The United States is in the midst of an opioid overdose epidemic. The Centers for Disease Control and Prevention (CDC) reports overdoses from prescription opioids are a driving factor in the 15 year increase in opioid overdose deaths. Since 1999, the number of prescription opioids sold in the United States has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. The amount of opioids prescribed in the US peaked in 2010 and then decreased each year through 2015. Opioids (including prescription opioids, fentanyl and heroin) killed more than 42,000 people in 2016, more than any year record. 40% of all opioid overdose deaths involve a prescription opioid. It is estimated that 115 Americans die everyday from an opioid overdose (including prescription and illicit opioids).

To address this crisis, the Department of Health Care Finance (DHCF) is updating its current clinical prior authorization requirements on opioid prescriptions to include a program that will limit the quantity and days’ supply covered under the plan’s pharmacy benefit. The upcoming prescription limits will be implemented in stages. To ensure reasonable and timely adherence to these changes, beneficiaries and providers are encouraged to work together on a dose tapering strategy. We will be basing these changes on both the cumulative monthly Morphine Milligram Equivalents (MME) and the days’ supply being requested. DHCF is proposing these changes under the authority set forth under Supplement 1 to Attachment 3.1-A, section 12, pages 18 – 20 and Supplement 1 to Attachment 3.1-B, section 12, pages 17 – 19 of the District of Columbia State Plan for Medical Assistance (State Plan), and Chapter 27 of Title 29 of the District of Columbia Municipal Regulations.

The policy/program is applicable to all DC Fee-for-Service Medicaid beneficiaries who are at risk of exceeding the customarily prescribed opioid daily dosages, which can be medically harmful and even fatal. This new policy/program, however, is not intended for beneficiaries who have an active cancer diagnosis, sickle cell disease, or are in palliative care or hospice. This policy/program does not limit prescriptions for Medication-Assisted Treatment (MAT) (e.g. Methadone, Buprenorphine, Naltrexone, etc.) that treat Substance Use Disorder (SUD).
Starting October 1, 2018, DHCF will require prior authorization for reimbursement of opioid prescriptions greater than 90 MME and/or a 7 days’ supply for any **New Starts (i.e., individuals who have had no prescriptions for opioids within the last six (6) months)**. Subsequent changes will occur on October 1, 2018, April 1, 2019 and October 1, 2019 affecting **Current Users (i.e., individuals who have had prescriptions for opioids within the last six (6) months)** with an active prescription as reflected in the charts below. These changes will limit the Medicaid covered maximum days’ supply and the maximum daily dose.

### Dosing Limit for New Starts/Naïve Patients

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date the Change Starts</th>
<th>MME Dosing Limit</th>
<th>Day Supply Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Starts</td>
<td>October 1, 2018</td>
<td>No more than 90 MME*</td>
<td>No more than a 7 days’ supply</td>
</tr>
</tbody>
</table>

### Dosing Limit for Beneficiaries Currently on Prescribed Opioids

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date the Change Starts</th>
<th>Current MME Dose</th>
<th>MME Dosing Limit</th>
<th>Day Supply Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>October 1, 2018</td>
<td>Greater than 300 MME*</td>
<td>No more than 300 MME*</td>
<td>No more than a 7 days’ supply</td>
</tr>
<tr>
<td>2</td>
<td>April 1, 2019</td>
<td>Greater than 180 MME*</td>
<td>No more than 180 MME*</td>
<td>No more than a 7 days’ supply</td>
</tr>
<tr>
<td>3</td>
<td>October 1, 2019</td>
<td>Greater than 90 MME*</td>
<td>No more than 90 MME*</td>
<td>No more than a 7 days’ supply</td>
</tr>
</tbody>
</table>

*MME-Morphine Milligram Equivalents

DHCF **will require** prior authorization for **New Starts** with an opioid prescription (or combination of opioid prescriptions) that results in a beneficiary exceeding **90 MME per day and/or a 7 days’ supply**. A prior authorization **may be required** for **Current Users** with an opioid prescription (or combination of opioid prescriptions) that results in a beneficiary exceeding the allowable MME Dosing Limit (300 MME, 180 MME, and 90MME) and/or 7 days’ supply as reflected in the chart above. Prior authorizations will be approved based on documented medical necessity and will remain in place for a period not to exceed twelve (12) months. To submit a prior authorization, prescribers must fax a completed **Short and Long Acting Opioids MME PA Request Form** (http://www.dc-pbm.com/provider/landing) to Magellan (Pharmacy Benefit Manager) at 1-866-535-7622.

**Instructions on calculating MME are available at the CDC website.**

- For the sake of illustration of what constitutes 90 MME, the following is a list of daily doses of commonly prescribed opioids that equal 90 MME/day:
  - Fentanyl 112.5mcg/day
  - Morphine 90mg/day
  - Hydrocodone 90mg/day
  - Oxycodone 60mg/day
  - Hydromorphone 22.5mg/day
The following are examples of common prescriptions that equal 90 MME/day:

-Oxycodone 20mg taken three (3) times a day
-Oxycontin 30mg taken twice a day
-Hydrocodone 10/325mg taken three (3) tablets, three (3) times a day

As additional support to address the opioid overdose epidemic, the CDC reminds clinicians that opioids are not the first-line or routine therapy for chronic pain. Please consider prescribing or referring the beneficiary to nonpharmacologic pain treatment modalities such as physical therapy, conservative treatments (ice, heat, compression), and weight loss. Also, nonopioid pharmacologic therapies (e.g. acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (NSAIDS), and selected antidepressants and anticonvulsants) are effective for chronic pain. If applicable, also consider prescribing or referring the beneficiary to Behavioral and Mental Health Services (medication-assisted treatment for opioid abuse and opioid addiction counseling) that may be helpful to the beneficiary’s safety and health.

Resources:

- Physical Therapy provided by a DC Medicaid enrolled Physical Therapist. [https://www.dc-medicaid.com/dcwebportal/home](https://www.dc-medicaid.com/dcwebportal/home)
- Medication-Assisted Treatment for opioid abuse provided by a SAMHSA approved and DC Medicaid enrolled provider. [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)
- DC Department of Behavioral Health offers opioid addiction counseling. [https://dbh.dc.gov/](https://dbh.dc.gov/)

Promising Strategies to Prevent Prescription Drug Overdose:

- District of Columbia Prescription Drug Monitoring Program (DC PDMP). [https://districtofcolumbia.pmpaware.net/login](https://districtofcolumbia.pmpaware.net/login)
- CDC Guideline for Prescribing Opioids for Chronic Pain. [https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)

Recommendations to Providers:

- With efforts to protect the beneficiaries’ safety, DHCF along with its Drug Utilization Review (DUR) Board strongly recommend that prescribers and/or their delegates check the District of Columbia Prescription Drug Monitoring Program (PDMP) [https://districtofcolumbia.pmpaware.net/login](https://districtofcolumbia.pmpaware.net/login) before prescribing controlled substances.
Pharmacy Provider Forum:

- DHCF will host two (2) sessions listed below, at which the new Opioid-MME Policy/Program will be discussed. All pharmacy and medical providers are invited to attend one (1) of the sessions in-person or via teleconference. Therefore, plan to attend and learn more.

Sessions: Tuesday, September 11, 2018 from 2PM to 4PM EST and Wednesday, September 12, 2018 from 10AM to 12 NOON

Location: One Judiciary Square, 441 4th Street NW, 10th Floor, Room 1028 (Main Street Conference Room), Washington, DC 20001

Teleconference Info: Join from PC, Mac, Linux, iOS or Android:
https://magellanhealth.zoom.us/j/6177084059
Or iPhone one-tap (US Toll): +14086380968,6177084059# or +16465588656,6177084059#
Or Telephone:
Dial: +1 408 638 0968 (US Toll) or +1 646 558 8656 (US Toll)
Meeting ID: 617 708 4059
International numbers available:
https://magellanhealth.zoom.us/zoomconference?m=4bboB2P0CLA9hT7E1rtUxbtoEdVwoRdF

Thank you for your cooperation. We appreciate the professional care and service you provide to DC Fee-for-Service Medicaid Program beneficiaries. Should you have questions about this transmittal or need assistance regarding the Opioid-MME Policy/Program, please contact Magellan (Pharmacy Benefit Manager) at 1-800-273-4962 (Provider Phone Line) and/or District of Columbia Medicaid Program at 202-442-5988.

cc: Medical Society of the District of Columbia
    DC Hospital Association
    DC Primary Care Association
    DC Health Care Association
    DC Home Care Association
    DC Behavioral Health Association
    DC Coalition of Disability Service Providers