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July 9, 2020

MEMORANDUM

MEMO NO.
FFS 20-10

TO: Fee-For-Service (FFS) Providers

FROM: Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: OPIOID MEDICATIONS MORPHINE MILLIGRAM EQUIVALENTS (MME) FOR CHRONIC PAIN TREATMENT, INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION (ICD-10) ON OPIOID PRESCRIPTIONS, OPIOID PRIOR AUTHORIZATION (PA) CRITERIA, INITIAL CONCURRENT OPIOID AND BENZODIAZEPINES DAYS SUPPLY, ELECTRONIC PRESCRIPTION ACCOUNTABILITY REQUIREMENT, AND OPIOID THERAPY INFORMED CONSENT PROCESS

Effective August 1, 2020, all FFS, except Dental, programs will observe no more than 120 MME as the total daily amount of opioid the patient takes for **chronic** pain treatment by opioid medication. An example of MME determination can be found at the following CDC website: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf. Prescribers shall include an ICD-10 diagnosis code on all opioid prescriptions and pharmacies shall submit the ICD-10 on the point-of-sale (POS) claim. Opioid PA criteria is attached.

The Dental program has a separate formulary and criteria for **acute** pain treatment by opioid medication.

Patient access to safe, effective **chronic** pain treatment while minimizing misuse or overdose of opioids is the continued goal. For additional information please see the CDC Guideline for Prescribing Opioids for Chronic Pain at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

Signature:

Please be advised of Hawaii laws found in the Hawaii Revised Statutes:

HRS §329-38

Prescriptions.

(c) Initial concurrent prescriptions for opioids and benzodiazepines shall not be for longer than seven consecutive days unless the prescription is issued for a qualified patient pursuant to chapter 327L or a supply of longer than seven days is determined to be medically necessary for the treatment of:

(1) Pain experienced while the patient is in post-operative care;
(2) Chronic pain and pain management;
(3) Substance abuse or opioid or opiate dependence;
(4) Cancer;
(5) Pain experienced while the patient is in palliative care; or
(6) Pain experienced while the patient is in hospice care;

provided that if a prescribing practitioner issues a concurrent prescription for more than a seven-day supply of an opioid and benzodiazepine, the practitioner shall document in the patient's medical record the condition for which the practitioner issued the prescription and that an alternative to the opioid and benzodiazepine was not appropriate treatment for the condition.

(d) After an initial concurrent prescription for opioids and benzodiazepines has been made, a prescribing practitioner may authorize subsequent prescriptions through a telephone consultation with the patient when the prescribing practitioner deems such action to be medically necessary for post-operative and pain management patients; provided that a prescribing practitioner shall consult with a patient in person at least once every ninety days for the duration during which the practitioner concurrently prescribes opioids and benzodiazepines to the patient.

And

§329-38.2

Prescriptions; additional restrictions.

(a) The prescription restrictions in this section shall apply in addition to the restrictions described in section 329-38.

(b) No prescriber shall prescribe a schedule II, III, or IV controlled substance without first requesting, receiving, and considering records of the ultimate user from the state electronic prescription accountability system as needed to reduce the risk of abuse of or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary; provided that this subsection shall not apply to any prescription:

(1) For a supply of three days or less that is made in an emergency situation, by an emergency medical provider, or in an emergency room;
(2) That will be administered directly to a patient under the supervision of a health care provider licensed to practice within the State; provided that a medically-indicated query of the electronic prescription accountability system is made when the patient is initially admitted for inpatient care at a hospital;

(3) That is an initial prescription for a patient being treated for post-operative pain; provided that the prescription is limited to a three-day supply with no refills;

(4) For a patient with a terminal disease receiving hospice or other types of palliative care; provided that for purposes of this paragraph, "terminal disease" means an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months;

(5) Prescribed while the state electronic prescription accountability system is nonfunctional; or

[(6)] Written pursuant to chapter 327L.

(c) The administrator of the state electronic prescription accountability system shall promptly disclose only the requested data to the requesting prescriber or the requesting prescriber's delegate.

And

HRS§329-38.5

Opioid therapy; informed consent process; requirement for written policies.

(a) Beginning on July 1, 2018, any provider authorized to prescribe opioids shall adopt and maintain written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing provider and qualifying opioid therapy patient.

(b) The department of health shall develop and make available a template of an opioid therapy informed consent process agreement for use in the State. The template shall be posted to the Department of Health's website no later than December 31, 2017.

The Hawaii Department of Health website addressing this is the following: https://health.hawaii.gov/injuryprevention/home/poisoning-prevention/preventing-prescription-drug-overdose-in-hawaii/. The Opioid informed consent template can be found under **"More Information About this Public Health Problem and Your Role as a Medical Provider",** TEMPLATE for Hawaii's Informed Consent For Opioid Prescribed Pills Form or at https://health.hawaii.gov/substance-abuse/files/2017/12/opioid_informed_consent_template.pdf.

Please contact Ms. Leslie Tawata, Clinical Standards Office Administrator, at ltawata@dhs.hawaii.gov should you have any questions.

Attachment

PA CRITERIA FOR OPIOIDS

July 9, 2020

Morphine Milligram Equivalents (MME) Per Day Limit

No more than 120 morphine milligram equivalents (MME) as the total daily amount of opioid the patient takes for **chronic** pain treatment by opioid medication. Prescribers shall include an International Classification of Diseases, Tenth Revision (ICD-10) diagnosis code on all opioid prescriptions and pharmacies shall submit the ICD-10 on the point-of-sale (POS) claim. An opioid informed consent (pain contract) is required.

Authorization request for use in chronic, <u>non-cancer</u> pain for daily dosage exceeding 120 MME prescribed by enrolled Medicaid provider:

1. Diagnosis and ICD-10 must be provided.
2. Strength and total daily dosage must be provided.
3. No early refills will be allowed.
4. Justification for daily dosage greater than 120 MME per day include:
    a. Patient has severe, chronic pain and has been referred to a pain specialist. The name of the pain specialist must be attached. If being seen by a pain specialist, the name of the pain specialist and the plan of care must be attached.
    b. The patient is currently physically opioid dependent. A plan of care for the treatment must be attached.
    c. Patient is in one of the following care facility types or situations:
        1) Hospice,
        2) End of life,
        3) Palliative,
        4) Resident in long-term, or
        5) Other terminal diagnoses associated with significant pain.
    d. The prescriber is an enrolled Medicaid provider in palliative or geriatric care or a hospice provider caring for a patient described in c.

Authorization request for pain related to <u>cancer</u> for daily doses exceeding 120 MME prescribed by enrolled Medicaid non-oncologists and oncologists:

1. Diagnosis and ICD-10 must be provided.
2. Strength and total daily dosage must be provided.
3. Prior authorization is required for early refills for dose adjustments, lost or stolen medications.
4. NO prior authorization is needed if the prescriber is an enrolled Medicaid oncologist for daily dosage greater than 120MME per day:
    a. His/her pain is directly related to the cancer AND
    b. The oncologist must provide the pharmacy with the ICD-10 diagnosis.
    c. Prior authorization is required for early refills due to dose adjustments, lost or stolen medications.

Approval Period:

1. For chronic non-cancer pain
   a. The initial authorization period will be a maximum of three (3) months.
   b. For subsequent requests for the same or greater dosages, justification and a plan of care must be submitted.
2. For pain related to cancer, the authorization period will be a maximum of six (6) months.

Pharmacy Requirements:

The Medicaid enrolled pharmacy must provide:

1. The NDC numbers of the opioid strength(s) requested by the prescriber on the authorization form.
2. The pharmacy must include the ICD-10 diagnosis code provided by the prescriber on all opioid submitted claims.

Concurrent opioid and benzodiazepines prescribing seven (7) day limit: HRS §329-38

Authorization request for more than an initial 7-day supply:

1. Diagnosis and ICD-10 must be provided.
2. Strength and total daily dosage must be provided for both the opioid and benzodiazepine.
3. Justification includes the alternative(s) to the opioid and benzodiazepine that was not appropriate treatment for the diagnosis.
4. No early refills will be allowed.
5. The exceptions to the 7-day supply are as follows:
   a. The prescription is issued for a qualified patient pursuant to Our Care, Our Choice Act (HRS Chapter 327L) or
   b. A supply of longer than seven (7) days is determined to be medically necessary for the treatment of:
      (1) Pain experienced while the patient is in post-operative care;
      (2) Chronic pain and pain management;
      (3) Substance abuse or opioid or opiate dependence;
      (4) Cancer;
      (5) Pain experienced while the patient is in palliative care; or
      (6) Pain experienced while the patient is in hospice care.

Authorization request for subsequent prescriptions without in person consult every 90 days:

1. Diagnosis and ICD-10 must be provided.
2. Strength and total daily dosage must be provided for both the opioid and benzodiazepine.
3. Reason for dose adjustment if appropriate.
4. Justification for an enrolled Medicaid prescribing provider NOT consulting with a patient in person at least once every ninety (90) days for the duration during which the provider concurrently prescribes opioids and benzodiazepines to the patient after authorization of subsequent prescriptions through a telephone consultation with the patient when deemed such action to be medically necessary for post-operative and pain management patients.