



KS Opioid Products for Pain Management Prior Authorization

May 2018



Opioid Use in the U.S. & Kansas



- More than 40% of all U.S. opioid overdose deaths in 2016 involved a prescription opioid
- The most common drugs involved in prescription opioid overdose deaths include¹:
 - Methadone
 - Oxycodone
 - Hydrocodone
- In 2016, 104 out of 310 drug poisoning deaths in Kansas in 2016 were related to opioids²



1. CDC. Prescription Opioid Overdose Data. <https://www.cdc.gov/drugoverdose/data/overdose.html>
2. Kansas Injury Prevention Program. Kansas Trends in Drug Poisoning Deaths. http://www.preventoverdoseks.org/download/2017_KS_SER_Drug_Poisoning.pdf



KS Opioid Products for Pain Management PA



- Effective **6/1/2018**
- Criteria will apply to all patients covered under KanCare
- Information on Kansas Medicaid Opioid Use for Pain Management PA is available below
 - PA Criteria
http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Opioid_PA_Criteria.pdf
 - PA Form
http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Opioid_PA_FORM.pdf



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Short-Term/Acute Pain Opioid User (patients who have received opioid prescription(s) for **< 90 days in a look back period of 4 months**):

- An initial fill limit of 7-day supply of short-acting opioid (e.g. immediate release formulation).
 - Additionally, a limit of fills up to 14-day supply total is allowed within a 60-day look-back period (must be no more than a 7-day supply per prescription)
- Daily dosing limit cannot exceed **90 MME** (morphine milligram equivalent) or Food and Drug Administration (FDA) maximum-approved dose
- PA required for
 - all long-acting opioid prescriptions (e.g. extended release formulations)
 - any short-acting opioid prescriptions exceeding the limits above



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Chronic Opioid User (patients who have received opioid prescription(s) for **≥ 90 day in a look back period of 4 months**):

- Prior Authorization required (for any duration)

Patients with cancer, sickle cell, or palliative care diagnosis will be EXEMPT from the 7 day supply and MME limits. If an appropriate diagnosis code is documented in the medical record, prior authorization will not be required.

Buprenorphine products for opioid dependence (e.g. Suboxone) are NOT affected by this policy.



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- Additional Detail Information on KMAP Bulletins
 - General Bulletin
 - https://www.kmap-state-ks.us/Documents/Content/Bulletins/18101%20-%20General%20-%20Opioid_2.1.pdf
 - Opioid PA Grandfathering Process
 - https://www.kmap-state-ks.us/Documents/Content/Bulletins/18112%20-%20General%20-%20Opioid_2.3.pdf



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- **Criteria**

http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Opioid_PA_Criteria.pdf

- **PA Form**

http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Opioid_PA_FORM.pdf



KS Opioid PA FAQ

- **Who does this policy affect?**

All patients covered under KanCare

- **What is the “greater than 7 day” limit?**

Any short-acting opioid that exceeds a 7 day supply will require a prior authorization. Any long-acting opioid will require a prior authorization. Over the period of a 60 day cycle, if a patient fills more than a 14 day supply (must be no more than 7 day supply per prescription), a prior authorization will be required.

- **Are there any exceptions to the day supply and MME limit?**

Patients with cancer, sickle cell, or palliative care diagnosis in medical claims will be excluded from the day supply and MME limits.

KS Opioid PA FAQ

- **What is morphine equivalent dosing?**

Morphine equivalent dosing is a way to translate the dosages of different opioids to have a common standard. This helps to determine how much opioid a patient is taking when taking multiple pain medications. Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.

For example,

- 30mg Oxycontin (oxycodone) Sustained-Released every 12 hours (60mg per day) is equal to **90 MME**.
- 1 to 2 10mg/325mg hydrocodone-acetaminophen every 4-6 hours (up to 120mg per day) is equal to **120 MME**.

Sample MME Calculators:

- <http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>
- https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

KS Opioid PA FAQ

- **How do I get my patient approved for a higher dose than 90 morphine equivalents or for longer than 7 day supply?**

A prior authorization form specific to the opioid policy can be found on KDHE website (http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Opioid_PA_FORM.pdf) All of the requested information must be provided including the form with all the fields and boxes completed and any additional clinical information pertinent to the request.

- **Where can I find some additional resources if I need to taper the opioid dose?**

Here are some helpful resources for your review:

- CDC website and CMS website
- <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-02-02-16.pdf>