

Pharmacy changes and claims system edits in response to opioid crisis

Effective Aug. 1, 2019, the Mississippi Division of Medicaid (DOM) will implement a new opioid initiative, which will affect pharmacy point-of-sale claims and will apply to beneficiaries enrolled in fee-for-service (FFS) Medicaid and all three MississippiCAN coordinated care plans. The initiative involves four changes that will directly impact Medicaid pharmacy/prescribing providers.

DOM has carefully developed the initiative over several years in response to the Drug Utilization Review (DUR) Board's recommendations which align with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, published in March 2016, the Mississippi State Board of Medical Licensure prescribing regulations, Gov. Bryant's Opioid and Heroin Study Task Force recommendations, and following the Centers for Medicare and Medicaid Services (CMS) requirements¹.

DOM's intent is to improve the safety and effectiveness of pain treatment and reduce the risks of long-term opioid therapy by taking a two-pronged approach:

- Steer opiate-naïve patients (new starts) toward the appropriate treatment of pain in an attempt to prevent them from becoming addicted to opioids.
- Allow patients currently being treated for chronic pain to remain on their medications with the understanding that denying their claims could lead to adverse unintended consequences.

The four (4) opioid-related changes to be implemented on Aug. 1, 2019 are:

1. **New opioid prescriptions for opiate-naïve patients must be for short-acting (SA) opioid.***
2. **SA opioid prescriptions for opiate-naïve patients can be filled for a maximum of two 7-day supplies in a 30-day period.***
3. **Opioid doses of Morphine Milligram Equivalents (MME) \geq 90 will require prior authorization (PA).***
Any prescriptions (whether individual and/or cumulative daily sum of all opioid prescriptions for the patient) with a MME \geq 90 will require PA with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.*

**** Patients with a diagnosis of cancer or sickle-cell disease are exempt from the three edits above. The patient's diagnosis code should be entered on the prescription to ensure that prescriptions process.***

¹ The Centers for Medicare and Medicaid Services (CMS) requires that state Medicaid programs have drug utilization review safety edits for opioid refills and an automated claims review process to identify refills in excess of state limits, monitor concurrent prescribing of opioids and benzodiazepines, on or prior to Oct. 1, 2019. This is one of the many Medicaid-related provisions specified in Section 1004 of the SUPPORT Act (H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, the bipartisan bill aimed at addressing the nation's opioid overdose epidemic).

CDC Guideline for Prescribing Opioids for Chronic Pain can be found at this link
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

4. Concomitant use of opioids and benzodiazepines will require PA.

Clinical Exceptions:

Scenario 1 – Patient who is a chronic user of an opioid with new prescription for a benzodiazepine

For beneficiaries enrolled in FFS and Magnolia Health:

To allow for the short-term treatment of pre-procedure anxiety or other short-term anxiety, a prescription for up to 2 units of a solid oral dosage form of a benzodiazepine can be overridden at the point-of-sale by the dispensing pharmacist based upon his/her clinical judgment and consultation with the prescriber. A maximum of up to two 2-unit/2-day supply prescriptions (total of 4 units) may be overridden in a 60-day period.

When the claim for the benzodiazepine denies, POS will send back an NCPDP Reject Code of 88 and the prospective (Pro) DUR segment. If the decision to fill 2 units has been reached, the pharmacist should then resubmit the claim, for up to 2 units, with a Professional Service Code (440-E5) of M0 (Prescriber consulted), a Result of Service code (441-E6) of 1G (Dispensed, with Prescriber Approval) and a Reason for service code (439-E4) of AT (Additive Toxicity).

For beneficiaries enrolled in Molina Healthcare and UnitedHealthcare Community Plan:

Call the coordinated care organization (CCO)/pharmacy benefit manager (PBM) Help Desk

Scenario 2 – Patient who is a chronic user of a benzodiazepine with a new prescription for an opioid

For beneficiaries enrolled in FFS, Magnolia Health and Molina Healthcare:

To allow for the treatment of acute pain, the pharmacist will be allowed to dispense an SA opioid for a quantity sufficient for \leq a 3-day supply, according to the SIG, not to exceed 90 MME/day. Follow the same Pro DUR billing instructions in Scenario 1, above, and submit a day supply of \leq 3 days of the SA opioid.

PA will be required for long-acting (LA) opioid claims.

For beneficiaries enrolled in UnitedHealthcare Community Plan:

Call the CCO/PBM Help Desk

At this time, chronic users of SA opioids, LA opioids, benzodiazepines, or any combination thereof, will only be impacted by these four changes if their total daily dose of opioids is \geq 90 MME which will require prior authorization (PA).

In June and July, DOM proactively mailed letters to all prescribers with identified patients as taking opioids \geq 90 MMEs and instructed them to submit a PA request for that dosage. The Opioid PA form can be found at <https://medicaid.ms.gov/wp-content/uploads/2019/06/Opioid-Packet.pdf>.

DOM's long-standing opioid monthly quantity limits will remain in effect.

Frequently Asked Questions will be posted on the DOM Pharmacy website at <https://medicaid.ms.gov/providers/pharmacy/>.

For more information contact DOM's Office of Pharmacy at 601-359-5253, Option 4.

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Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an email message to: matt.westerfield@medicaid.ms.gov.

About Mississippi Division of Medicaid

Medicaid is a state and federal program created by the Social Security Amendments of 1965, authorized by Title XIX of the Social Security Act, to provide health coverage for eligible, low income populations. In 1969, Medicaid was enacted by the Mississippi Legislature. All 50 states, five territories of the United States and District of Columbia participate in this voluntary matching program. The mission of the Mississippi Division of Medicaid is to responsibly provide access to quality health coverage for vulnerable Mississippians, by conducting operations with accountability, consistency and respect.