Maryland Medicaid
Opioid Prescribing Guidance & Policy

Medicaid Advisory Committee
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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
Maryland Overdose Deaths by Drug Class 2007-2016*
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

2016 CDC Guidelines for Chronic Pain Prescriptions
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
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.
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 an 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
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](http://maryland.beaconhealthoptions.com/med_hc_professionals.html)

*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](https://crisphealth.force.com/crisp2_login)

*Aligns with CDC Recommendation 9*
Resources
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.aap.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