Coverage for Opioid Therapy

Policy
Version 2
Clinical
Responsible Parities: Wellness Program Manager
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1. Background

West Virginia is in the midst of an epidemic of prescription and illicit opiate drug abuse resulting in an escalation of addictions, overdoses and deaths. Since 2010, the state has experienced an average of 600 overdose deaths per year while increasing numbers of West Virginia cities and school systems are turning to the use of naloxone, an opioid receptor antagonist, to save lives. A needle exchange program has been instituted in Huntington and Charleston. In November of 2015, Governor Tomblin held a drug summit in Martinsburg for the purpose of refining a strategy to curtail this scourge on our state as West Virginia's rate of overdose deaths is now the highest in the nation. During the 2016 legislative session, House Bill 4035 was enacted into law allowing pharmacists to dispense naloxone without a prescription. Additionally, on February 29, 2016, the Governor announced 1.5 million dollars in new funds to expand substance abuse treatment services across the state.

On March 15, 2016, the U.S. Centers for Disease Control and Prevention released the "Guideline for Prescribing Opioids for Chronic Pain" designed to "support clinicians caring for patients outside the context of active cancer treatment or palliative or end of life care."

These guidelines suggest using the amount of daily morphine milligram equivalents (MMEs) prescribed to better gauge the abuse and overdose potential of opioids. The CDC recommends close follow up for patients receiving >50 MME and avoiding >90 MME unless carefully justified. Evidence suggests that a patient receiving more than 100 daily MMEs is nine times more likely to overdose with 12% resulting in death.

PEIA supports the CDC guidelines and expects that the provider community will adhere to these guidelines when treating patients. Identifying at risk patients is a crucial first step towards improving patient safety and increasing provider awareness. While the West Virginia Public Employees Insurance Agency cannot solve the crisis of opioid addictions, it can play a positive role in curtailing the overuse of these drugs, while improving insurance coverage for a continuum of treatment services.

The agency has reviewed the policies of insurance plans throughout the nation and our own utilization trends. This document reflects the best practice in the use of opioid therapy (OT) for pain management in the context of the West Virginia environment.

We have adopted a three-fold strategy which: (1) is preventive in that it curtails OT as a first line pain management treatment; (2) provides access to opioid analgesics for those for whom it is indicated; and (3) provides access for addictions treatment for those who need it.

2. Policy

Effective August 1, 2016, the West Virginia Public Employees Insurance Agency will implement the Safe and Effective Management of Pain Program (SEMPP) in collaboration with the West Virginia University's Rational Drug Therapy Program (RDT).

This collaboration will include a patient review process addressing: current and previously failed treatments for pain; pain management relevant exams and findings; opioid risk

assessment; administration of patient/provider agreements; physician/pharmacy lock ins; the review of the prescription drug monitoring program and naloxone education.

3. PROCEDURES

Prior to obtaining approval for long term OT, the clinician must document and submit to Rational Drug Therapy alternative, non-pharmacological and/or non-opioid therapies which have been attempted. These may include: physical therapy, chiropractic, massage and cognitive behavioral therapy. Individualized patient goals and progress notes must accompany this documentation.

Any provider prescribing OT must provide written and signed documentation demonstrating that they have advised the patient of associated risks regarding the use of OT within one to four weeks of initiating opioid therapy. Thereafter, clinicians shall evaluate the benefits and harms of OT every three months and work with the patients to lower dosages or to taper and discontinue opioids.

After alternative therapies have been attempted and the patient advised of the risks surrounding OT, if the clinician concludes that opioid use is recommended, the clinician must secure a patient agreement outlining the terms of their treatment. (Prescribing physicians are expected to adhere to the Wet Virginia Board of Medicine and Board of Osteopathic Medicine's guidelines including recommendations for accessing the West Virginia Controlled Substances Monitoring Program Database.) This agreement must be sent to Rational Drug Therapy and be current within the last twelve months. Unsigned and undated documents will be rejected and prescription fills denied.

PEIA will only authorize a maximum three month supply with the limit of no more than 90 MME consistent with the goal of limiting opioid therapy to a minimum amount necessary for the minimum duration possible.

PEIA concurs with the CDC that when used for acute pain, clinicians shall prescribe the lowest effective dose or immediate release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to indicate opioids. Three days or less will often be sufficient and no more than seven days except in rare cases. All long acting opioids will require precertification by RDT.

Methadone will require precertification and shall not be used for pain management except in rare cases as approved by RDT.

Any member who exceeds 50 MME/daily must choose one pharmacy and one physician for their OT related services. This information should be included in the above referenced patient agreement supplied to RDT.

OT may be denied for any of the following:

- The patient violates the patient agreement;
- The patient attempts an early refill;
- The patient fails a urine test;
- The patient displays signs of opioid use disorder as defined by the DSM-5;
- The patient experiences adverse effects;

- The patient experiences poor efficacy;
- The potential harms outweighs the benefits;
- The patient requests discontinuation.

Physicians may submit appeals to Rational Drug Therapy with supporting documentation.

4) Associated Forms

http://www.webmd.com/pain-management/pain-management-pain-treatment-agreement?page=1#1

https://www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf