

Opioid Utilization Management

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Opioid Utilization Management-Background

- DHCS Pharmacy Benefits Division staff have been active members of the Statewide Opioid Safety Workgroup since 2014.
- DHCS is focused on using data driven evidence to inform policy.
- DHCS has adopted four proven strategies to promote opioid safety:
 - Prevent opioid overuse and addiction
 - Manage pain safely
 - Treat addiction effectively
 - Stop overdose deaths through harm reduction.



Opioid Utilization Management-H.R. 6

- DHCS developed an opioid management protocol, in compliance with the mandates of the SUPPORT Act (HR 6), utilizing a team of acknowledged field experts consisting of:
 - Dr. Karen Mark, Medical Director, DHCS (formerly Chief, Office of AIDS-CDPH),
 - Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DHCS (Beverlee A. Myers Award recipient for work addressing opioid epidemic),
 - Dr. Anna Lee Amarnath, Managed Care Quality Monitoring Division, and
 - Dr. James J. Gasper, Psychiatric and Substance Use Disorder Pharmacist, DHCS (formerly of San Francisco Department of Public Health).
- On October 1, 2019 CMS approved the DHCS State Plan Amendment outlining DHCS actions to comply with all areas of HR 6 opioid monitoring requirements.



Opioid Utilization Management-Limitations Policy

- Limit all opioids, benzodiazepine and muscle relaxant prescriptions to a maximum day supply of 30 days without PA.
- Limit new-start, short-acting opioids to a 30-pill maximum limit with a single refill within a 75-90 day period without PA.
- Require 90% of estimated duration of previous dispensing before refill.
- Retain current contract drug list (CDL) limitations on chronic shortacting opioids.
- Exclude opioids used as part of Medication Assisted Treatment (MAT) in substance use disorder (SUD).



Opioid Utilization Management - Morphine Equivalent Dose (MED)

- At 90 MED (CDC recommended maximum dose for chronic use in the absence of active cancer or palliative care/hospice) – provider receives a system generated "soft denial" warning message that must be overridden.
- A hard denial (requiring a PA) is generated at 500 MED (the maximum allowed by the SUPPORT Act). DHCS will "Grandfather" current users of over 500 MED.
- Requests for higher doses will be evaluated on a case by case basis, communicating with the prescriber as needed.
- DHCS will work in partnership with MCPs to coordinate care for members.
- The goal is to prevent inappropriate escalations and diversion while preventing conversion of patients to black market "knock off" drugs or heroin use and to decrease the risk of overdose death.



Opioid Utilization Management-Benzodiazepine

- Benzodiazepine without opioids:
 - 90 day look-back for benzodiazepine medication claims history
 - Limit new starts of benzodiazepines to 30 day supply- safely taper chronic users as appropriate.
- Co-prescribing opioids/benzodiazepines:
 - PA approval for all new start co-prescribing.
 - Grandfather those already on benzo-opioid regimens and assess modifications as appropriate



Opioid Utilization Management-Claims System

- DHCS is now finalizing the system edits and audits related to opioid utilization.
- System functionality will allow for search of historical data elements for purposes of auto-population of key fields, thus reducing the need for the pharmacist/pharmacy to address overrides or submit PA
- These functions will be operational immediately upon implementation of Medi-Cal Rx on January 1, 2021.



Opioid Utilization Management-Non-Opioid Alternatives

Acetaminophen

- Currently available as a covered Medi-Cal FFS benefit for children through EPSDT, and to adults under COVID-19 Emergency State Plan Amendment authority.
- DHCS is exploring options for ongoing coverage post COVID-19 SPA authority expiration.
- Non-steroidal anti-inflammatory drugs Available on CDL without PA
- Lidocaine patch Available on CDL without PA (recent addition to CDL)
- Duloxetine (Cymbalta) Available on CDL without PA
- Pregabalin (Lyrica) Seeking to add to CDL



Question & Answer