Opioid Management Strategies

Health Choice Utah Report to the Utah Department of Health

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Health Choice Utah

Health Choice Utah (HCU) recognizes the increasing morbidity and mortality resulting from opioid overuse, misuse and diversion. As a result of a combination of factors, these consequences from opioid use have reached crisis proportions. HCU recognizes that being a multifactorial problem, mitigation efforts will require a multidisciplinary strategy from multiple healthcare stakeholders. As stewards of the health of a segment of the Medicaid population, HCU plays a central coordinating role in addressing the opioid crisis. HCU provides education, performs provider outreach, promotes the use of more efficient prescribing technology, carefully manages the authorization of opioid medications, provides case management services and oversees a quality improvement process to identify and respond to deficiencies and trends related to the opioid crisis.

HCU Network Representatives

HCU uses a team of network representatives who visit with provider offices on a regular basis. This provides an opportunity for in-person discussion, the distribution of literature, guidelines and risk evaluation and mitigation strategy (REMS) resources. HCU shall make available these resources through face-to-face interactions with the network representatives.

IASIS is accredited through the Accreditation Council for Continuing Medical Education (ACCME) in order to provide ongoing, up-to-date clinical information to physicians. The Utah IASIS continuing medical education (ICME) department has previously provided continuing medical education at multiple hospitals on several occasions to educate physicians about the opioid crisis and to provide information about medically assisted treatment for inpatient and outpatient management of opioid dependence. In partnership with Health Choice, IASIS provided other continue medical education offerings, and future presentations shall deal specifically with the opioid epidemic and how it relates to the population that the health plan serves.

Objectives of continuing medical education shall include: Weighing the risk and benefit of opioid versus non-opioid pharmacologic treatment for pain, establishing and regularly reviewing treatment goals, emphasizing the use of immediate release opioids prior to moving to long-acting opioids, emphasis on the use of the lowest effective dose when moving medications or formulations, the role of naloxone to reduce the risk of overdose, concurrent risk factors, including other medications, regular use of the online controlled substance database, the role of drug testing, options for medically assisted treatment of opioid dependence and implementation of risk evaluation and mitigation strategies.

Electronic Prescribing

In order to reduce controlled substance diversion and fraud, HCU actively encourages providers to enroll in the electronic prescribing of medications, including controlled substances. Electronic prescribing of controlled substances has been demonstrated to reduce the opportunity for fraudulent prescribing of opioid medications. The percentage of providers who are actively prescribing electronically is tracked. Active outreach from network representative's provider representatives, and other provider communications have resulted in an increase in physicians' use of this secure resource. HCU shall continue to encourage participation in electronic prescribing, including of controlled substances, for the purpose of improving quality, improving the tracking of prescriptions, and reducing the opportunity for fraud and abuse.

Authorization of Opioid Medications

Coverage of opioids requires prior authorization by HCU. Certain opioids are covered on the formulary. Coverage of all opioids requires that the authorization meet specific criteria for each authorization. Requests for members who have an active oncology diagnosis with neoplasm related pain or are enrolled in hospice care or end of life care will not require submission of this information.

Required information and documentation for all Opioids (Schedule C2 and C3) must be submitted by the prescriber with the authorization request:

- Current Urine Drug Screen labs (within the last 4 months) submitted with the request.
- Documented physical exam, which includes region related to diagnosis
- Evidence of prescriber review of Utah's DOPL (Department of Professional Licensing) Controlled Substance Database (CSD) for schedule II-V fills. Review must be noted in chart notes but report (actual details or data) CAN NOT be included in PA documentation.
- If the prescriber is not the primary care physician, prescriber must provide chart notes or other evidence that coordination of care with the PCP is present. (If the patient is in an Opioid Treatment program, must have a patient signed medical release to share information between providers).
- If the prescriber is not a behavioral health provider, and the patient is currently being treated by a behavioral health provider, the prescriber must provide chart notes or other evidence that coordination of care with behavioral health is present. (If the patient is in an Opioid Treatment program, must have a patient signed medical release to share information between providers).
- Documentation that the REMS safety monitoring program has been completed by the prescriber.

Opioid authorization approval duration is 6 months. (Non-opioids are generally approved for 12 months.)

HCU establishes a quantity limit (QL) on opioid approvals. For quantities exceeding the established QL, the following criteria must be met:

- The maximal doses specified under the quantity restriction has been tried for an adequate period of time and been deemed ineffective in the treatment of the member's disease or medical condition
  OR
- If lower doses have not been tried, there is clinical support (i.e., clinical literature, patient attributes, or characteristics of the drug) that the number of doses available under the quantity restriction will be ineffective in the treatment of the member's disease or medical condition
- There is documented clinical rationale for the requested dosage, quantity, or duration of medication
  AND
- Given the known relevant physical or mental characteristics of the member and known characteristics of the drug regimen, the requested dosage, quantity, or duration is safe and effective based on sound clinical evidence and medical and scientific evidence contained in peer-reviewed medical literature, accepted Standards of medical practice, and/or one of the following Compendia:
  - American Hospital Formulary Service (AHFS) Compendium
  - Micromedex/DrugDex (not Drug Points) Compendium
  - Elsevier Gold Standard's Clinical Pharmacology Compendium
  - National Comprehensive Cancer Network Drugs and Biologics Compendium

Short Acting (IR Formulations) Opioids will be considered for coverage under the pharmacy benefit program when the following criteria are met:

- Concurrent therapy
- Review of the UDOH_DOPL report is documented in chart notes. AND
- A current, within 4 months, UDS is included with your request AND
- Documentation of medical necessity for concurrent therapy. AND
- No more than two prescriptions for two medications per 30 days OR
- If taper dosing is needed for moving to a different Immediate Release Opioid it must be noted in the chart notes with taper schedule and duration included.

Controlled release opioid agents will be considered for concurrent or concomitant therapy coverage under the pharmacy benefit program when the following criteria are met:

- Indication (diagnosis) for both drugs is consistent with FDA labeling or medical compendia (e.g. DrugDex). AND
- Documentation of around the clock pain relief (analgesia) with opioid is present. AND

- Medical necessity of concomitant therapy is justified in clinical notes. AND
- Dosing of both drugs is consistent with clinical literature. AND
- No contraindications exists if used together. AND
- Prescriber of the two CR agents is the same OR
- If prescribers are not the same, each prescriber has been contacted and is aware of use of both drugs together AND
- Prescribers are aware of any short acting opioids (e.g., oxycodone, hydrocodone/APAP) AND
- Prescribers are aware of any other controlled substances. (e.g., benzodiazepines) AND
- A current, within 4 months, UDS is included with your request. AND
- Documentation of UDOH-DOPL CSD review is present in provider clinical notes with any findings. AND
- If one drug is going to replace the other (taper on and taper off), the duration of use together is limited to less than 30 days. If yes, approve for 30 days. Taper dosing for changing to a different CR Opioid must be noted in the chart notes or pharmacist case notes with taper schedule included.

Morphine Milligram Equivalents (MME)

HCU shall investigate opportunities to target provider inpatient interventions based on tracking of morphine milligram equivalents (MME).

Prior Authorization Guidelines

HCU updated its prior authorization requirements to require authorization prior to referral to a pain specialist, in part in order to alert case management to the referral in order to anticipate patient risk and potential needs. HCU shall continually review and update its policies and process in response to evidence and best practices and adapt based on the needs of the patient population.

Case Management

HCU actively manages members who are utilizing healthcare resources inappropriately in order to improve their care while controlling costs. Not surprisingly, individuals who have problems with substance abuse are often found in this population. Concurrent review of current hospital inpatients, as well as active tracking of emergency room use by her members provides real-time information in order to assist with targeted interventions for individuals who have substance abuse problems or who may be at risk. Further, a dedicated complex case manager is able to engage and track members and direct them to resources to assist with substance abuse as well as coordinate with providers in order to alert them to adverse outcomes, risky behaviors and opportunities for intervention.

Selective Provider Program

HCU actively participates in the Selective Provider Program. This effort is led by behavioral health specialist who, through a combination of claims reports, case management coordination, provider communication and targeted controlled substance database verification is able to identify members who our candidates to be enrolled in the state program. While the member is enrolled, they are restricted to a single provider and a single pharmacy for the prescribing of controlled substances. There are also followed by case management to ensure that they have opportunity to use the right resources.

Quality Committee

In accordance with National Council for Quality Assurance (NCQA) guidelines, HCU operates a Quality Committee (QC) comprised of physicians representing multiple specialties who are associated with several hospitals in the area in order to oversee Quality Improvement, to manage quality of care concerns and to oversee health plan policies, including those that relate to the criteria for authorization and management of medications including opioids.

The Credentialing Committee reports through the Quality Committee and oversees initial contracting and recredentialing of providers to ensure that they meet specific quality criteria, as well as provide ongoing oversight. When necessary, through Peer Review, this committee may terminate contracts with providers who are not meeting a minimum quality of care standard. Quality of care concerns are addressed by this committee. This committee may and has terminated contracts with providers who failed to meet the standard model of care for opioid prescribing.

In the future, as a subset of the Credentialing and Peer Review committees, HCU shall include a Mortality Committee for the purpose of investigating patient deaths. This will provide improved focus on the relative burden that opioids are weighing on patient morbidity and mortality.

Community Involvement

HCU representatives including case managers and the medical director participate in meetings with the National Association of Drug Diversion Investigators (NADDI). This interdisciplinary group comprised of physicians, pharmacists, nurses, health plan administrators, representatives from law enforcement and representatives from other government organizations. By sharing unique perspectives each discipline is able to foster improved collective understanding of the opioid crisis from multiple points of view.