



September 24, 2019

Announcement 1977

Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (SUPPORT Act) Compliance

Implementation of the new Medicaid Drug Utilization Review (DUR) provisions are included in Section 1004 of the SUPPORT Act. These provisions include measures to combat the opioid crisis in part by reducing opioid abuse and misuse by advancing treatment and recovery initiatives, improving prevention, protecting communities, and bolstering efforts to fight deadly illicit synthetic drugs. These provisions must be implemented by October 1, 2019, and the State Medicaid program is required to submit a State Plan Amendment (SPA) reflecting compliance to Centers for Medicare & Medicaid Services (CMS) by December 31, 2019.

Requirement – Medicaid Drug Review and Utilization

State Medicaid programs and contracted Managed Care Organizations (MCOs) are required to have specific safety edits and automated claims review processes in place that can identify opioid refills and daily morphine equivalent doses that exceed determined limitations, as well as an automated claims review process that identifies when a Medicaid recipient is concurrently prescribed opioids and benzodiazepines or antipsychotics. Monitoring and management for the appropriate use of antipsychotic medications must be in place for children under the age of 18 and children specifically in foster care. Certain individuals, including patients receiving hospice or palliative care, cancer treatment, long-term care facility residents and any additional categories defined by the State may be exempt from the DUR requirements. Lastly, the State must have a program to identify any potential controlled substance fraud or abuse for individuals enrolled in Nevada Medicaid. A report must be submitted to Congress by the Secretary for each fiscal year starting in 2020.

Nevada Medicaid is meeting or will meet the new requirements with the following programs:

Nevada Medicaid implemented opioid class edits effective May 15, 2017, with the following coverage and limitations:

- Opioids covered without prior authorization (PA) include:
 - o Initial prescriptions of seven days or less,
 - o A total of 13 seven-day prescriptions in any rolling 12-month period, and
 - o Prescriptions of 60 mg morphine equivalents or less per day.
- Prior Authorization Criteria: To exceed the number of seven-day prescriptions, to exceed the seven-day limit, or to exceed the 60 mg morphine equivalents or less per day:
 - o ALL of the following criteria must be met and documented:
 - The recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber,
 - Pain cannot be controlled through the use of non-opioid therapy (acetaminophen, nonsteroidal anti-inflammatory drugs [NSAIDs], antidepressants, anti-seizure medications, physical therapy, etc.),
 - The lowest effective dose is being requested, and
 - A pain contract is on file.
- Exceptions to this policy:
 - o Recipients with cancer/malignancy related pain,
 - o Recipients who are post-surgery with an anticipated prolonged recovery (greater than three months),
 - o Recipients receiving palliative care,

- Recipients residing in a long-term care facility, or another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy
- Recipients receiving treatment for HIV/AIDS, or
- Prescriptions written by or in consultation with a pain specialist.

Nevada Medicaid will implement additional point-of-sale (POS) Concurrent Drug Utilization Review (CDUR) edits on October 1, 2019:

- Concurrent Opioid – Benzodiazepine: A pharmacist is required review of the patient’s history for an opioid drug if the patient has an existing claim for a benzodiazepine and vice versa. (Reject code 88 – Drug-Drug Interaction)
- Concurrent Opioid – Antipsychotic: A pharmacist is required review of the patient’s history for an opioid drug if the patient has an existing claim for an antipsychotic and vice versa. (Reject code 88 – Drug-Drug Interaction)
- Certain individuals, including patients receiving hospice or palliative care, cancer treatment, long-term care facility residents and sickle cell anemia are excluded from the POS CDUR safety edits.

Nevada Medicaid will implement the following programs into the Retrospective Drug Utilization Review (RDUR) Opioid Risk Management (ORM) – Abuse Medications program on October 1, 2019:

- Drug-Drug interaction: Opioid – Benzodiazepine
- Drug-Drug interaction: Opioid – Antipsychotic

Pharmacy providers may notice an increased number of DUR rejects that require a pharmacist’s evaluation prior to dispensing an opioid.

The SUPPORT Act can be viewed at the following website: <https://www.congress.gov/bill/115th-congress/house-bill/6>

The CMS Informational Bulletin can be viewed at:

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib080519-1004.pdf>