

Changes to the Washington Apple Health (Medicaid) Opioid Policy for November 1, 2019

DUR Board Meeting
October 16, 2019

Presentation Overview

- ▶ Why is Apple Health changing its opioid policy?
- ▶ What is changing?
- ▶ Overview of current opioid policy
- ▶ How is Apple Health doing this?
- ▶ Future Changes to Apple Health

Why is Apple Health changing its opioid policy?

The SUPPORT Act

- ▶ The SUPPORT Act is federal legislation that was signed into law on October 24, 2018 that addresses the national opioid crisis
- ▶ The SUPPORT Act directs numerous federal agencies to do new work and create new policies aimed at patient health, law enforcement, and policy development



What is the SUPPORT Act?

- ▶ The SUPPORT Act is federal legislation that was signed into law on October 24, 2018
 - ▶ Full name: Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act
- ▶ Makes changes to Medicaid, Medicare, state agencies, Food and Drug Administration, Department of Health and Human Services, Center for Disease Control, other public health agencies, substance use disorder treatment programs, law enforcement, and many others

What will change with the SUPPORT ACT?

▶ Medicare – January 2019

- ▶ Care Coordination edit at 90 MED; Hard Stop at 200 MED (optional)
- ▶ Soft edit for concurrent opioid benzodiazepine use
- ▶ Soft edit for duplicative long-acting opioid therapy
- ▶ Hard edit 7 day supply for initial opioid fills

▶ Medicaid – October 2019

- ▶ State defined maximum daily morphine milligram equivalent dose (MME)
- ▶ Safety edits for subsequent opioid prescriptions
- ▶ Monitor concurrent use of opioids and...
 - ▶ Benzodiazepines
 - ▶ Antipsychotics
 - ▶ Antipsychotic use in pediatric patients
- ▶ Process that identifies potential fraud or abuse by enrolled individuals and pharmacies

- ▶ Medicaid must have criteria in place to require providers to check the PMP prior to writing prescriptions for controlled substances on or before October 1, 2021

Current Opioid Policy – Acute Use

(November 2017)

- ▶ Short acting opioids are limited to 42 tablets for individuals ≥ 21 years and 18 tablets for those ≤ 20 years old
 - ▶ Exceptions for patients with:
 - Serious medical condition that requires higher quantities that is documented in the medical record “Exempt”
 - Active cancer treatment, end of life care, hospice, palliative care
- ▶ Long acting opioids not authorized for acute use unless medically necessary and short acting opioids were ineffective
- ▶ Limited to 42 days in a 90 day period

Current Opioid Policy – Chronic Use

(November 2017)

- ▶ Beyond 6 weeks of opioid use - Attestation form required by prescriber to continue opioid therapy
- ▶ Based off best practices for safe and effective prescribing for long-term use
 - ▶ On going clinical need for opioid therapy
 - ▶ Pt is using appropriate non-opioid medications or non-pharmacologic therapies
 - ▶ Baseline and ongoing assessments of measurable, objective pain and function scores
 - ▶ Screen for mental health disorders, substance use disorder, naloxone use
 - ▶ Periodic urine drug screens
 - ▶ Check PDMP for opioid use and concurrent use of benzodiazepines and other sedatives
 - ▶ Discuss realistic goals of pain management therapy including discontinuation of opioid use
 - ▶ Patient accepts these conditions and has signed a pain contract or informed consent document

Changes to the Apple Health Opioid Policy

(November 2019)

Morphine Milligram Equivalent (MME) limit

- ▶ Opioid prescriptions will be limited to a cumulative dose of 120 MME per day regardless of diagnosis
- ▶ Prescriptions exceeding 120 MME but no more than 200 MME per day will require prior authorization through an attestation process.
- ▶ Prescriptions exceeding 200 MME per day will be considered on a case-by-case basis. [Note: Patients previously established on treatment regimens exceeding 200 MME prior to November 1, 2019 are allowed to remain at their current dose for 1 year after which all applicable attestations will be required]

Opioid Policy High Dose Attestation

High dose opioid prescriptions will be authorized when the patient has/is:

- ▶ Currently on chronic opioid therapy and requires a temporary escalation ≥ 120 but ≤ 200 MME for no more than 42 days; or
- ▶ Following a tapering schedule with a starting dose ≥ 120 but ≤ 200 MME; or
- ▶ A documented medical need to exceed 120 MME per day; and

Opioid Policy High Dose Attestation

The prescriber has/is:

- ▶ Received a consultation with a pain specialist through either:
 - ▶ An office visit with patient, prescriber, and pain management specialist; OR
 - ▶ Telephone, electronic, or in-person consultation between the pain management specialist and the prescriber; OR
 - ▶ An audio-visual evaluation conducted by the pain management specialist remotely where the patient is present with either the physician or a licensed health care practitioner designated by the physician or the pain management specialist; or
- ▶ A board certified pain management specialist; OR
- ▶ Successfully completed a minimum of twelve category I continuing education hours on chronic pain management within the previous four years. At least two of these hours must be dedicated to substance use disorders; OR
- ▶ A pain management physician working in a multidisciplinary chronic pain treatment center or a multidisciplinary academic research facility
- ▶ A minimum of three years of clinical experience in a chronic pain management setting, and at least thirty percent of their current practice is the direct provision of pain management care; OR
- ▶ A patient requiring > 120 MME per day for active cancer pain, palliative care, end of life care or is in hospice

Opioid Policy > 200 MME per Day

Morphine Milligram Equivalent (MME) limit

- ▶ Apple Health will apply a PA to claims that exceed 200 MME.
 - ▶ These requests will require BOTH the completed attestation form and chart notes be submitted for review
- ▶ The PA requires that the provider submit clinical documentation to provide rationale for medical necessity for treatment plans that exceed 200 MME
 - ▶ Documentation should include a consult specific to the requested dose and information on non-pharmacologic and non-opioid pharmaceutical methods for managing the patient's pain

Opioid Policy – Items of Note

Acute/Chronic Opioid Limits

- ▶ New MME limit is in addition to acute pill limit
 - ▶ Short acting opioids are limited to 42 tablets for individuals ≥ 21 years and 18 tablets for those ≤ 20 years old **not to exceed 120 MME**
- ▶ Chronic opioid use and MME limit combined for one attestation form
- ▶ Attestations for chronic opioid use will now only be accepted after clients have 35 days of opioid use
 - ▶ Providers who have submitted an attestation for opioid use greater than 120 MME will need to resubmit the chronic section when required
- ▶ Only opioids prescribed pursuant to an ED visit will be granted an exception to exceed 120 MME without attestation

Future Changes to Apple Health

Prescription Monitoring Program (PMP) Check

- ▶ The SUPPORT Act requires Medicaid agencies to have criteria in place for October 1, 2021 on providers checking the PMP prior to writing prescriptions for controlled substances
- ▶ HCA is partnering with the Department of Health (DOH) to create a process around these new federal requirements
- ▶ More information about this process will be available in 2021

Questions?

Website: <https://www.hca.wa.gov/about-hca/apple-health-medicaid/support-act>

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