



Changes to the CareOregon Oregon Health Plan Formulary

6/10/2019

Reminder: New Restrictions to Acute Opioid Prescribing

With our continued efforts to help improve opioid prescribing in the community by augmenting our providers' work and providing an additional clinical/safety oversight, CareOregon is taking the steps outlined below. These changes are intended to prevent acute use from turning chronic and to limit the amount of opioid pain medications entering the community.

The following changes to the CareOregon Oregon Health Plan Formulary are effective on June 17th, 2019 for **new starts and acute users**.

New & Acute Users:

- Maximum day supply limited to 7 days for immediate release opioids.
 - The CDC recommends a best practice of 3-7 days max for acute prescribing.
- Max Morphine Equivalent Dose (MED) of 49.
- These rejections can be overridden by the dispensing pharmacist and DO NOT require prior authorization. Dispensing pharmacists may reach out to providers to discuss the appropriateness of the prescription.

Existing Chronic Users:

- No new limits on day supplies or fills
- Refill threshold reduced to avoid stockpiling (30 day supplies have 3-day refill window)
- Cross-claim accumulation of MED above 90 (not new, continued)

Continued Safety Alerts (Early 2018)

- PA is **NOT** needed. Dispensing pharmacist can assess, consult, and override.
- Opioid Claims will reject when seeing a prescription for:
 - Prenatal vitamins, a benzodiazepine, buprenorphine/generic Suboxone

If you have any questions or concerns about this change, please contact CareOregon at (503) 416-4100 or (800) 224-4840. We will be happy to help you.

Sincerely,
CareOregon Pharmacy Department

Changes to CareOregon Opioid Coverage

With our continued efforts to help improve opioid prescribing in the community by augmenting our providers work and providing an additional clinical/safety oversight, CareOregon is instituting some changes in how we cover opioids. These changes are intended to prevent acute use from turning chronic and to limit the amount of opioid pain medications entering the community.

Q: When is it happening?

A: The changes to the CareOregon Oregon Health Plan Formulary are effective on June 17th, 2019.

Q: What is changing?

A: New start and acute users will experience a limit of 7 days per opioid prescription. The maximum allowed morphine equivalent dose (MED) is also being lowered from 90 to 50 on these acute prescriptions. Both of these rejections are “soft” meaning a dispensing pharmacist can override and no prior authorization (PA) is necessary.

Q: What is a day supply?

A: It is the number of days a written prescription should last based on the directions written by the prescriber. It is calculated by dividing the total quantity by the number of units (e.g. tablets) taken every day. Example, #40 oxycodone 5 mg tablets taken every 6 hours (4 per day) = 10-day supply.

Q: What is MED?

A: “Morphine Equivalent Dose” which standardizes the potency of various opioids. It allows for all opioid medications to be converted to an equivalent of one medication-morphine- which allows ease of comparison and risk evaluation. The MED soft reject will look across overlapping claims to assess the total MED a member is taking.

Q: A prescription is rejected for more than 7 days and/or maximum MED, can a prior authorization be started?

A: No. CareOregon will not review these for prior authorization. CareOregon strongly recommends changing the prescription to the allowed day supply or MED. However, if a dispensing pharmacist assesses that it is medically appropriateness to exceed the CDC recommendation the dispensing pharmacist can enter codes to override the rejection.

Q: Can a pharmacy just run a smaller day supply?

A: Yes, but the quantity must be reduced appropriately as well. It would be considered fraud to lower a day supply without lowering the quantity dispensed. Please note: reducing the quantity dispensed likely results in the forfeit of the remaining script. Oregon Law and dispensing pharmacy policies may further impact/guide how this is done.

Q: Are established users impacted?

A: Not by these edits. There is no opioid specific day supply limit being set for opioid experienced users. The maximum MED will remain at 90 as a “soft rejection” as it has been since 1/1/18.

Q: Can the system accurately identify opioid experienced users if they are new to the plan?

A: No, the system relies on the presence of historical claims to judge if the member is opioid naïve. Therefore, all members that are new to plan will be viewed as opioid naïve.

Q: What is a DUR rejection (aka-soft rejection)?

A: A DUR rejection/soft rejection is when the claim system prevents payment of an otherwise covered product because it spots a potential drug interaction or safety issue. The concern must be addressed before the system will pay.

Q: How should a soft rejection be handled?

A: Dispensing pharmacists should assess for medical appropriateness. This can be done either by their own assessment based on the information they have OR they may contact the prescriber for further documentation/confirmation on the appropriateness based on the type of rejection. One outcome may be a change to a prescription to resolve the safety rejection (such as reducing MED or day supply). If the pharmacist determines they have sufficient information to show the warning should be bypassed, they can get a paid claim by entering specific codes that indicate the action taken. Pharmacies have been sent documentation on these codes and how/when to use them.

Q: Can the pharmacy contact CareOregon to override these soft DUR rejections?

A: No. Because the intent is to ensure appropriate dispensing with the prescriber's knowledge, CareOregon cannot assess if an override is appropriate. If a pharmacy calls we can provide instructions on the codes to use as described above and the corresponding actions they represent.

Q: What about members with cancer pain or for end of life care?

A: If already on opioids, they will be exempt from the new edits as discussed above for "opioid experienced users". For new starts, this would be an appropriate use of the override codes by the dispensing pharmacist.