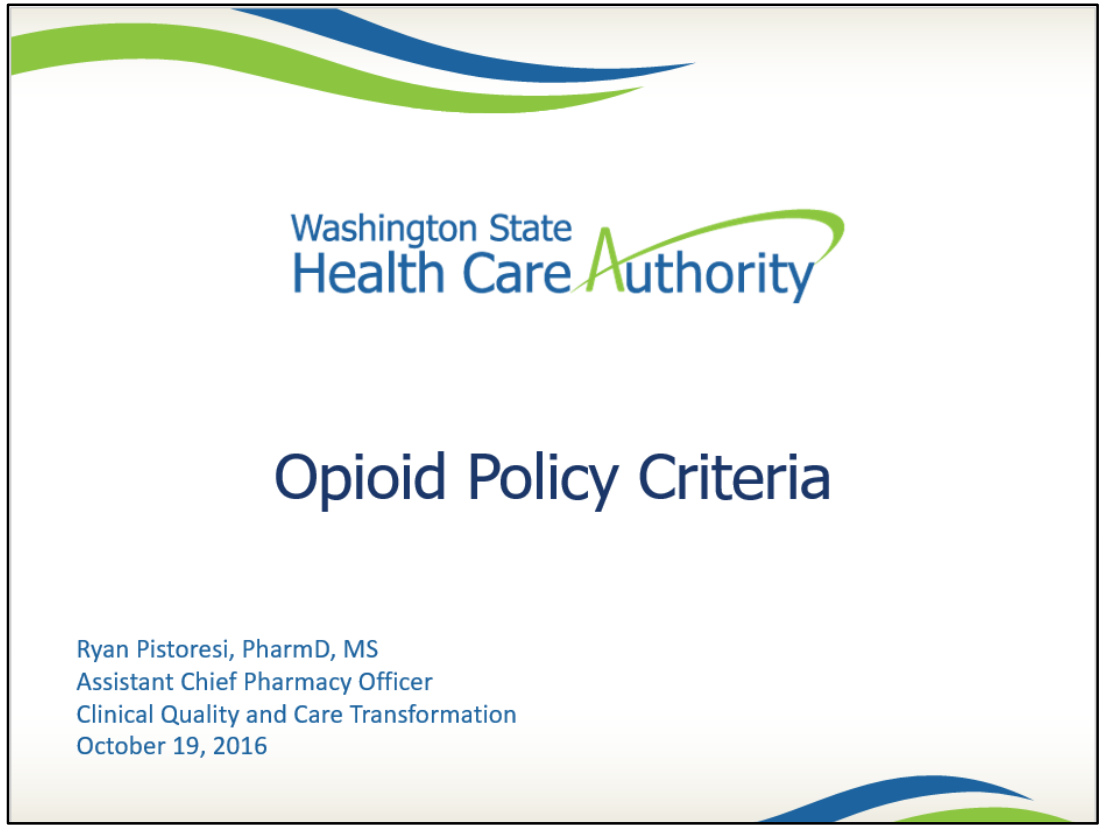
Opioid Policy Summary

- Acute Use
  - Between 0 to 6 weeks of opioid use (in 90 day period)
  - For patients under 21 years: limited to 18 doses (about a 3 day supply)
  - For patients age 21 and older: limited to 42 doses (about a 7 day supply)
    - Exemptions allowed for specific populations and for certain situations (exempt)

- Chronic Use
  - Beyond 6 weeks of opioid use
  - Attestation form required by prescriber at 6 weeks of opioid therapy
    - Based off best practices for safe and effective prescribing for long-term use

Opioid Policy Background

- Draft opioid policy presented to DUR board in October 2016, January 2017, and February 2017.
  - Presented as information only and requested feedback from DUR board.
- Aligns with Executive Order 16-09 to address the state opioid crisis.
  - Part of a larger, state-wide initiative
- Effective for Washington Medicaid on November 1, 2017.
  - Effective for Uniform Medical Plan (UMP) on January 2, 2018.



Review Data and Dashboard

Opioid Policy Measures

- **Effectiveness**
  - Opioid Units Prescribed for Acute Use in Opioid Naïve Patients
  - Rate of Acute Opioid Clients
  - Rate of Chronic Opioid Clients
  - NSAIDS and APAPS Prescribed to Patients
- **Adverse Events**
  - MED for Acute Opioid Prescriptions
- **Process Measures**
  - Payment Methods for Prescription Opioids
  - Identified Opioid Prescriptions by Percent

Opioid Policy Measures: Effectiveness

- Opioid Units Prescribed for Acute Use in Opioid Naïve Patients

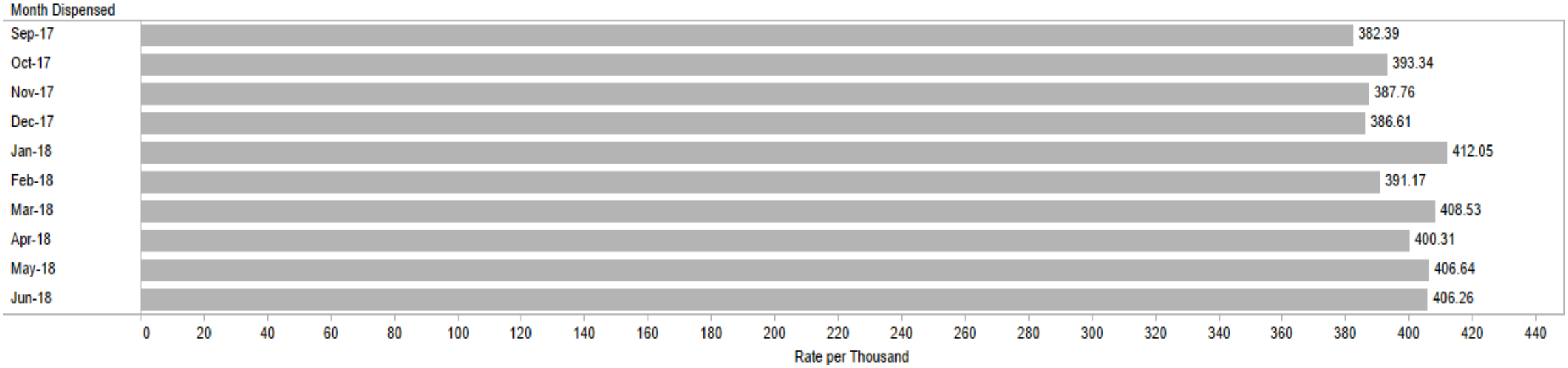
Age Category		September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018
0-11	Mean	18	17	14	16	15	14	15	15	14	16
	Median	12	12	12	12	12	10	12	12	12	12
12-20	Mean	22	22	18	19	19	18	18	18	18	19
	Median	20	20	18	18	16	16	18	18	16	18
21+	Mean	24	24	22	23	23	22	22	22	22	21
	Median	20	16	16	16	16	16	16	16	16	16

Last Updated: 09/05/2018

Opioid naive client – a client who has not received an opioid prescription for at least 90 days.

Opioid Policy Measures: Effectiveness

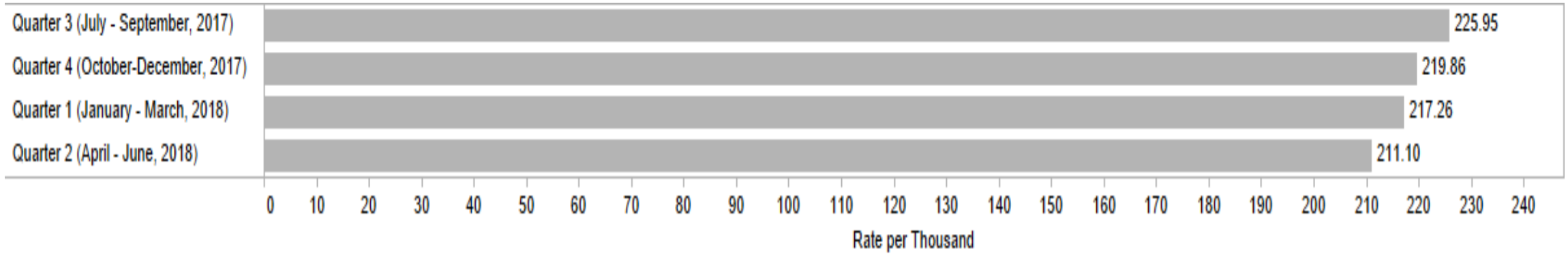
- Rate of Acute Opioid Clients



Last Updated: 09/06/2018
Rate per thousand for each Month Dispensed broken down by Patients.

Opioid Policy Measures: Effectiveness

- Rate of Chronic Opioid Clients



Last Updated: 09/18/2018
Rate per thousand for each Quarter Dispensed broken down by Patients.

Opioid Policy Measures: Effectiveness

- NSAIDS and APAPS Prescribed to Patients

Age Category	Drug Type	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018
0-11	APAP	3,217	3,428	3,587	3,883	5,380	4,219	3,920	3,162	3,133	2,905
	NSAID	3,944	4,160	4,522	5,006	6,900	5,488	5,117	3,758	4,137	3,448
12-20	APAP	522	474	458	479	762	666	615	471	467	439
	NSAID	3,447	3,507	3,398	3,261	4,300	3,543	3,865	3,225	3,460	2,975
21+	APAP	2,627	2,947	2,702	2,800	3,370	2,877	3,095	2,873	2,999	2,942
	NSAID	11,165	12,119	11,598	11,402	13,047	11,118	12,449	11,508	12,034	11,418

Last Updated: 09/06/2018
Count of clients with an acute NSAID/APAP prescription broken down Month vs. Age Category.

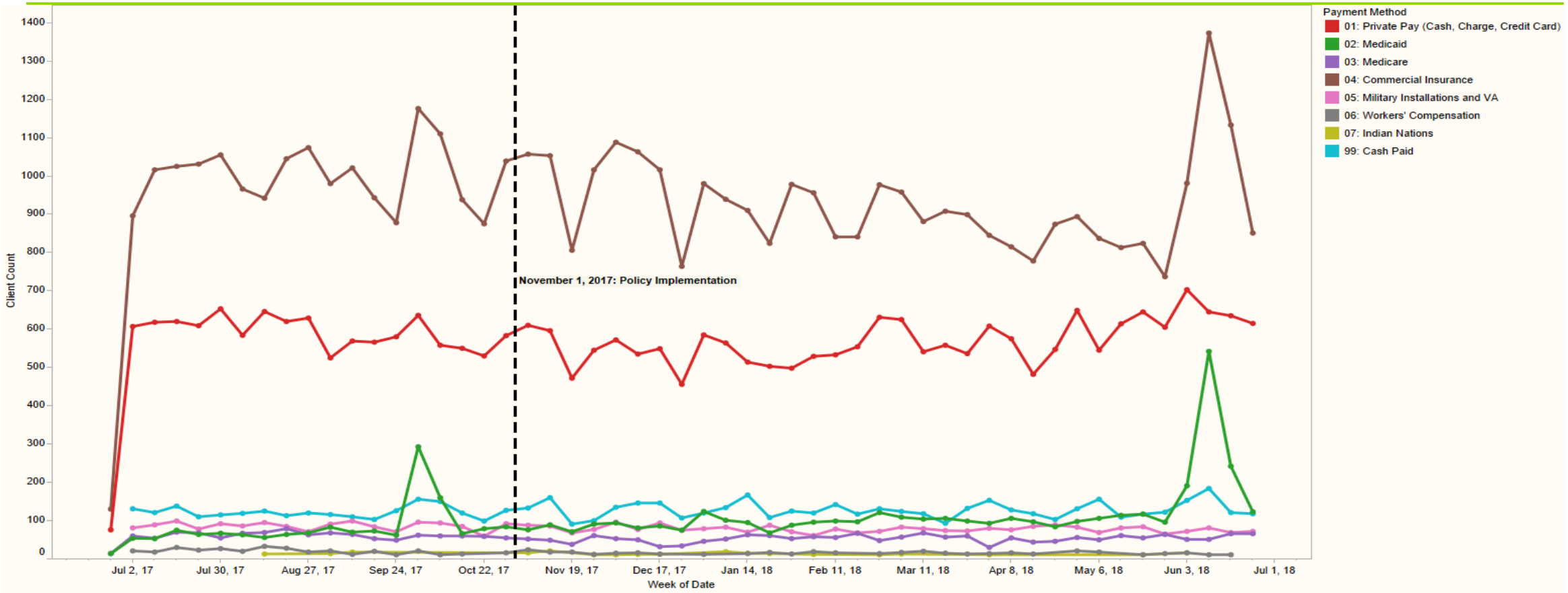
Opioid Policy Measures: Adverse Effects

- MED for Acute Opioid Prescriptions

Age Category		September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018
0-11	Mean	17	17	16	18	17	16	16	16	17	17
	Median	14	14	13	15	14	14	13	15	15	15
12-20	Mean	36	35	35	36	36	35	35	36	36	37
	Median	30	30	30	30	30	31	30	32	30	33
21+	Mean	35	34	37	37	36	36	37	36	36	36
	Median	30	29	30	30	30	30	30	30	30	30

Last Updated: 09/06/2018
Mean and Median broken down by Day vs. Age Category.

Opioid Policy Measures: Process Measures



Last Updated: 09/20/2018
The trends of Method of Payment by week. Color shows details about Method of Payment.
Small number suppression applied to counts ≤10.

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Opioid Policy Measures: Process Measures

Identified Opioid Prescriptions by Percent

Month Dispensed	Number Acute Rx	Opioid	Number Acute Specific Rx	Percentage
September 2017	19,589	Tramadol 50mg	1,788	9%
		Hydrocodone 5 mg	8,773	45%
		Hydrocodone 7.5 mg	1,445	7%
		Hydrocodone 10 mg	357	2%
		Oxycodone 5 mg	5,431	28%
		Oxycodone 10 mg	222	1%
		Hydromorphone 2mg	162	1%
		Hydromorphone 4mg	37	0%
October 2017	20,118	Tramadol 50mg	1,962	10%
		Hydrocodone 5 mg	9,119	45%
		Hydrocodone 7.5 mg	1,420	7%
		Hydrocodone 10 mg	371	2%
		Oxycodone 5 mg	5,444	27%
		Oxycodone 10 mg	239	1%
		Hydromorphone 2mg	125	1%
		Hydromorphone 4mg	33	0%
November 2017	18,602	Tramadol 50mg	1,708	9%
		Hydrocodone 5 mg	8,209	44%
		Hydrocodone 7.5 mg	1,412	8%
		Hydrocodone 10 mg	359	2%
		Oxycodone 5 mg	5,195	28%
		Oxycodone 10 mg	232	1%
		Hydromorphone 2mg	129	1%
		Hydromorphone 4mg	34	0%
December 2017	18,161	Tramadol 50mg	1,639	9%
		Hydrocodone 5 mg	7,998	44%
		Hydrocodone 7.5 mg	1,358	7%
		Hydrocodone 10 mg	362	2%
		Oxycodone 5 mg	5,098	28%
		Oxycodone 10 mg	209	1%
		Hydromorphone 2mg	152	1%
		Hydromorphone 4mg	33	0%
January 2018	20,306	Tramadol 50mg	1,852	9%
		Hydrocodone 5 mg	8,945	44%
		Hydrocodone 7.5 mg	1,498	7%
		Hydrocodone 10 mg	430	2%
		Oxycodone 5 mg	5,594	28%
		Oxycodone 10 mg	248	1%
		Hydromorphone 2mg	165	1%
		Hydromorphone 4mg	33	0%
February 2018	17,591	Tramadol 50mg	1,631	9%
		Hydrocodone 5 mg	7,684	44%
		Hydrocodone 7.5 mg	1,335	8%
		Hydrocodone 10 mg	331	2%
		Oxycodone 5 mg	4,871	28%
		Oxycodone 10 mg	202	1%
		Hydromorphone 2mg	147	1%
		Hydromorphone 4mg	25	0%
March 2018	19,557	Tramadol 50mg	1,810	9%
		Hydrocodone 5 mg	8,548	44%
		Hydrocodone 7.5 mg	1,402	7%
		Hydrocodone 10 mg	343	2%
		Oxycodone 5 mg	5,640	29%
		Oxycodone 10 mg	208	1%
		Hydromorphone 2mg	164	1%
		Hydromorphone 4mg	20	0%
April 2018	18,346	Tramadol 50mg	1,707	9%
		Hydrocodone 5 mg	7,975	43%
		Hydrocodone 7.5 mg	1,430	8%
		Hydrocodone 10 mg	299	2%
		Oxycodone 5 mg	5,241	29%
		Oxycodone 10 mg	187	1%
		Hydromorphone 2mg	138	1%
		Hydromorphone 4mg	41	0%
May 2018	18,789	Tramadol 50mg	1,754	9%
		Hydrocodone 5 mg	8,156	43%
		Hydrocodone 7.5 mg	1,428	8%
		Hydrocodone 10 mg	336	2%
		Oxycodone 5 mg	5,400	29%
		Oxycodone 10 mg	205	1%
		Hydromorphone 2mg	171	1%
		Hydromorphone 4mg	31	0%
June 2018	16,889	Tramadol 50mg	1,515	9%
		Hydrocodone 5 mg	7,301	43%
		Hydrocodone 7.5 mg	1,321	8%
		Hydrocodone 10 mg	274	2%
		Oxycodone 5 mg	5,030	30%
		Oxycodone 10 mg	179	1%
		Hydromorphone 2mg	133	1%
		Hydromorphone 4mg	36	0%

Last Updated: 09/20/2018
Category, Number Acute Rx, Number Acute Specific Rx and Percent broken down by Opioid and Month Dispensed.
Small number suppression applied to counts ≤10.

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Discuss Future Analyses

Future Opioid Policy Analyses

- Expedited authorizations (for acute use exemptions) analysis ongoing
  - Reviewing appropriate use of EA codes for correct exemptions for opioid policy
  - Preparing educational outreaching to pharmacies and providers found to be using EA codes incorrectly

- Attestation form review in near future
  - Review whether prescribers are indicating that they are following best practices as described in state and federal guidelines
  - Possible outreach to prescribers on the importance of following best practices for chronic opioid care

Discuss Potential Policy Updates

Potential Opioid Policy Updates

- Earlier versions of the HCA opioid policy contained MED recommendations based off AMDG and CDC guidelines
  - An opportunity to align with new state opioid prescribing rules
    - Rules to be effective on 11/1/2018 for nurse practitioners, osteopathic physicians, osteopathic PA, and podiatric physicians.
    - Rules to be effective on 1/1/2019 for allopathic physicians and allopathic PA.
    - No date set for dentists but must be no later than 1/1/2019.
- Co-prescribing of opioids with sedatives are not addressed in the policy
  - We are sending prescribers notification letters on how they compare to other prescribers on co-prescribing high-risk combinations
  - Another opportunity to align with new state opioid prescribing rules

Questions?