

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	219.DC	
Subject:	Opioid Prescription Prior Authorization	
Section:	Pharmacy	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/21, 07/22, 07/23, 07/24, 07/25, 7/26	
Review Effective Date(s):		
Responsible Parties:	Health Plan Pharmacist, P&T Committee	
Responsible Department(s):	Clinical Operations	
Regulatory References:	H.R.6 SUPPORT Act, Section 1004 District of Columbia Contract Section C.5.28.15.2	
Approved:	AVP Clinical Operations	Senior Medical Director (Chief Medical Officer-DC)

Purpose: To ensure clinically appropriate access to opioid medications for MedStar Family Choice, District of Columbia (DC) Enrollees in accordance with Federal and DC regulations.

Scope: MedStar Family Choice DC

Policy: MedStar Family Choice DC establishes and follows standard processes for evaluating requests for opioid medications to align with current best practices and regulatory requirements.

Definition: **Medical Reviewer:** Medical Director or Health Plan Pharmacist

Opioid naïve: Enrollees who have not been dispensed any opioid prescription(s) through the pharmacy benefit in the last 30 days

Procedure:

1. MedStar Family Choice DC evaluates all requests for opioid medication(s) to monitor and manage the appropriate utilization and patient safety.
 - 1.1. Timelines and Procedures for request evaluation are found in Pharmacy Policy 218.DC: Pharmacy Authorization Process.
 - 1.2. Prior Authorization is required for all opioid prescriptions.
 - 1.2.1. Prior authorization review of opioid prescriptions is automated by the Pharmacy Benefits Manager (PBM) to screen for compliance with SUPPORT ACT minimum standards for opioid naïve patients.
 - 1.2.1.1. ≤50 morphine milligram equivalents (MME) per day.

- 1.2.1.2. No more than a seven-day supply for adults, or a three-day supply for Enrollees under 18 years of age.
- 1.2.2. Prior authorization review by a Medical Reviewer is required for all opioid medication requests, including:
 - 1.2.2.1. Any immediate-release opioid prescription or combination of prescriptions exceeding:
 - 1.2.2.1.1. 50 morphine milligram equivalents (MME) per day.
 - 1.2.2.1.2. A seven-day supply for adults, or a three-day supply for Enrollees under 18 years of age.
 - 1.2.2.1.3. Opioid naïve Enrollees may not be dispensed more than is allowed per the SUPPORT ACT limitations.
 - 1.2.2.2. Opioids reserved for Enrollees on an established opioid regimen, as confirmed by prescription claims history or clinical documentation:
 - 1.2.2.2.1. All extended-release opioids, including buprenorphine products indicated for chronic pain management.
 - 1.2.2.2.2. Methadone for pain.
 - 1.2.2.2.3. Concentrated oral dosage forms.
 - 1.2.2.2.4. All Fentanyl dosage forms.
 - 1.2.2.3. Any request that exceeds formulary quantity limits (QL).
 - 1.2.2.4. All non-formulary opioids
- 2. Exceptions:
 - 2.1. The following Enrollees are exempt from the Opioid Prior Authorization requirements:
 - 2.1.1. Enrollees undergoing active cancer treatments.
 - 2.1.2. Enrollees with sickle cell disease who have not received gene therapy (e.g., Casgevy (exagamglogene autotemcel), Lyfgenia (lovotibeglogene), or similar).
 - 2.1.3. Enrollees receiving hospice care.
 - 2.1.4. Enrollees receiving palliative care.
 - 2.1.5. Enrollees in long-term care facilities or skilled nursing facilities.
 - 2.1.6. Opioid naïve Enrollees if the ordered opioid is for:
 - 2.1.6.1. ≤50 morphine milligram equivalents (MME) per day.
 - 2.1.6.2. No more than a cumulative seven-day supply for adults, or a three-day supply for Enrollees under 18 years of age
- 3. MedStar Family Choice DC may deny a request for an opioid medication if:
 - 3.1. A clinical or safety concern is identified and unable to be resolved even when other authorization parameters described in this policy are met.
 - 3.2. Unable to validate the prescription is issued in the usual course of professional treatment.
 - 3.2.1. This applies to prescriptions written for an indication out of scope of the prescriber, i.e. an oncologist prescribing opioids for the treatment of pain not related to a cancer-related diagnosis.

4. Opioid Prior Authorization Requirements:
 - 4.1. All requests must be accompanied by medical records to support the request.
 - 4.2. A completed Opioid Prior Authorization form is required for all opioid prior authorization requests.
 - 4.2.1. The form is available on the MedStar Family Choice DC provider website at <https://www.medstarfamilychoicedc.com/-/media/project/mho/mfcdc/pharmacy-materials/b9a-hf-alliance-opioid-pa-form-dc-7-1-2022.pdf>
 - 4.2.2. Incomplete prior authorization forms, and/or forms submitted without supporting clinical documentation may result in a denial.
 - 4.2.3. The form requires that the prescriber attest to:
 - 4.2.3.1. Review of the Controlled Substance Prescription Drug Management Program (PDMP) in CRISP.
 - 4.2.3.2. Enrollees have/will have a random Urine Drug Screen at least annually.
 - 4.2.3.2.1. When documentation of urine drug screen results show that an Enrollee may not be taking the medication as prescribed, MFC-DC reserves the right to deny such requests as not medically necessary.
 - 4.2.3.2.2. The Enrollee is exempt from this requirement when:
 - 4.2.3.2.2.1. The prescription is pursuant to a discharge from a hospital, emergency department, or ambulatory surgery center, and
 - 4.2.3.2.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
 - 4.2.3.3. Prescriber has provided or offered a prescription for naloxone to the Enrollee or Enrollee's household.
 - 4.2.3.4. A signed contract between the Enrollee and prescriber is complete and included in the medical record.
 - 4.2.3.4.1. The pain management agreement has been renewed/updated within the last one year.
 - 4.2.3.4.2. The Enrollee is exempt from the requirement for a signed patient-provider contract when:
 - 4.2.3.4.2.1. The prescription is pursuant to a discharge from a hospital, emergency department, or ambulatory surgery center, and
 - 4.2.3.4.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
5. Opioid Prior Authorizations requested by out-of-network (OON) outpatient physicians are not covered by MedStar Family Choice DC.
 - 5.1. An exception to this may be granted by the Medical Reviewer for a one-time, 30-day supply if a continuity relationship can be established between the Enrollee and OON prescriber. The purpose of this one-time exemption is to allow the Enrollee time to obtain future services/prescriptions from an in-network provider without incurring a gap in care.

5.2. Enrollees will be referred to a Care Manager for assistance in establishing care with an in-network provider.

6. MedStar Family Choice DC will not authorize an early refill of controlled medications, except as outlined in Pharmacy Policy 204.DC, Early Refill, Lost Medication & Travel Supply, Section 4.

Summary of Changes:	07/26: No change 07/25: • Purpose Statement: removed unnecessary reference to NCQA • Subsection 1.2.2: reworded for clarity. • Subsection 1.2.2.2.1: added buprenorphine to clarify inclusion in opioid partial agonist medications for chronic pain are subject to opioid PA requirements. • Removed section 3. “All requests for opioid medication(s) require evaluation by a Medical Reviewer”, which is redundant to subsection 1.2.2 • Added 3.2.1 This applies to prescriptions written for an indication out of scope of the prescriber, i.e. an oncologist prescribing opioids for the treatment of pain not related to a cancer-related diagnosis. • Removed subsections 6.1 and 6.2, which are detailed in Policy 204.DC, section 4 07/24: • Changed Policy name from “Opioid Prescription Parameters and Limitations” to “Opioid Prescription Prior Authorizations” • Removed references to NCQA not in scope of the policy • Updated SUPPORT Act reference citation. • Added definitions for Medical Reviewer and Opioid Naïve • Added statement that all opioid prescriptions require PA, which may be automated via SmartPA (1.2), unless Exception criteria are met • Added RX limits for opioid RXs that meet exception criteria to pay without PA (2.1.6) • Added verbiage that all opioid PA requests are reviewed by a Medical Reviewer (3)
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	• Added reasons an opioid request may be denied, even if other policy requirements are met (4) • Added statement that MFC may require confirmation of a completed police report for early refill requests pursuant to stolen medication (7.2) • Updated Section listing from “P&T Committee” to “Pharmacy” • Moved P&T Committee from “Responsible Department” to “Responsible Parties” • Updated Approver section Names and Titles ○ Sharon Henry, RN AVP Clinical Operations ○ Erica McClaskey, MD, MS, FAAFP Senior Medical Director • Updated to NCQA 2024 regulatory reference • Reformatted procedure section to improve clarity and removed redundancy • Changed all MFC-DC abbreviations to “MedStar Family Choice DC” 07/23: • Updated NCQA Reference to 2023 Standards • Corrected Policy 218 title; added Authorization • Removed table under 1.f. • Added workflow process for opioid prior authorization initiated by an MedStar Family Choice DC Enrollee. 5.e. 07/22: • Updated Responsible Parties to Plan Pharmacist. • Changed Approved from Patrice Toye, MD CMO to Raymond Tu, MD Senior Medical Director (CMO). • Updated NCQA Reference to 2022 Standards 07/21: • Changed Case Management to Clinical Operations in Responsible Departments. • Changed responsible parties from Dr. Patryce Toye & Dr. Danielle Gerry to Raymond Tu, MD & Seema Kazmi, PharmD. 10/20: • New policy.
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