Nebraska Medicaid

DUR Matters

Newsletter of the Nebraska Drug Utilization Review (DUR) Program

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DUR Board Recommends Opioid Limits

Background

The DUR Board consists of physicians and pharmacists in various practice areas across the State. The goals of the DUR Board are to improve the quality of pharmacy services and to ensure rational, cost-effective medication therapy for Nebraska Medicaid recipients. The Board makes recommendations to Nebraska Medicaid for the Pharmacy Program. The Centers for Medicare & Medicaid Services (CMS) are looking to DUR Boards to critically evaluate the use of opioids and recommend policies that address prevention of abuse and overuse of opioids.

Current Limits for Opioids in Nebraska

Nebraska Medicaid recipients can receive no more than a 30 day supply of controlled substances. A refill threshold of 90% is currently in place which means that 90% of the days supply submitted must expire before a patient can receive a refill of the same medication ingredient in the same strength.

May Providers Meeting

The DUR Program held a meeting of Nebraska Medicaid providers who have a background in pain management. This group met to offer advice about new policies for the management of acute and chronic, non-cancer pain for Medicaid recipients. The group discussed specific limits for pharmacy claims including:

- Any opioid should require Prior Authorization in recipients taking Subutex or Suboxone
- Recipients may only receive one short-acting opioid without Prior Authorization
- Recipients may only receive one long-acting opioid without Prior Authorization
- Recipients taking methadone for pain should be required to use a single prescriber and pharmacy
- Recipients should be limited to 150 doses of a short-acting opioid in a 30 day period

The group suggested that prescribers of recipients who would require Prior Authorization for any of these limits should be notified in advance of the implementation of any new policies. This would allow prescribers to either modify treatment within the limits or submit documentation of the medical necessity of regimens exceeding the limits.

The DUR Board recommended these additional safety controls to help curb the misuse/abuse of opioids to Nebraska Medicaid. The Nebraska Medicaid is determining implementation dates for the recommendations they choose to accept. Details about the first two policies can be found in the following paragraphs. Additional policy information will be available in the next issue of *DUR Matters*.

Limit: Prior Authorization Required for Opioid Use in a Recipient Taking Subutex or Suboxone

Both the group and the DUR Board agreed that recipients being treated for opioid addiction with Subutex or Suboxone should not receive opioids. Concurrent use of opioids in recipients who are being treated for opioid addiction with Subutex or Suboxone will require a Prior Authorization. When a prescription is presented to the pharmacy, an electronic review of previous claims occurs. If a claim for Subutex or Suboxone is detected in the previous 30 days of the opioid claim, the claim will reject. This policy will be implemented on or around November 5, 2015. Regulations prohibit Nebraska Medicaid from paying for off-label use of medications, therefore, Subutex and Suboxone are not to be used for the treatment of pain in Medicaid recipients.

Limit: One Short-Acting Opioid

Both the group and DUR Board agreed that recipients who are treated for acute or chronic, non-cancer pain should be limited to a single short-acting opioid in a 15 day period. When a prescription is presented to the pharmacy, an electronic review of previous claims occurs. If a claim for a different short-acting opioid is detected in the previous 15 day period, the claim will reject. Prescriptions for the same short-acting opioid in the claims history will be approved for payment, if the second claim is filled after the days supply for the first claim is exhausted. For example, a recipient who filled a prescription for hydrocodone 5 mg/acetaminophen 325 mg on February 1st for a 5 day supply would be able to fill a second prescription for hydrocodone 5 mg/acetaminophen 325 mg on February 6th without Prior Authorization. The same recipient, however, would require Prior Authorization for a second claim on February 6th if the prescription is written for tramadol 50 mg or another strength of the hydrocodone and acetaminophen combination. This policy will be implemented on or around February 5, 2016.

Conclusion

DUR Board members noted that other factors have an impact on the prevention of abuse and overuse of opioids, including a prescription drug monitoring program, random drug testing, pain contracts, or access to addiction treatment are extremely important; however, they are outside of the scope of the DUR Board.

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