# Healthy Blue
# Opioid Misuse Prevention Program
# 2020-2021

**OPIOID MISUSE PREVENTION PROGRAM**

As a health plan partner we will promote appropriate utilization of health care resources by monitoring potential abuse or inappropriate utilization of targeted medications.
The purpose of our Opioid Misuse Prevention Program is to support our commitment to preventing overuse and protecting patient safety, reduce overutilization or unsafe levels of prescription opioid, improve access to substance use disorder (SUD) treatment and recovery services, ensure safety alerts when opioids are dispensed and drug management to better coordinate care when chronic high risk opioid use is present.

**Opioid Action Plan**
Our Opioid Misuse Prevention Program aligns with the ***North Carolina (NC) Opioid Action Plan***, including recommendations from NC Payers Council. This program will focus on key areas to fight opioid misuse, including prevention, reducing harm, and connecting members to care. These key areas include a variety of approaches such as monitoring and restricting the supply of inappropriate prescriptions and opioids, supporting targeted programs to reduce youth misuse of prescription drugs, improving care for pregnant women with substance abuse disorder, provider training to connect members to harm reduction services available in their local community, making naloxone more widely available in the community, expanding access to treatment and recovery, and addressing the needs of those exiting incarceration.

**STOP Act**
Our Opioid Misuse Prevention Program also supports requirements as described in the ***Strengthen Opioid Misuse Prevention (STOP) Act*** by using claims adjudication processes at retail pharmacies. These include, but are not limited to, supporting pharmacists providing naloxone without a prescription, supporting ePrescribing of controlled substances, supporting the promotion of alternatives to opioids according to the State formulary, supporting the Controlled Substance Reporting System, patrolling claims and physician outliers and reporting of suspicious activities to appropriate agencies, imposing quantity limits for first time prescriptions for acute pain and following surgical procedures, required consultations for mid-level practitioners treating in a pain clinical setting, and regulatory reporting.

**Morphine Milligram Equivalent Limits & Diagnosis Codes**
Point of Sale (POS) limits on total daily amounts of morphine milligram equivalents dispensed are placed on immediate release and long-acting opioids. These edits establish a maximum quantity of certain medications that members can receive over a period of time. The quantity limits and time periods applied are in accordance with the State Preferred Drug List (PDL) requirements on the use each medication.

In addition, our Controlled Substance Utilization Management (CSUM) program includes a morphine equivalent dosing intervention. Claims for a high-dose opioid, defined as a daily

morphine equivalent dose greater than 90 milligrams for at least 60 days, trigger an alert identifying members at risk and notifies their prescribers.

The health plan through its Opioid Misuse Prevention Program will:

1. Maintain diagnosis codes, as established by the Department, which are exempt from prior authorization requirements.
    a. Prior authorization is not required for beneficiaries with a diagnosis of pain secondary to cancer
    b. Prior authorization is not required on preferred short-acting opioids up to the equivalent daily maximum dose of 90 MME/day for beneficiaries with Sickle Cell Disease.
2. Ensure prior authorization is required for non-preferred opioids found on the preferred drug list (PDL) regardless of dosage and quantity prescribed.
3. Maintain a cumulative maximum Morphine Milligram Equivalent (MME) dosage limit, as established by the Department, not subject to utilization management prior approval for members.
4. Maintain prior authorization criteria consistent with requirements set forth by the Department for both short-acting and long-acting opioid analgesics.

**Tracking Opioid Use and Prescribing Patterns and CSUM**

Additionally, we conduct prospective drug utilization reviews (DURs) for opioids in conjunction with other treatments such as treatments for opioid use disorder. Our approach focuses on claim history, and involves notifying the member's pharmacy and/or prescriber of potentially inappropriate use. We will manage opioid limits at the point of sale, including days' supply, as directed by state limits.

Through our ***Controlled Substance Utilization Monitoring (CSUM) or Medication Review Programs*** and as part of our overall Opioid Management Program we help reduce opportunities for misuse of opioid treatment by targeting abnormal provider opioid prescribing patterns as well as assisting members in gaining access to more clinically appropriate treatment. We will assess member risk of opioid misuse. Outlier prescribers of opioids will be sent a communication to educate on the risk of over prescribing opioids as well as a prescribing summary of how they compare against their peers in the prescribing of opioids. A clinical pharmacist that specializes in opioid management will outreach to targeted prescribers telephonically to discuss their members that are at high risk of opioid misuse and partner with them to develop an action plan that will reduce opportunities for opioid misuse/abuse and assist members in gaining access to more clinically appropriate therapy.

Our CSUM program is designed to decrease overutilization of controlled substances, including opioids, by identifying members who are receiving multiple controlled substance medications, opioids from multiple providers filled at multiple pharmacies or potentially risky combinations of controlled substances. This CSUM program includes similar components as our parent company's award-winning Medicare Opioid Overutilization Management program, which received an Excellence Award for Care Management Strategies from the Pharmacy Benefit Management Institute (PBMI).

This program will assess prescriber risk of overprescribing opioids through retrospective review of physician prescribing patterns of opioids over time, identifying outlier prescribers of opioids while assessing members' risk of opioid misuse. The assessment tool compares physicians to their peers (within specialty practice area) with an end goal of reducing overprescribing and misuse. Provider prescribing patterns are evaluated against several utilization metrics as well as a member's risk of opioid misuse. We educate outlier physicians about overprescribing and they receive a summary of their prescribing practices in comparison to their peers.

These types of retrospective DUR programs are developed to monitor individuals receiving controlled substances, including opioids and opioid use disorder medications, to ensure safe and appropriate use. The CSUM program consists of rules that are developed to frequently monitor pharmacy claims to identify members with medication and/or condition-related issues with use of controlled substances, including opioids.

The identified medication-related problem(s) generate alerts which engage providers to address the issue. Interventions include, but are not limited to, prescriber and/or member engagement to educate, coordinate care and reduce the risk of fraud waste and abuse (FWA) and opioid overutilization. These interventions are designed to aid in the resolution and/or discontinuation of problematic therapy, thereby improving the use of the medication prescribed and member outcomes.

Members identified of being at an increased risk of misusing/abusing opioids will be forwarded to the health plan for review. The health plan will conduct a review to determine if there is any significant reason to not enroll a member in the ***Recipient Management Lock-In Program (RMLP)*** (i.e. active cancer diagnosis). ***For more information about the RMLP please see the NC Healthy Blue Lock-in Policy and Procedure***

Core CSUM rule categories include the following:

- **High Utilization** — identifies members utilizing multiple controlled substances or opioids, specifically members who have pharmacy claims for ten or more controlled substances, or five or more opioid pharmacy claims over a three month period.

- **Drug Interaction** — identifies members utilizing harmful combinations of controlled substances, such as benzodiazepines, methadone, skeletal muscle relaxers, gabapentin/Lyrica and opioids.
- **High Dose** — identifies members with pharmacy claims of high doses of opioids where the average daily dose of opioids exceeds >/= 90 and 120 MME over a 60 day period. Messages to prescribers will also encourage the prescribing of naloxone to members taking high doses of opioids.
- **Continuity of Care Risk** — identifies members with multiple opioid claims from multiple prescribers with the use of multiple pharmacies over a three month period.
- **MAT + opioid** — identifies members with MAT claims and subsequent opioid claims.
- **New start** — Educational messaging to members newly started on opioids.
- **FWA**—aims to identify, prevent or decrease the risk of overutilization or misuse of high risk medications including controlled substances and opioids

**Lock-in Program**

Through our lock-in program, the RMLP, to avoid provider "shopping" or other drug-seeking behaviors, we will limit identified members to a single provider and pharmacy for up to two years. Through the "lock-in" program, the member must obtain all prescriptions for opioid analgesics, benzodiazepines and certain anxiolytics from their assigned prescriber and pharmacy for the claim to be paid. Members who enroll in the plan after being enrolled in a lock-in program through another PHP or the fee-for-service (FFS) program will be kept in the RMLP for the remainder of their original lock-in period. Medications that treat chronic conditions other than pain and/or anxiety (like high blood pressure) do not need to be filled by the lock-in pharmacy or prescriber. ***For more information about the RMLP please see the NC Healthy Blue Lock-in Policy and Procedure.***

**Integrated Care**

The health plan will increase access to integrated physical and behavioral healthcare for people with opioid use disorder by linking patients receiving office-based opioid treatment to counseling services for SUD using care management or peer support specialists. The health plan will also increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate Medication Assisted Treatment (MAT).

From a Care Management perspective, the health plan will:

- Increase linkages to SUD and pain treatment support.
- Establish Peer Recovery Services.
- Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care.
- Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists.

- Encourage SBIRT screening in primary care and other medical settings (i.e. emergency departments, obstetric, geriatric, pediatric, etc.).
- Increase access to integrated physical and behavioral healthcare for people with opioid use disorder.
- Cover a range of evidence-supported non-narcotic pharmacologic and non-pharmacologic pain treatment options.
- Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes and encourage their engagement in care management.
- Implement the Women's Wellness and Recovery Program, focusing on women of childbearing age (not pregnant) with a Peer Counselor.
- Increase the number of community based recovery supports.
- Reduce barriers to employment for those with criminal history.
- Coordinate overall health care services for program members.

**Naloxone Strategy & Training**

The health plan will create and adopt strategies to increase naloxone co-prescribing within health systems and among PCPs by training pharmacists to provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of naloxone under the statewide standing order. The health plan will increase the number of SEP programs and distribute naloxone through them. The health plan will also offer DATA waiver training in all primary care residency programs and Nurse Practitioner/Physician Assistant training programs in North Carolina and increase providers' ability to prescribe MAT through ECHO spokes and other training opportunities.

**Medicine Safety Kit**

To further support our Opioid Misuse Prevention Program, the health plan will also offer members a Medicine Safety Kit to help prevent the misuse of prescription drugs. This value-added service will include a lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset.

**Regulatory Reporting**

The health plan will report on the following goals and metrics to illustrate the outcomes of the Opioid Misuse Prevention Program in a format and as specified by the Department on at least a bi-annual basis. Metrics will aim to illustrate that the oversupply of opioids is being reduced and access to treatment and recovery services has increased. The NC Opioid Action Plan metrics, as updated quarterly, shall serve as the foundation and guidance for appropriate reporting to describe and illustrate the efforts and success of efforts to combat the opioid crisis.

Metrics and goals to be measured may include the following:

Overall metrics (with a goal to of 20% reduction in expected number):

- Number of unintentional opioid-related deaths (ICD-10)
- Rate of opioid ED visits

Reduction in oversupply of prescription opioids (with a goal of decreasing trend):

- Rate of multiple provider episodes for prescription opioids (time patients received opioids from 5 or more prescribers dispensed at 5 or more pharmacies in a six-month period), per 100,000 residents
- Total number of opioid pills dispensed
- Percent of patients receiving more than an average daily dose of greater than 90 MME of opioid analgesics, per quarter
- Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day, per quarter

Reduce Diversion/Flow of Illicit Drugs (with a goal of decreasing trend):

- Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues
- Number of acute Hepatitis C cases

Increase Access to Naloxone (with a goal of increasing trend)

- Number of EMS naloxone administrations
- Number of community naloxone reversals

Treatment and Recovery (with a goal of increasing trend)

- Number of buprenorphine prescriptions dispensed
- Number of uninsured individuals with an opioid use disorder served by treatment programs
- Number of certified peer support specialists (CPSS) across the state

The Opioid Misuse Prevention Program Policy will be submitted to the State for review and approval ninety (90) days after the Contract Award. The health plan will make the program policy guidelines available on a publicly available website and in the Provider Manual.