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HPN Medicaid & Opioids



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Current Opioid Programs

❖ Standard Programs

- ❖ Quantity Limitations - support appropriate use and dosing
- ❖ Preferred Product Selection - helps lower costs by selecting specific drugs to be preferred on the formulary

❖ Long-Acting Opioid Prior Authorizations

- ❖ Required for all Long-Acting Opioids including but not limited to: morphine sulfate sustained-release, Zohydro ER, oxymorphone ER (generic crush-resistant), Oxycontin, Xtampza ER

❖ Cumulative MED Edit & Prior Authorization

- ❖ All cumulative pain regimens (including both short-acting and long-acting agents) over a 180 MED daily amount will require prior authorization

❖ New to Therapy (NTT) Edit

- ❖ Members who have not received an opioid in the previous 60 days will be only be able to fill a seven day supply initially and at daily doses not exceeding 49 MED per day. After seven days, coverage is standard and subject to other criteria.

❖ Criteria - each edit is unique but documentation for prior auth includes:

- ❖ *Cancer/End of Life members are exempt.* Examples: PDMP checked, OUD screening, treatment goals, pain scales, member's total MED documented. Details on next slide.

PA Criteria Requirements

- ❖ The total daily desired morphine equivalent dose requested for the member.
- ❖ The diagnosis associated with the need for pain management with opioids.
- ❖ A description of the patient's treatment plan including non-pharmacologic and non-opioid treatment alternatives.
- ❖ Patient demonstrates meaningful improvement in pain scale score. (Document instrument used).
- ❖ Attestation that the prescriber has discussed the risks and benefits associated with high dose opioid treatment with the patient and/or their caregivers.
- ❖ Identification of concurrently prescribed controlled substances from state prescription drug monitoring program (PDMP).
- ❖ If used in patients with medical comorbidities or if used concurrently with a benzodiazepine or other drugs that could potentially cause drug-drug interactions, the prescriber has acknowledged that they have completed an assessment of increased risk for respiratory depression.
- ❖ Patient has been screened for substance abuse/opioid dependence. (Document instrument used).
- ❖ Identify rationale for not tapering and discontinuing opioid. (Document rationale).
- ❖ -AND-
- ❖ The opioid regimen is not being used in combination with buprenorphine containing products for opioid dependence.

Anthem Pharmacy Programs and Strategies

Goal:

Reduce the amount of opioids dispensed by 35% by the end of 2019

SHORT-ACTING OPIOID ANALGESICS

Limited to a 7 days' supply per fill and 14 days' supply per 30 days before requiring a prior authorization.

LONG-ACTING OPIOID ANALGESICS

Require prior authorization. Individuals currently using a long-acting opioid analgesic will not require prior authorization.



PRESCRIPTION OPIOID MANAGEMENT

- Limiting initial prescriptions for short-acting opioids
- Requiring prior authorization for all long-acting opioids
- Covering MAT for members
- Cover naloxone
- Drug list strategy
 - Prefer non-opioids over opioids
- Pharmacy Home program

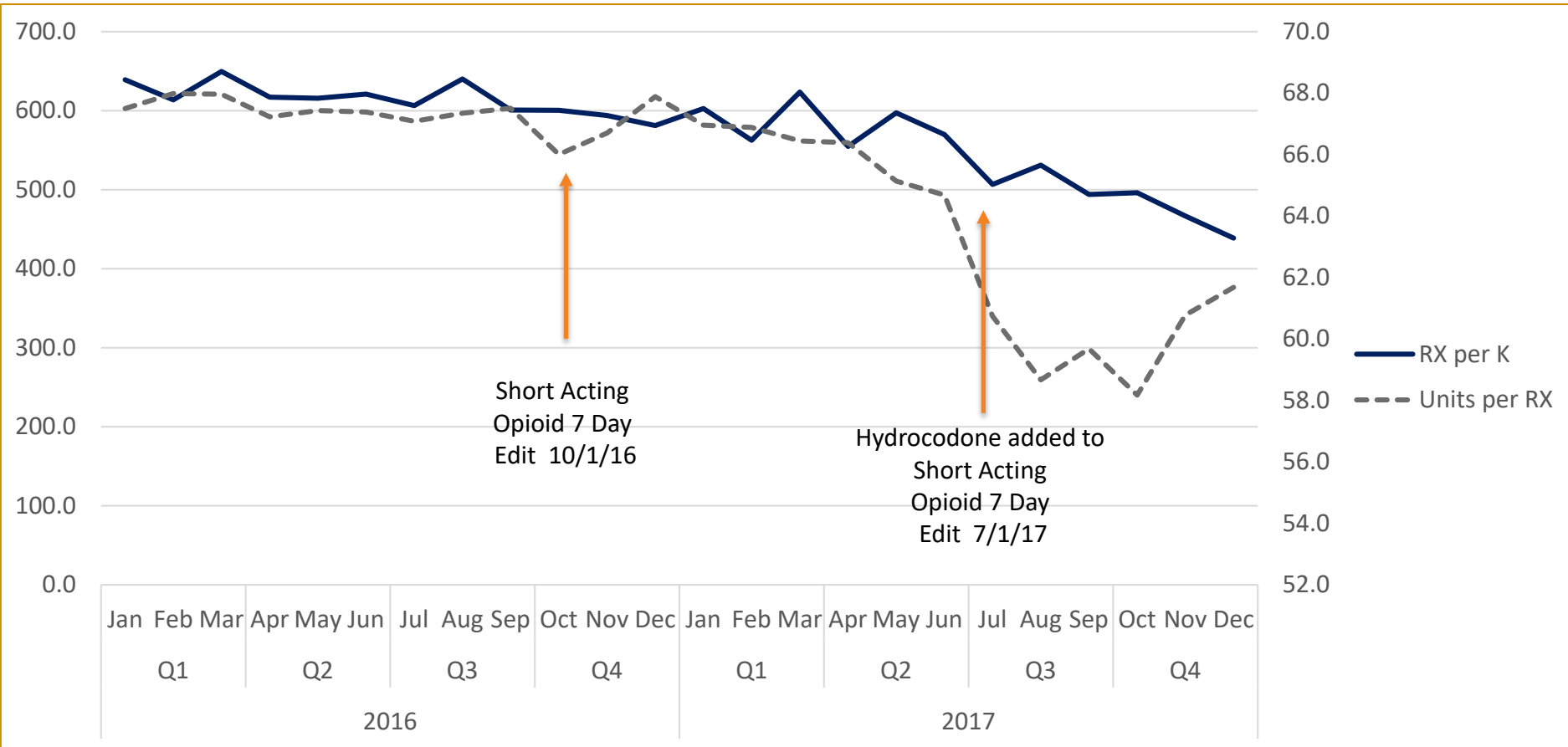
RETROSPECTIVE MONITORING: Provider Engagement

- Members attempt to fill > 10 claims in 90 days
- Concurrent claims
- Opioid fill after claim for Suboxone
- 3 opioids, 3 prescribers, 3 pharmacies, 3 months
- Claims > 120mg of MME

EARLY IDENTIFICATION AND TREATMENT

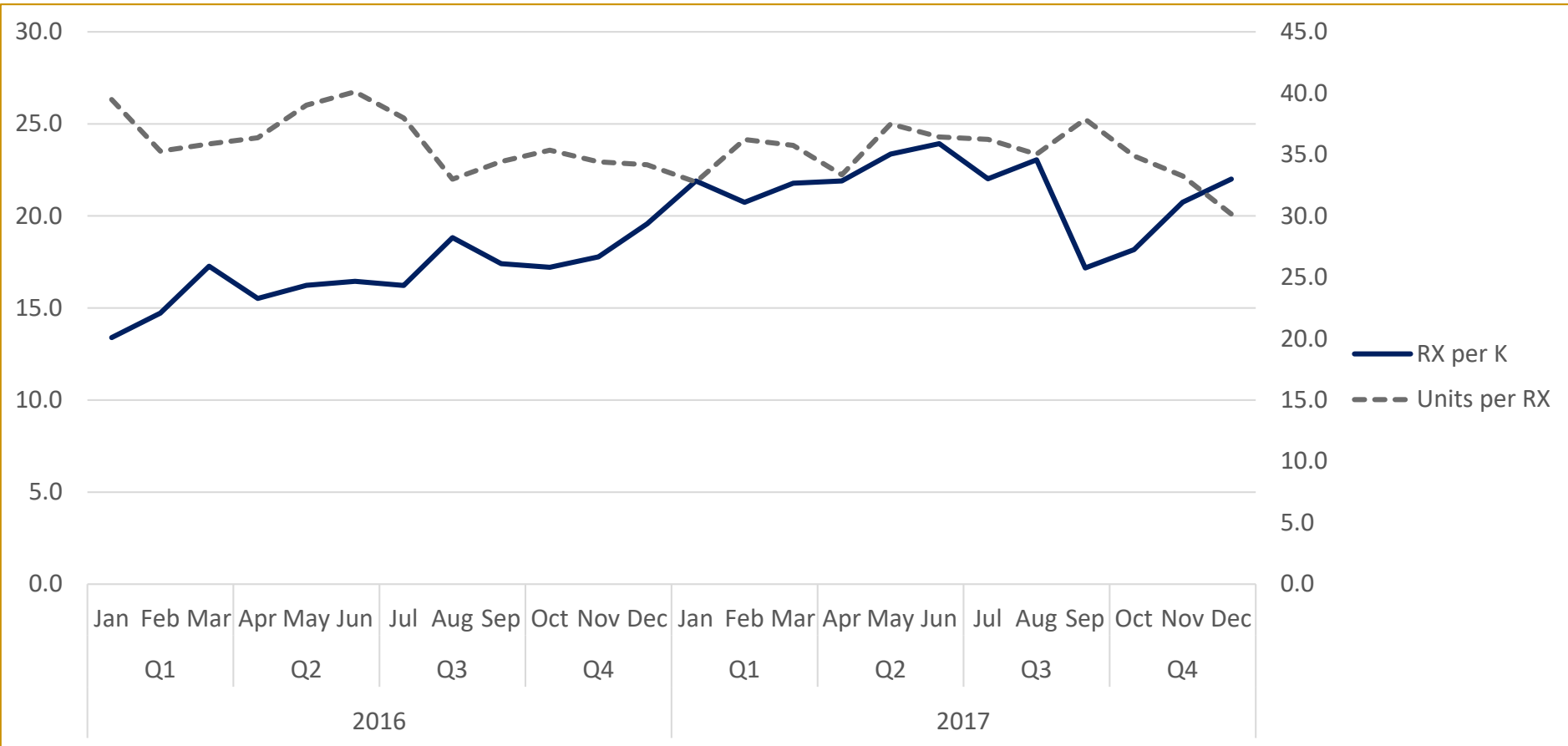
- Improving MAT access in rural areas through PCP recruitment
- CSUM Program

Impact of Anthem Pharmacy Program Strategies on Nevada Medicaid Opioid Utilization



Since 10/1/16, Anthem has seen 27% reduction in opioid utilization measured as RX/1000 and a slight reduction in Units/RX in our Nevada Medicaid Plan

Increase in MAT for our Nevada Medicaid Plan



Since 10/1/16, Anthem has seen a 28% increase in medication assisted treatment measured as RX/1000 and a slight reduction in Units/RX in our Nevada Medicaid Plan



SilverSummit Healthplan

Strategies to Address Opioid Issue

March 2018

Pharmacy



- Formal Lock-In plan in place to identify members on high opioid doses
 - Report run monthly on the 3rd of each month
 - Monthly meeting of Medical Management and Pharmacy teams to review the report and discuss potential lock-in candidates
- Short Term Approval Criteria
- Long Term Approval Criteria
- Edits in place at Point Of Sale to ensure criteria adhered to

Metrics used to run Lock-In Report



- Member has filled prescriptions at more than two pharmacies per month or more than five pharmacies per year
- Member receives more than five therapeutic agents per month
- Member receives more than three controlled substances per month
- Member receives controlled substances from more than one pharmacy and 3 or more prescribers
- Member receives duplicative therapy from different prescribers
- Member receives prescriptions from more than two prescribers per month
- Member has been seen in hospital emergency room more than two times per year

Short Term Therapy Criteria



- **Short Term Therapy** (prior authorization will NOT be required for opioid use meeting all of the following. Requests for > 28 day supply of opioid or for extended release opioids will be evaluated using the Long Term Therapy criteria.):
 - Member has received < 28 day supply of opioid in the last 90 days
 - Request is for \leq 14 day supply
 - Member is on no more than 2 different opioid analgesics concurrently
 - Request is for an immediate release opioid
 - Total opioid dose does NOT exceed 90 morphine milligram equivalents (MME)/day

Long Term Therapy Criteria



- **Long Term Therapy** -Previously received short term opioid therapy via SilverSummit Healthplan benefit
- Prescribed for the treatment of non-cancer/non-malignant pain outside of active cancer treatment, sickle cell disease treatment and palliative care
- If request is for an extended release agent, a documented failure of an immediate release opioid has occurred
- Member meets one of the following:
 - Failure of at least 2 non-opioid ancillary treatments (such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, anticonvulsants, antidepressants, etc.) unless contraindicated or clinically significant adverse effect are experienced
 - Member has had a total of 84 cumulative days of opioid therapy in the last 120 days
- Request is for a preferred drug, unless member has previously failed, is intolerant to or has contraindications to two or more preferred drugs

Long Term Therapy –Cont.



- Member will be maintained on no more than 2 opioid analgesics concurrently
 - **If member requires therapy with two opioid analgesics, regimen must consist of one immediate-release and one extended-release analgesic*
- Total opioid dose does not exceed 90 MME/day or for members who are stable (history of > 7 days of therapy) on doses \geq 90 MME/day, one of the following is met (a or b):
 - Provider's attestation that a dose taper would be attempted
 - Documentation that a dose taper has been attempted within the past 6 months, with the reasons for taper failure
 - Medical justification why a taper should not be attempted or for any dose increase that has occurred since previous approval, if applicable
- Documentation that the provider has reviewed the Prescription Drug Monitoring Program (PDMP) to identify concurrently prescribed controlled substances

Prescriber Education



- Education is provided through our website
- Our pharmacy department works with providers and members to:
 - Answer questions about policy
 - Provide guidance on prior authorization
- Our medical directors provide education:
 - Through peer to peer discussions