

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

**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 and NCQA standards.

**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. Manual prior authorization is required for:
    - 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,
      - 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 managed drug limits or quantity limits. (MDL, 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. All requests for opioid medication(s) require evaluation by a Medical Reviewer.
4. MedStar Family Choice DC may deny a request for an opioid medication if:
- 4.1. a clinical or safety concern is identified and unable to be resolved even when other authorization parameters described in this policy are met.
  - 4.2. Unable to validate the prescription is issued in the usual course of professional treatment.
5. Opioid Prior Authorization Requirements:
- 5.1. All requests must be accompanied by medical records to support the request.

- 5.2. A completed Opioid Prior Authorization form is required for all opioid prior authorization requests.
    - 5.2.1. 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>
    - 5.2.2. Incomplete prior authorization forms, and/or forms submitted without supporting clinical documentation may result in a denial.
    - 5.2.3. The form requires that the prescriber attest to:
      - 5.2.3.1. Review of the Controlled Substance Prescription Drug Management Program (PDMP) in CRISP.
      - 5.2.3.2. Enrollees have/will have a random Urine Drug Screen at least annually.
        - 5.2.3.2.1. When documentation of urine drug screen results show that an Enrollee may not be taking the medication as prescribed, MFC-MD reserves the right to deny such requests as not medically necessary.
        - 5.2.3.2.2. The Enrollee is exempt from this requirement when:
          - 5.2.3.2.2.1. The prescription is pursuant to a discharge from a hospital, emergency department. or ambulatory surgery center, and
          - 5.2.3.2.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
      - 5.2.3.3. Prescriber has provided or offered a prescription for naloxone to the Enrollee or Enrollee's household.
      - 5.2.3.4. A signed contract between the Enrollee and prescriber is complete and included in the medical record.
        - 5.2.3.4.1. The pain management agreement has been renewed/updated within the last one year.
        - 5.2.3.4.2. The Enrollee is exempt from the requirement for a signed patient-provider contract when:
          - 5.2.3.4.2.1. The prescription is pursuant to a discharge from a hospital, emergency department, or ambulatory surgery center, and
          - 5.2.3.4.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
6. Opioid Prior Authorizations requested by out-of-network (OON) outpatient physicians are not covered by MedStar Family Choice DC.
  - 6.1. 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.
  - 6.2. Enrollees will be referred to a Care Manager for assistance in establishing care with an in-network provider.

7. MedStar Family Choice DC will not authorize an early refill, override MDL, lost or stolen medication, or travel supply of controlled medications as outlined in Pharmacy Policy 204.DC, Early Refill, Managed Drug Limitation, Lost Medication & Travel Supply, Section 4.
  - 7.1. An exception may be approved if an Enrollee is receiving controlled medication(s) for cancer treatment, sickle cell disease, is in hospice or receiving palliative care, or if medical necessity is established based by a Medical Reviewer.
  - 7.2. In the event the request is pursuant to a stolen supply of medication, MedStar Family Choice DC may require confirmation of a completed police report prior to approval.

<b>Summary of Changes:</b>	<p><b>07/24:</b></p> <ul style="list-style-type: none"> <li>• Changed Policy name from “Opioid Prescription Parameters and Limitations” to “Opioid Prescription Prior Authorizations”</li> <li>• Removed references to NCQA not in scope of the policy</li> <li>• Updated SUPPORT Act reference citation.</li> <li>• Added definitions for Medical Reviewer and Opioid Naïve</li> <li>• Added statement that all opioid prescriptions require PA, which may be automated via SmartPA (1.2), unless Exception criteria are met</li> <li>• Added RX limits for opioid RXs that meet exception criteria to pay without PA (2.1.6)</li> <li>• Added verbiage that all opioid PA requests are reviewed by a Medical Reviewer (3)</li> <li>• Added reasons an opioid request may be denied, even if other policy requirements are met (4)</li> <li>• Added statement that MFC may require confirmation of a completed police report for early refill requests pursuant to stolen medication (7.2)</li> <li>• Updated Section listing from “P&amp;T Committee” to “Pharmacy”</li> <li>• Moved P&amp;T Committee from “Responsible Department” to “Responsible Parties”</li> <li>• Updated Approver section Names and Titles           <ul style="list-style-type: none"> <li>○ Sharon Henry, RN AVP Clinical Operations</li> <li>○ Erica McClaskey, MD, MS, FAAFP Senior Medical Director</li> </ul> </li> <li>• Updated to NCQA 2024 regulatory reference</li> <li>• Reformatted procedure section to improve clarity and removed redundancy</li> </ul>
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	<ul style="list-style-type: none"><li>• Changed all MFC-DC abbreviations to “MedStar Family Choice DC”</li></ul> <p><b>07/23:</b></p> <ul style="list-style-type: none"><li>• Updated NCQA Reference to 2023 Standards</li><li>• Corrected Policy 218 title; added Authorization</li><li>• Removed table under 1.f.</li><li>• Added workflow process for opioid prior authorization initiated by an MedStar Family Choice DC Enrollee. 5.e.</li></ul> <p><b>07/22:</b></p> <ul style="list-style-type: none"><li>• Updated Responsible Parties to Plan Pharmacist.</li><li>• Changed Approved from Patrice Toye, MD CMO to Raymond Tu, MD Senior Medical Director (CMO).</li><li>• Updated NCQA Reference to 2022 Standards</li></ul> <p><b>07/21:</b></p> <ul style="list-style-type: none"><li>• Changed Case Management to Clinical Operations in Responsible Departments.</li><li>• Changed responsible parties from Dr. Patryce Toye &amp; Dr. Danielle Gerry to Raymond Tu, MD &amp; Seema Kazmi, PharmD.</li></ul> <p><b>10/20:</b></p> <ul style="list-style-type: none"><li>• New policy.</li></ul>
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