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Maryland Medicaid
Opioid Prescribing Guidance & Policy

Medicaid Advisory Committee
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Overview

- 1) Opioid Overdose Epidemic Overview**
- 2) 2016 CDC Guideline for Chronic Pain**
 - Supporting Evidence & Recommendations
- 3) State Recommendations & Policies**
 - DHMH Policies
 - Prescribing Recommendations
 - Medicaid Policy Limits
- 4) Resources**

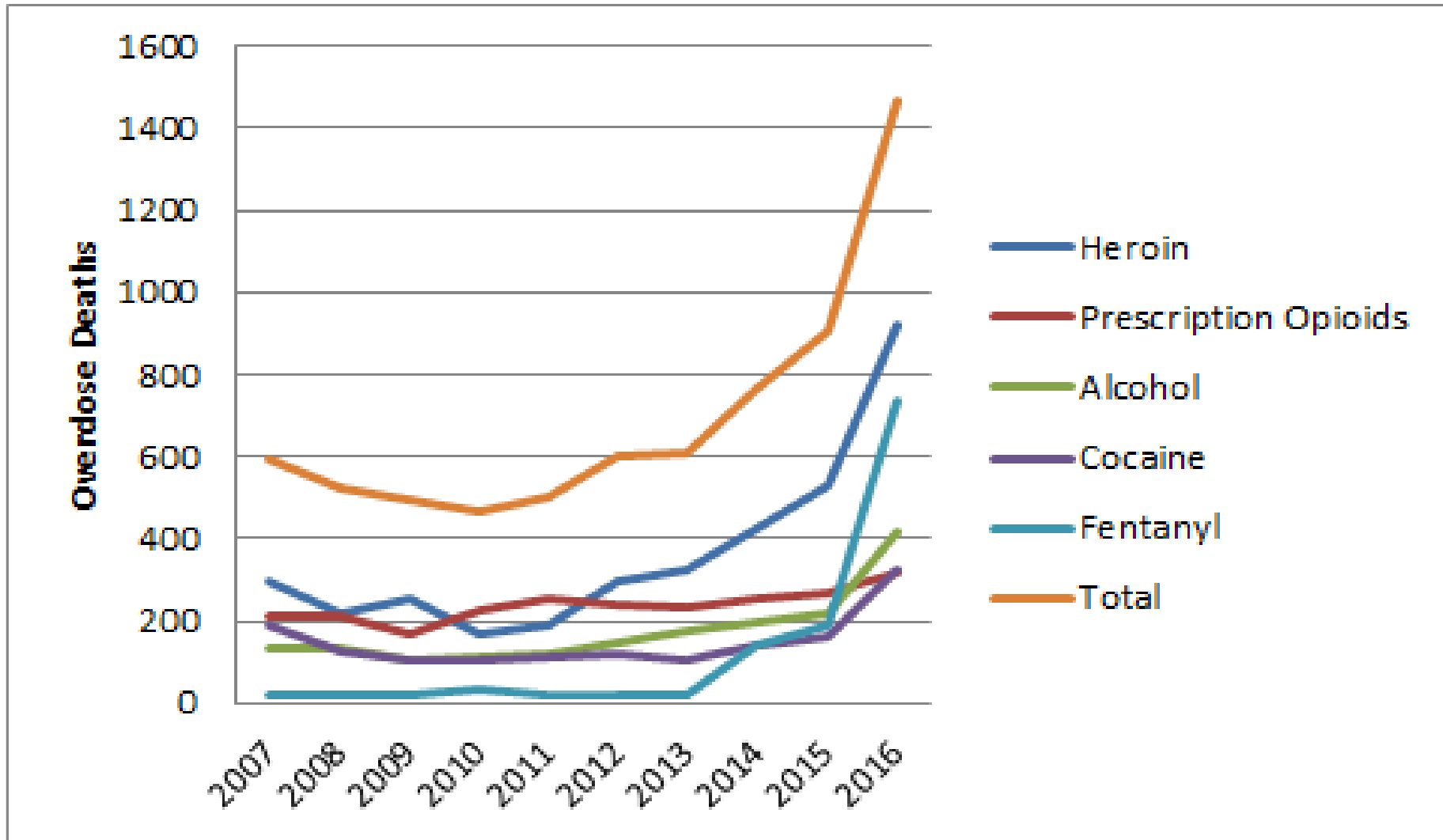


Opioid Overdose Epidemic Overview



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Maryland Overdose Deaths by Drug Class 2007-2016*

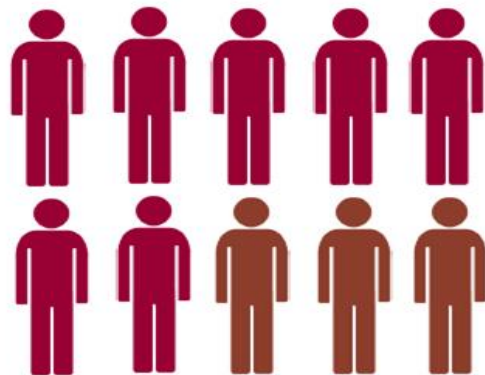


Prescription Drugs and Heroin

Prescription opioid misuse is a major risk factor for heroin use



3 out of 4 people
who used heroin in the
past year misused
opioids first



7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug Alcohol Depend.* (2013).

2016 CDC Guidelines for Chronic Pain Prescriptions

NAME _____
ADDRESS _____

Rx



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CDC Guidelines for Prescribing Opioids for Chronic Pain

CDC released a *Guideline for Prescribing Opioids for Chronic Pain* on April 16, 2016 with 12 recommendations

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use



CDC Guidelines for Prescribing Opioids for Chronic Pain

1. **Nonpharmacologic therapy and nonopioid pharmacologic therapy are first line.**
2. **Establish expectations.** Before starting opioid therapy: establish realistic treatment goals; and determine when therapy will be stopped.
3. **Address risks/benefits with patients.** Before starting and periodically during opioid therapy risks and benefits should be discussed.
4. **Use the lowest effective dose.**
5. **Shortest duration.** Use opioids for a short duration if possible.
6. **Acute Pain. If treating acute pain with opioids:** Use lowest effective dose of immediate-release opioids; limit quantity, 3 days is usually sufficient; and more than 7 days rarely needed.



CDC Guidelines for Prescribing Opioids for Chronic Pain

- 7. Re-evaluate.** Evaluate benefit and harm within one to four weeks of starting or dose escalation, and at least every three months.
- 8. Reduce risk.** Avoid prescribing for high risk patients, and prescribe naloxone when overdose risk factors are present.
- 9. Check the Prescription Drug Monitoring Program** at least annually and during use of an opioid therapy.
- 10. Use urine drug testing** at least annually and before starting a new opioid therapy.
- 11. Avoid benzodiazepines.** Avoid prescribing concurrently with opioids.
- 12. Opioid Use Disorder Treatment.** Evaluate your patients for opioid use disorder and arrange for evidence-based treatment when needed.



Maryland Medicaid Recommendations and Policies

PATIENT ADDRESS _____

R_x

GENERIC SUBSTITUTION _____

Dr. DEAR A00000000

Dr. DEAR A00000000

Dr. DEAR A00000000

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Maryland Medicaid's Revised Prescription Policies

Maryland Medicaid's revised opioid prescription policies are informed by the Center for Disease Control and Prevention's *Guidelines for Chronic Pain Prescriptions*.

The policies aim to:

- Prevent non-medical opioid use, opioid abuse, over prescribing of opioids, and opioid related substance use disorder from developing;
- Identify and treat opioid dependence early in the course of the disease;
- Prevent overdose deaths, medical complications, psychosocial deterioration, transition to injection drug use, and injection-related disease; and
- Identify and outreach to providers who have patients on high risk opioid prescriptions



Maryland Medicaid Policy 1: Improve Coverage for First Line Treatments

Improved coverage for non-opioid medication options:

- Duloxetine, venlafaxine, and TCA covered for chronic pain
- Diclofenac topical covered

Encourage use of non-pharmacologic options:

- Options include physical therapy, home exercise program, etc.
- Work with behavioral health side to support treatment of patients with concomitant chronic pain and depression or anxiety with evidence-based CBT or Biofeedback, when appropriate

Continue to monitor for evidence supporting non-pharmacologic options not currently covered

*Aligns with CDC Recommendation 1



Maryland Medicaid Policy 2: Obtain Prior Authorization for Opioids

Prior Authorization Required *Every 6 Months* For:

- High dose >90 MME, or
- High quantity*, or
- Long Acting Opioids, Fentanyl, or Methadone for pain

***A standard 30-day quantity limit for all opioids - even if the MME/day is ≤ 90 .**

*Aligns with CDC Recommendations 2, 8, 9, and 10



Medicaid's New Prior Authorization Form for Opioids

A standardized prior authorization (PA) form was developed for all opioids that fall within this policy.

- Prior Authorization Requires *At Minimum*:
 - Checking PDMP
 - Using urine drug screens
 - Offering Naloxone
 - Signing prescriber-patient agreement
 - Attesting to benefit outweighing risk
- MCOs may establish more stringent PA policies and use a MCO-specific PA form



Maryland Medicaid Policy 3: Screen for Substance Use Disorder (SUD)

***Before* prescribing opioids or any controlled substance, providers should use a standardized tool(s) to screen to substance use disorders.**

- One option is ***Screening, Brief Intervention and Referral to Treatment (SBIRT)***
 - *SBIRT* is an evidence-based practice used to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and drugs.
 - SBIRT is billable under Medicaid.

*Aligns with CDC Recommendation 8 and 12



Maryland Medicaid Policy 4: Refer Patients with SUD to Treatment

Patients identified with a SUD should be referred to a SUD treatment program.

- Medicaid offers behavioral health services including SUD treatment through Beacon Health Options.
- For Beacon information:
 - Phone: 800-888-1965
 - Website:
http://maryland.beaconhealthoptions.com/med_hc_professionals.html
 - Local Behavioral Health/SUD Resource Contact Information
<http://maryland.beaconhealthoptions.com/provider/contacts/Core-Service-Agencies-CSAs-Local-Addiction-Authorities-LAAs.pdf>

*Aligns with CDC Recommendation 12



Maryland Medicaid Policy 5: Prescribe Naloxone to High Risk Patients

The State encourages providers to prescribe naloxone for patients or household members with *any* of the following risk factors:

- History of SUD
- Daily dose > 50 MME
- Combination of opioids and benzodiazepine / non-benzodiazepine sedative hypnotics
- Other risk factors (EG: drug using friends/family, use of ETOH, etc)
- Narcan / Naloxone does not need prior authorization

When giving Rx clearly tell patient/household member that 911 is still needed as effect wears off

*Aligns with CDC Recommendation 8



Maryland Medicaid Policy 6: Check PDMP Prior to Prescribing

Providers should use PDMP to review a patient's Controlled Dangerous Substance (CDS) prescription profile and utilization prior to writing a new prescription each time.

- Providers may have access to the PDMP portal free of charge by registering via CRISP.
- Providers *highly-encouraged* to use the PDMP; will be legally mandatory for CDS prescribers start July 1, 2018
- Link:
 - CRISP: https://crisphealth.force.com/crisp2_login

*Aligns with CDC Recommendation 9



Resources



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Resources: Websites

CDC

<http://www.cdc.gov/drugoverdose/prescribing/providers.htm>

- Provider and patient materials, including prescribing checklists, flyers, and posters

SAMHSA

<http://www.samhsa.gov/atod/opioids>

DHMH Opioid Website

dhmh.maryland.gov/medicaid-opioid-dur



Resources: Training

General Training

CDC Webinars:

<http://www.cdc.gov/drugoverdose/prescribing/resources.html>

SCOPE of Pain:

<https://www.scopeofpain.com/online-training/>

Buprenorphine Training:

- Baltimore Providers (BHS Baltimore) <http://www.bhsbaltimore.org/for-individuals-and-families/bbi/physicians/>
- Other Providers:
<http://www.aaap.org/education-training/buprenorphine/>
<http://www.asam.org/education/live-online-cme/buprenorphine-course>



Resources: Mobile Apps

Over 200 pain related apps exist, many are pain trackers, some help manage symptoms, some for providers

Calculators:

- Opioid Australia/New Zealand College of Anaesthetists
- Opioid Calculator from NYC DHMH

Cognitive Behavioral Therapy:

- Pain Management Plan
- CBT-i Coach from VA



Visit

dhmh.maryland.gov/medicaid-opioid-dur

