

Molina Healthcare of Utah

Opioid Utilization Management and Formulary Strategies

September 1, 2017

Molina Healthcare of Utah has utilization management edits and formulary design strategies that are based on recommendations from local and national guidelines such as the Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and the Opioid Prescribing Practices in Utah guidelines. These formulary decisions and edits are reviewed and approved by the Pharmacy & Therapeutics (P&T) Committee. The P&T Committee has the responsibility of reviewing guidelines and ensuring appropriate drug utilization based on these guidelines. Edits approved by the P&T Committee include quantity limit edits on all opioids, refill-to-soon opioid edits, and cumulative acetaminophen dosing edits for opioids. In addition to these edits, the following are other additional recent P&T Committee approved changes that align with recommendations found in the above opioid prescribing guidelines.

August 2016

- Naloxone and Narcan kits added to formulary

November 2016

- Removed methadone from formulary (grandfathered chronic utilizers)

April 2017

- Buprenorphine/Naloxone and Buprenorphine for Opioid Dependence MCP-072 criteria updated. Summary of major changes: Duration of therapy criteria, including previous lifetime maximum of two years revised to indefinite. Required documentation showing provider to utilize State's prescription drug monitoring program. Required prescriber to agree to administer random drug testing at a minimum of eight times a year.

October 2017

- Morphine Equivalent Dosing (MED) Edit to be implemented. Claim rejections for total MEDs \geq 120 MEDs.
- Carisoprodol to be removed from formulary, with use prohibited in individuals on opioids or sedative hypnotics.

Q4 2017 and beyond

- Following the initial MED edit set at 120 MEDs, impact will be assessed, with plans to further restrict MED daily maximum to 90 MEDs without prior authorization.
- "Holy trinity" claim edits to reject concurrent prescription claims for opioids, muscle relaxants, and benzodiazepines.
- Evaluate removal of prior authorization on buprenorphine/naloxone and buprenorphine products.
- Explore quantity limitations for dentists and podiatrists by limiting opioid supply for acute needs to 7 days.