# Report to the Office of the Legislative Fiscal Analyst

## Policies of Medicaid and Accountable Care Organizations Regarding Opioid Prescribing

Prepared by the Division of Medicaid and Health Financing

September 30, 2017

## EXECUTIVE SUMMARY

This report is submitted in response to the following intent language passed in Senate Bill 2, Item 79 by the 2017 Legislature:

> The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by October 1, 2017 on whether the policies of Medicaid and the Accountable Care Organizations (ACOs) regarding opioid prescribing are in line with the 2016 Centers for Disease Control (CDC) guidelines for prescribing opioids for chronic pain, and in line with the recommendations from the Utah Opioid Prescribing Guidelines. Further, if necessary, the report shall identify the required next steps and a proposed timeline to make opioid prescribing policies in line with referenced guidelines.

For Utah's Medicaid program, the pharmacy team within the Department of Health reviewed its fee for service (FFS) policies regarding opioid prescribing. Currently, Utah Medicaid's FFS policies meet or exceed both 2016 CDC Guidelines[1] and Utah Prescribing Guidelines[2]. A high level chart is provided on page 2 for the Medicaid FFS program.

Each Utah Medicaid ACO submitted a report based on the specified intent language. Information received from each ACO is attached to this report.

[1] CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016

[2] Opioid Prescribing Practices in Utah 2002-2015

## Utah's Medicaid Fee For Service (FFS) Policies regarding Opioid Prescribing

Following is a comparison of the 2016 CDC Guidelines, Utah Prescribing Guidelines and the Utah Medicaid policy:

| **2016 CDC Guidelines** (03/18/2016) *Box 1, pg 16* | **Utah Prescribing Guidelines** (04/2016) *Pgs 9 & 10* | **Utah Medicaid Policy** (as of 08/14/2017) |
|---|---|---|
| Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred over opioid therapy. | Alternatives to opioid treatment should be tried before initiating opioid treatment | [i] Prior approval for chronic long-acting opioid use requires documentation of trial and failure of at least one (1) non-opioid |
| If opioids are used, they should be combined with nonpharmacologic and nonopioid pharmacologic therapy. | x | [ii] Continuing education [requirements] for controlled substance prescribers |
| Before starting opioid therapy, clinicians should establish treatment goals with all patients. | A comprehensive evaluation should be performed before initiating opioid treatment. | [i] Prior approval for chronic long-acting opioid use requires a treatment agreement, including discontinuation criteria, signed by the provider and the member |
| Before starting opioid therapy for chronic pain clinicians and patients should discuss risks and benefits and clinician and patient roles in treatment. | The patient should be informed of the risks and benefits and any conditions for continuation of opioid treatment. Clinicians treating patients with opioids for chronic pain should maintain appropriate records | [ii] Continuing education [requirements] for controlled substance prescribers<br><br>[iii] [Pharmacy] patient counseling |
| x | A written treatment plan should be established that includes measurable goals for reduction of pain and improvement of function. | [i] Prior approval for chronic long-acting opioid use requires a treatment agreement, including discontinuation criteria, signed by the provider and the member |

| **2016 CDC Guidelines** (03/18/2016) *Box 1, pg 16* | **Utah Prescribing Guidelines** (04/2016) *Pgs 9 & 10* | **Utah Medicaid Policy** (as of 08/14/2017) |
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| Risks and benefits should be re-evaluated within one to four weeks of starting therapy, and at least once every three months thereafter.<br>Opioid therapy should only continue if there is clinically meaningful improvement which outweigh risks to patient safety. | Regular visits with evaluation of progress against goals should be scheduled during the period when the dose of opioids is being adjusted. The patient should be informed of the risks and benefits and any conditions for continuation of opioid treatment. Once a stable dose has been established (maintenance period), regular monitoring should be conducted at face-to-face visits during which treatment goals, analgesia, activity, adverse effects, and aberrant behaviors are monitored. | [i] Prior approvals for chronic long-acting opioid use are given for six (6) months at a time. |
| Opioid therapy plans could include cautions regarding doses over 50 morphine milligram equivalents (MME) daily, concurrent benzodiazepine use, and/or the offer of naloxone to patients with history of opioid misuse. | Avoid increasing dosage to ≥90 MME daily<br>or carefully justify a decision to titrate dosage to ≥90 MME daily. | [iii] Cumulative limits for any combination of long-acting opioids is 90 tablets per 30 days. Specific agents (including various strengths) have different quantity limits based upon opioid dose. |

| **2016 CDC Guidelines** (03/18/2016) *Box 1, pg 16* | **Utah Prescribing Guidelines** (04/2016) *Pgs 9 & 10* | **Utah Medicaid Policy** (as of 08/14/2017) |
|---|---|---|
| Clinicians should review reports from prescription drug monitoring programs, such as reports from the Department of Occupational and Professional Licensing, to ascertain correct opioid use. Review should occur upon therapy initiation and regularly (at least every three months) thereafter. | Once a stable dose has been established (maintenance period), regular monitoring should be conducted at face-to-face visits during which treatment goals, analgesia, activity, adverse effects, and aberrant behaviors are monitored. An opioid treatment trial should be discontinued if the goals are not met and opioid treatment should be discontinued at any point if adverse effects outweigh benefits or if dangerous or illegal behaviors are demonstrated. | [ii, iii] Utah Code |
| Urine drug testing should be performed before opioid initiation and be considered periodically thereafter to test for prescribed, non-prescribed, and illicit drugs. | The provider should screen for risk of abuse or addiction before initiating opioid treatment. An opioid treatment trial should be discontinued if the goals are not met and opioid treatment should be discontinued at any point if adverse effects outweigh benefits or if dangerous or illegal behaviors are demonstrated. | [ii] Utah Code |
| Clinicians should avoid concurrent therapies with opioids and benzodiazepines. | x | [i] Prior approval for chronic long-acting opioid use requires that the patient does not have a paid claim for a benzodiazepine within the past 45 days |
| Immediate-release (rather than extended release) opioids should be used for therapy initiation. | Opioid treatment for chronic pain should be initiated as a treatment trial, usually using short-acting opioid medications. | [i] Prior approval for chronic long-acting opioid use requires that the patient has used a short-acting opiate, including tramadol or tapentadol, within the past 30 days (i.e. opiate tolerant) |

| **2016 CDC Guidelines** (03/18/2016) *Box 1, pg 16* | **Utah Prescribing Guidelines** (04/2016) *Pgs 9 & 10* | **Utah Medicaid Policy** (as of 08/14/2017) |
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| Low doses, less than 50 MME, should be used for opioid therapy initiation. | Avoid increasing dosage to ≥90 MME daily or carefully justify a decision to titrate dosage to ≥90 MME daily. | [iv] Cumulative limits for any combination of short-acting opioids and/or opioid/APAP combination products is 180 tablets per 30 days. Specific agents (including various strengths) have different quantity limits based upon opioid dose. |
| Clinicians should optimize other therapies and taper opioids to the lowest effective doses. Taper and discontinuation of opioids should be considered. | Continuing opioid treatment after the treatment trial should be a deliberate decision | [i] Prior approvals for chronic long-acting opioid use are given for six months at a time. |
| When opioids are prescribed for acute pain, only immediate-release products should be used, and a seven day supply is almost always more than sufficient. | Opioid treatment for chronic pain should be initiated as a treatment trial, usually using short-acting opioid medications. | [iv] Initial prescriptions for short-acting opioids for greater than a 7 day supply require prior authorization. |
| Evidence-based treatment for opioid use disorders should be offered or arranged for appropriate patients. | x | [i] Prior approval of long-acting injectable naltrexone requires a diagnosis of opioid dependence<br><br>[v] Utah Statewide Naloxone Standing Order |

[i] Drug Criteria and Limits Manual, Butrans, Long-Acting Opioids, Methadone, Short-Acting Opioids, and/or Vivitrol

[ii] Utah Code 58-37-6.5

[iii] Utah Code 58-17b-613

[iv] Drug Criteria and Limits Manual, Analgesics—General Notes/Legend.

[v] Utah Statewide Standing Order Dispensing Naloxone for Opioid Overdose Prevention