

2020 CareOregon Advantage Opioid Policies

CareOregon Advantage has implemented **opioid policies** as required by the Centers for Medicare and Medicaid Services (CMS). These policies include the use of safety alerts and drug management programs to improve the identification and management of patients who may be at risk for misuse or abuse of opiates.

There are several different safety alerts, each with a recommended course of action to resolve, as well as several exceptions to keep in mind. CareOregon Pharmacy has resources that can help you. Call us at 503-416-4100 or 800-224-4840, Monday-Friday, 8 a.m. – 5 p.m. Option 3 for Provider, then Option 2 for Pharmacy Staff. After business hours, call 866-325-7344.

It is important to remember that the new opioid policies are not meant to be prescribing limits. Decisions to taper or discontinue opioids are individualized and are between the patient and the prescriber.

Opioid Safety Alerts

The following safety alerts (claim processing rules) designed to prevent unsafe utilization of opioids will be generated at the dispensing pharmacy if certain opioid claim scenarios are present. Claims will reject for the pharmacist so that they can review and resolve prior to dispensing. To resolve claims rejections quickly and to avoid disruption in therapy, prescribers are encouraged to respond to pharmacists' outreach in a timely manner and to train on-call prescribers as necessary.

There are some exceptions to these safety alerts. These include:

- Patients residing in **long-term care** facilities
- Patients who have elected **hospice** with our determination that the **opiate is not related** to the terminal illness
- Patients receiving **palliative** care
- Patients being treated for pain who have **active cancer**; and
- Patients with **sickle cell anemia**

If the claim rejects (one claim can reject for multiple safety alerts) and the rejection cannot be resolved by the dispensing pharmacist – preventing the prescription from being filled as written – the patient will receive a notice from the pharmacy advising that they have a right to request a coverage determination (prior authorization).

[Click here for complete details on all safety alerts and corresponding prescriber actions.](#) We recommend that you **print this chart** for reference and keep it handy.

Drug Management Programs (DMP)

CareOregon Advantage will continue a drug management program that identifies patients who are potentially at-risk for misuse and abuse of opioids and benzodiazepines, and to coordinate care. These are patients with cumulative Morphine Milligram Equivalent (MME) of 90 mg for any duration in the past 6 months and who also have filled prescriptions from either 1) 3+ prescribers and 3+ pharmacies or 2) 5+ prescribers. These patients will be notified and enrolled into case management, which involves outreach to their prescribers. Patients are exempt if they are in long-term care, in hospice, receiving palliative care, have active cancer-related pain, or have sickle cell anemia.

We can limit access to these drugs using any of the following options:

- Requiring the patient to obtain these drugs from a specified prescriber and/or pharmacy, or
- Implementing an individualized point of sale coverage limit for these types of medications.

Before restrictions are implemented, we will notify the patient and confirm the limitation and duration.

Note: If there is a limitation placed, the patient and their prescriber have the right to appeal.

Opioid Safety Alerts with Corresponding Recommended Prescriber Actions

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	Safety Alert	Recommended Prescriber Action
Overrides Allowed at the Pharmacy	<p>Naloxone Co-Prescribing</p> <p>A message will be generated when the cumulative MME is greater than 50 or there is concurrent benzodiazepine use.</p>	<p>Greater risk of opioid overdose when these factors are present. Consider co-prescribing naloxone.</p>
	<p>Combination Therapy</p> <ul style="list-style-type: none"> • Two long-acting opioids • Opioid and benzodiazepines • Opioid and prenatal vitamins (PNVs) • Opioid and buprenorphine for medication assisted treatment/opioid use disorder* <p>A safety alert will be generated when the above combinations occur.</p> <p><i>*Access to buprenorphine for medication assisted treatment should not be impacted. Only the opioid prescription will reject.</i></p>	<p>The pharmacist will reach out to the prescriber(s) for verification.</p> <p>If the patient is no longer on the combination, or if the combination is medically necessary, then:</p> <ul style="list-style-type: none"> • Advise the pharmacist who will then document the consultation and enter the appropriate authorization codes. <p>Prescribers have the right to request a prior authorization on behalf of the patient.</p> <p>Prescribers should:</p> <ul style="list-style-type: none"> • Define if the patient has a qualified exemption, • Is no longer on the combination, • in the case of PNVs no longer pregnant, or • Attest that the combination is intended and medically necessary.
	<p>Opioid care coordination safety alert at 90 mg morphine milligram equivalent (MME)</p> <p>A safety alert will be generated when a patient's opioids are prescribed by two or more prescribers AND the cumulative MME per day across opioid prescriptions reaches or exceeds 90 MME.</p> <p>This alert will be generated even if individual prescriptions are less than 90 MME.</p>	<p>The pharmacist will reach out to the prescriber(s) for verification.</p> <p>If the patient requires opiate doses greater than or equal to 90 mg MME:</p> <ul style="list-style-type: none"> • Advise the pharmacist, who will then document the consultation and enter the appropriate authorization codes. <p>Prescribers have the right to request a prior authorization on behalf of the patient. Prescribers should define if the patient has a qualified exemption or attest that an MME greater than or equal to 90 mg is intended and medically necessary.</p>
Some Overrides Allowed at the Pharmacy	<p>7-day supply limit for opioid naïve patients</p> <p>Patients who have not filled an opioid prescription in the last 120 days will be limited to a 7-day supply or less.</p> <p>Subsequent prescriptions filled during the review window (120 days) will not be subject to this supply limit.</p> <p>This safety alert does not apply to patients already taking opiates, as long as they had a fill in the last 120 days.</p>	<p>The patient may be new to us and we may not have prior claim history. If you have information that the patient is not opioid naïve, you can contact the pharmacy to resubmit the claim with the appropriate authorization code or contact us.</p> <p>Dispensing pharmacists can override these rejections if the pharmacy knows that the patient is not opioid naïve. If unable to do so, the pharmacy may:</p> <ul style="list-style-type: none"> • Dispense up to a 7-day supply • Advise that a prior authorization may be requested for the full supply as written. <p>Prescribers have the right to request a prior authorization on behalf of the patient. Prescribers should define if the patient has a qualified exemption or attest that the day supply written is intended and medically necessary.</p>
	<p>Opioid care coordination safety alert at 200 MME</p> <p>Prior authorization is required when the cumulative MME per day across opioid prescriptions reaches or exceeds 200 MME.</p> <p>This alert will be generated even if individual prescriptions are less than 200 mg MME and if written by one prescriber.</p>	<p>This rule cannot be overridden at the pharmacy and requires Prior Authorization.</p> <p>Prescribers have the right to request a prior authorization on behalf of the patient. Prescribers should define if the patient has a qualified exemption or attest that an MME greater than or equal to 200 mg is intended and medically necessary.</p>
Prior Authorization Always Required		