AMERIHEALTH CARITAS NORTH CAROLINA

POLICY AND PROCEDURE

Supersedes: N/A

[redacted]

Subject: Opioid Misuse Program Description
Department: Pharmacy

Current Effective Date: 07/01/2021
Last Review Date: 07/01/2021
Original Effective Date: 07/01/2021
Next Review Date: 07/01/2024

Unit: Pharmacy
Stakeholder(s): ACNC Pharmacy Benefits, ACNC Population Health Management, Medical Economics

Applicable Party(s):
Line(s) of Business: AmeriHealth Caritas North Carolina (ACNC)

Policy:

AmeriHealth Caritas North Carolina (ACNC) will implement a program to minimize inappropriate use of opioids, while maximizing the use of medication assisted treatment (MAT) and naloxone. Our specific focus areas will align with the North Carolina Payers Council Opioid Action Plan to:

1. Create a coordinated infrastructure
2. Reduce overall supply of prescription opioids
3. Reduce diversion of prescription drugs and flow of illicit drugs
4. Increase community awareness and prevention
5. Make naloxone widely available and link overdose survivors to care
6. Expand treatment and recovery oriented systems of care
7. Measure our impact and revise strategies based on results

ACNC's Opioid Misuse Program will employ a multi-pronged approach to achieve health equity and eliminate disparities by providing culturally competent care, including access to culturally competent services and resources, language access services and targeted interventions. ACNC will combine best practices, research and innovation in our efforts to improve health equity.

Purpose: To outline ACNC's Opioid Misuse Prevention Program.

Definitions:
MME: Morphine Milligram Equivalent
CSRS: Controlled Substance Reporting System

Procedures:

Identification of At Risk Members

1. Members meeting one or more of the criteria below will be identified as potentially inappropriately utilizing opioids:
    1. Substance use disorder with or without concurrent depression
    2. Requests for early refills on controlled substances
    3. 2 or more prescriptions for naloxone
    4. Chronic use of opioids at doses higher than 90 morphine milligram equivalents (MME) more than 75% of the month
    5. Concurrent use of opioids and benzodiazepines
    6. Multiple prescribers of opioids
2. Members receiving cancer care, hospice care or palliative care are exempt from these criteria. Members receiving care for sickle cell disease are exempt from some opioid policy criteria.

Interventions

1. Our local, clinical leadership team will review the identified members on a monthly basis and determine the appropriate level of intervention:
    - Complex case management – These members are engaged and have goal-directed care plans that they work with our care management team over time to achieve
    - Maternity program to reduce neonatal abstinence syndrome – a subset of the Population

      Health program to help engaged pregnant members struggling with opioid addiction

    o Care coordination – members are contacted to coordinate services and are escalated into complex case management when necessary. With each care management meeting, the member is evaluated to identify: cultural and health disparities and equity opportunities; and physical, behavioral health, and health opportunity barriers that prevent the member from reaching care plan goals.
    - Clinical programs are designed to aid members with:
        - Coordinating care and referring members for treatment with Substance Use Disorder (SUD) providers
        - Connecting members with peer supports and other recovery services as needed to help them with their recovery
        - Outreaching as necessary to prescribers to obtain referrals, request modifications to prescriptions, and connect with pain specialists and neurologists.
        - Education on the risk of opioids, the benefits of medication assisted therapy (MAT), and the value of naloxone
        - Assessment for the Living Beyond Pain Program that provides non-pharmacological therapy with members, and assists in connecting members to

alternate pain management services such as chiropractic, physical therapy, as necessary and clinically appropriate

Lock-In Program:

- ACNC's lock-in program will follow the requirements set forth in N.C. Gen. Stat. § 108A-68.2 and the Contract with the North Carolina Department of Health and Human Services, [Redacted].
- Members who meet this criteria will be locked-in to a single prescriber and a single pharmacy [redacted]

Pharmacy Edits

1. Pharmacy edits on opioids will be applied as listed in the NC Medicaid and Health Choice Clinical Coverage Policy No: 9 criteria for opioid analgesics.
2. [redacted] restrict claims to a maximum of 90 morphine milligram equivalents (MME) and a maximum of a 5 day supply for acute pain, or 7 days for postoperative pain.
3. Prescriptions that exceed these limits will require prior authorization.
    a [redacted]
4. The ACNC claims system shall accept electronic prescriptions to our network pharmacies based on the STOP Act requirement for all targeted controlled substances to be prescribed electronically. (Session Law 2017-74, Section 6, modifying N.C. Gen. Stat. §90-106 to require electronic prescribing unless an exception has been met).

NC Controlled Substance Reporting System (CSRS)

1. Providers requesting prior authorization on opioids need to attest to checking the NC Controlled Substance Reporting System (CSRS) for an initial prescription for a Schedule II or III opioid.
2. Per the STOP Act, Section 12 (modifying N.C. Gen. Stat. § 90-113.74C(a)), Provider Education will remind prescribers to continue checking the CSRS at least every three months for ongoing therapy:
    a. For every subsequent three-month period that the targeted controlled substance remains a part of the patient's medical care, the practitioner shall review the information in the controlled substances reporting system pertaining to the patient for the 12-month period preceding the determination that the targeted controlled substance should remain a part of the patient's medical care.
3. In-network pharmacies will also be required to register with the CSRS.

Pharmacy Education

1. Our pharmacy network education will remind pharmacists of "red flags" to watch for when dispensing controlled substances and to check the CSRS whenever they have reason to believe the patient is drug seeking. Key items listed in the STOP Act, Section 12 (modifying N.C. Gen.
   Stat. § 90-113.74D(a)(5)) include:
    a. Over-utilization of the controlled substance.

b. Requests for early refills.
c. Utilization of multiple prescribers.
d. An appearance of being overly sedated or intoxicated upon presenting a prescription.
e. A request by an unfamiliar ultimate user for an opioid drug by a specific name, street name, color, or identifying marks.

2. Pharmacies will be encouraged to use the naloxone standing order signed by the NC State Health Director, , to help ensure naloxone is readily available.

Provider Education

1. Providers will be encouraged to be trained and certified to prescribe buprenorphine therapies.

2. Providers will be offered a comprehensive behavioral health training module on Opioid Use Disorder that will be hosted on ACNC's provider website.
   a. This self-paced course is geared for providers and offers a general overview of opioid use disorder as well as specific information on the Centers for Disease Control guidelines for prescribing opioids, neonatal abstinence syndrome, overdose prevention, Screening, Brief Intervention, and Referral to Treatment (SBIRT) and HEDIS measures for appropriate opioid use.
3. Based on the STOP Act, Section 6(a)(1) providers will be required to prescribe all targeted controlled substances electronically.
4. Providers will be educated on our value added service, Living Beyond Pain, that will offer certain members additional, non-pharmacologic pain management therapies.
   a. Members will have 12 visits per member per year for covered services for acupuncture, massage therapy, and biofeedback. Prior authorization is required. These members will also be offered care coordination services to help them coordinate and access other services such as cognitive behavioral therapy, physical therapy, and chiropractic services.

Outcome measurement

In alignment with North Carolina's Opioid Action Plan, some of the metrics we will monitor to measure our impact include the measures listed below [redacted]

1. Proportion of individuals/1000 daily dose >120MME for more than 90 days
2. Percent of members with current use of prescription opioids and benzodiazepines
3. Use of opioids from multiple providers in persons without cancer
4. Adherence to pharmacotherapy for opioid use disorder
5. Number of buprenorphine prescriptions dispensed
6. Number of unintentional opioid-related deaths as available
7. Rate per 100,000 of opioid related ED visits

Related Policies and Procedures:

[redacted]

Superseded Policies and Procedures:
[redacted]

Source Documents and References:
[redacted]

N.C. Gen. Stat. § 108A-68.2: Beneficiary lock-in program for certain controlled substances

NC Medicaid and Health Choice Clinical Coverage Policy No: 9 NC Payers Council Opioid Action Plan

Strengthen Opioid Misuse Prevention (STOP) Act, General Assembly of North Carolina Session Law 2017-74, House Bill 243

Attachments:

Approved By:

_____ _____

[redacted] Date

ACNC Director, Pharmacy