

OPIOIDS AND SOONERCARE

Kaitlyn Wood, MHA

Senior Research Analyst, Pharmacy Department



AGENDA

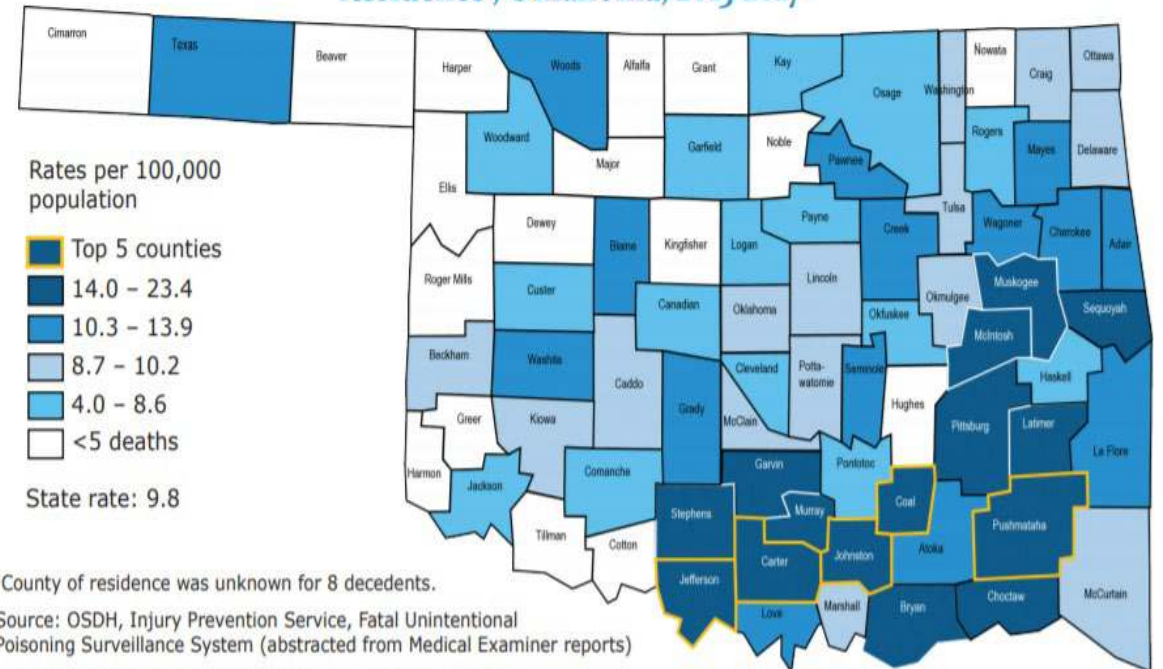
- Opioid Use in Oklahoma
- Opioid Initiatives
 - MAT prescriptions
 - Prescribing guideline page
- Prescriber Reminders
 - Lock-In program
 - Check the PMP
- IMD Waiver

OPIOID USE IN OKLAHOMA

OKLAHOMA STATISTICS

- From 2013-2017, more than 1,900 Oklahomans died from a prescription opioid overdose.
- In 2017, enough opioids were dispensed for every adult in Oklahoma to have the equivalent of 156 hydrocodone tablets.

Unintentional Prescription Opioid Overdose Death Rates by County of Residence¹, Oklahoma, 2013-2017



Source: https://www.ok.gov/health2/documents/FS-UP_Tulsa_County.pdf
 . Accessed: May 6th, 2021

MEDICAID PATIENTS AT HIGH RISK

- Research shows inappropriate prescribing practices are high among Medicaid patients when compared to privately insured.
- In a 2010 study, 40% of Medicaid enrollees with prescriptions for pain relievers had at least one indicator of potentially inappropriate use of prescribing.



OHCA RESPONSE

MORPHINE MILLIGRAM EQUIVALENT

- Morphine is considered the gold standard for the treatment of pain and is used as the basis for comparison via morphine milligram equivalent.
- The MME provides a conversion factor for one opioid to another and gives a standard for comparison.
- The CDC encourages caution for doses exceeding 50 MME per day.

MME CHANGES

- In January 2019, OHCA began incorporating MME into the claims processing system.
- Overlapping opioid claims are totaled to include a member's aggregate MME per day.
- The cutoff is 90 MME per day (effective October 2019).

MME DASHBOARD

Substance Use Stewardship Dashboard March 2021

Select Month:

3/31/2021



In March 2021, there were 11,588 members with an OHCA claim for opioids. This is up ▲ 865 (8%) from the March 2020 count of 10,723.

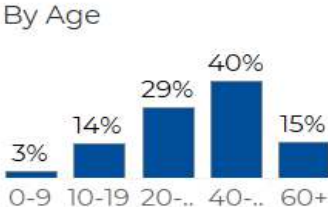
In March 2021, the Avg. Claim MME per day was 36. This is down ▼ 2 from March 2020 count of 38.

So far this year, there have been 298 total overdoses. This is down ▼ 1093 from the 2020 count of 1,391.

So far this year, there have been 747 Naloxone claims. This is down ▼ 1780 from the 2020 count of 2,527.

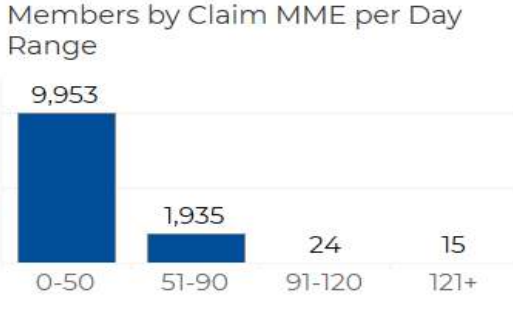
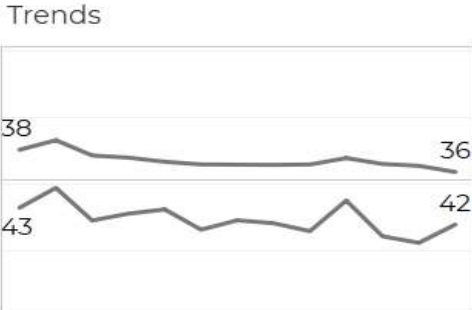
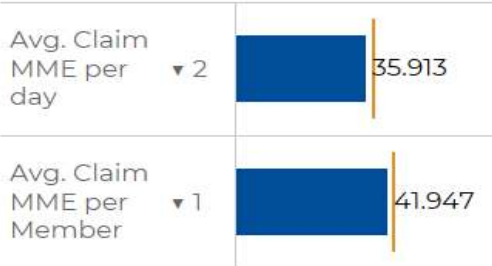
Member Profile

March 2021 vs. March 2020



Morphine Milligram Equivalent Overview

March 2021 vs. March 2020



MEDICATION ASSISTED TREATMENT

- To combat prescription drug abuse, OHCA is working to reduce barriers related to substance use treatment:
 - Prior authorization requirement on certain products were removed on July 31, 2019.
 - Prescribers must have an active DEAX number on file with OHCA to prescribe MAT products.
 - Continued PA requirements can be checked at: <http://okhca.org/MAT>.

MAT PRODUCTS

No Prior Authorization Required	Prior Authorization Required
<ul style="list-style-type: none"> ● Suboxone[®] (buprenorphine/naloxone SL films)(BRAND PREFERRED) ● buprenorphine/naloxone SL tablets (Generic ONLY) ● Vivitrol[®] (naltrexone injection) 	<ul style="list-style-type: none"> ● Bunavail[®] (buprenorphine/naloxone buccal films) ● Zubsolv[®] (buprenorphine/naloxone SL tablets) ● buprenorphine SL tablets (Subutex[®]) ● Probuphine[®] (buprenorphine implant) ● Lucemyra[™] (lofexidine) ● Sublocade[™] (buprenorphine ER injection) ● buprenorphine/naloxone SL films (generic)

SL = sublingual; PA = prior authorization; ER = extended-release


MAT AND PROVIDERS

- To ensure your DEAX is on file, email prescriber information to: providerenrollment@okhca.org.
- For more information on obtaining a waiver and DEAX number, visit: <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-practitioner-waiver>.

MAT HANDOUT


SUBSTANCE USE STEWARDSHIP

OHCA is proactively engaged in efforts to combat drug abuse.
For more information about the opioid epidemic in Oklahoma, Medication Assisted Treatment and a list of available treatment centers, visit okimready.org or okhca.org/opg.




Medicated Assisted Treatment (MAT) Changes

Prior authorization for MAT is no longer required on preferred products. Providers must have a DEAX number on file with OHCA. To ensure that your number is on file, please email your DEAX number to providerenrollment@okhca.org. Download specific prior authorization criteria at okhca.org/MAT.




No Prior Authorization Required

- Suboxone® (buprenorphine/naloxone SL films) – BRAND PREFERRED
- Buprenorphine/naloxone SL tablets – GENERIC ONLY
- Vivitrol® (naltrexone injection)




Pregnant Members

Members who are pregnant may receive single ingredient buprenorphine tablets.




Morphine Milligram Equivalent and MAT

OHCA is committed to reducing opioid use disorder and overdoses. Medications for MAT will continue to be exempt from the opioid morphine milligram equivalent (MME) limit implementation.




Prior Authorization Required

- Bunavail® (buprenorphine/naloxone buccal films)
- Zubsolv® (buprenorphine/naloxone SL tablets)
- Subutex® (buprenorphine SL tablets)
- Probuphine® (buprenorphine implant)
- Lucamyra™ (lofexidine)
- Sublocade™ (buprenorphine ER injection)
- Buprenorphine/naloxone SL films (generic)






Naloxone Companion Prescription

Naloxone, the opioid overdose antidote, should be prescribed with all MAT prescriptions. Providers are encouraged to co-prescribe this life-saving drug to all at-risk patients.



Check Before You Write

Per Oklahoma law (HB 1948) providers should check the prescription monitoring program every time before prescribing MAT.

Oklahoma **HealthCare** Authority   

To download this infographic or order additional copies, visit okhca.org/publications.

LOCK-IN PROGRAM

- SoonerCare pharmacy-administered program.
- Locks a member into one pharmacy AND one prescriber.
 - Pharmacy claims will deny if not from designated providers.
 - Multiple medications monitored.

LOCK-IN PROGRAM REFERRAL

- Members are referred anonymously via the pharmacy lock-in form (PHARM-16). Fax 866-802-4384 or call the pharmacy lock-in program at 800-522-0114, option 4.
- Any health care provider, emergency department, pharmacy, case worker or ancillary staff that may be concerned about a member with substance abuse issues.
- Upon inclusion into the patient review and restriction program, members are locked in for a two-year period, with monthly review and yearly re-evaluation.

OPIOID PRESCRIBING GUIDELINES WEBPAGE

- www.okhca.org/opg
- Resources and handouts
- Pain management toolkit



PRESCRIBER REMINDERS

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

- The prescription monitoring program is a proactive tool that assists medical professionals in making informed decisions about a patient's prior drug use history.
- Prescribers are required to check PDMP every time prior to prescribing opioids or MAT drugs.
- Medical professionals can login into the PDMP by visiting www.Oklahoma.pmpaware.net/login.

PDMP EXAMPLE



Oklahoma PMP Aware
Bureau of Narcotics
For Assistance Call,
(855) 965-4767

Report Prepared: 04/03/2019

Investigative Patient Report

Date Range: 10/01/2018 – 12/31/2018

Investigation Type:
Case Number:
Primary Drug Category:
Drug Product Name:
Case Notes:
Agency:
Contact: Burl Beasley
Role: State Medicaid Program
Phone: 4055227103
Email: burl.beasley@okhca.org

DOB: Gender: Patient Address One

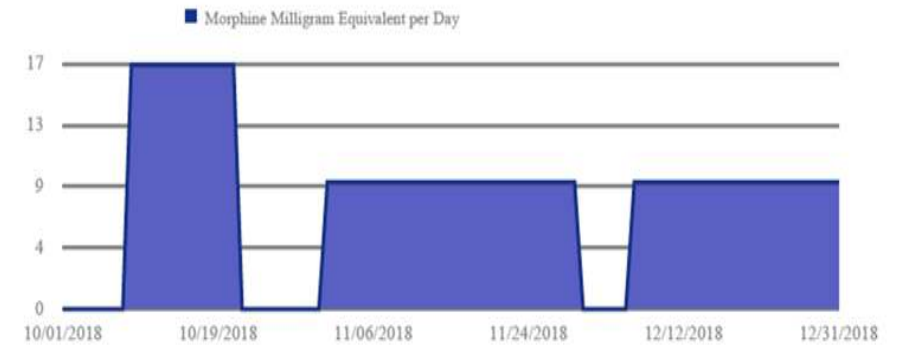
Linked Records				
Name	DOB	ID	Gender	Address
Cheryl Johnson		1		
Cheryl Jones		2		
Cheri Johnson		3		
Cheryl Jones Johnson		4		

Report Criteria

First Name: Last Name: DOB: Rx Date From: 2018-10-01, Rx Date To: 2018-12-31

Summary				
Summary	Opioids* (excluding buprenorphine)	Buprenorphine*		
Total Prescriptions	11	Current Qty	0.0	Current Qty 0.0
Total Private Pay	1	Current MME/day	0.0	Current mg/day 0.0
Total Prescribers	4	30 Day Avg MME/day	0.0	30 Day Avg mg/day 0.0
Total Pharmacies	4			

Morphine MgEq/day



*Per CDC guidance, the MME conversion factors prescribed or provided as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. mg = dose in milligrams.
The MME graph is only displayed when a request is made by Fill Date range.

Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy	Refills	Daily Dose	Pymt Type
12/28/2018	3	12/28/2018	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30	Jill Smith	311896	CVS	0		Private Pay
12/28/2018	3	12/28/2018	ALPRAZOLAM 2 MG TABLET	60.0	30	Jill Smith	311897	Express RX	0		Comm Ins
12/07/2018	1	12/07/2018	ACETAMINOPHEN-COD #3 TABLET	60.0	30	Ryan Smith	189620	CVS	0	9.0 MME	Medicaid
12/01/2018	2	11/28/2018	ZOLPIDEM TARTRATE 10 MG TABLET	30.0	30	Cooper Wordsmith	449440	Walmart	0		Medicaid
12/01/2018	2	11/28/2018	ALPRAZOLAM 2 MG TABLET	60.0	30	Ryan Smith	449441	Ritescript	0		Medicaid
11/01/2018	2	11/01/2018	ALPRAZOLAM 2 MG TABLET	60.0	30	Samantha Stewart	448467	Walmart	0		Medicaid

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Cherri Johnson		3		
Cheryl Jones Johnson		4		

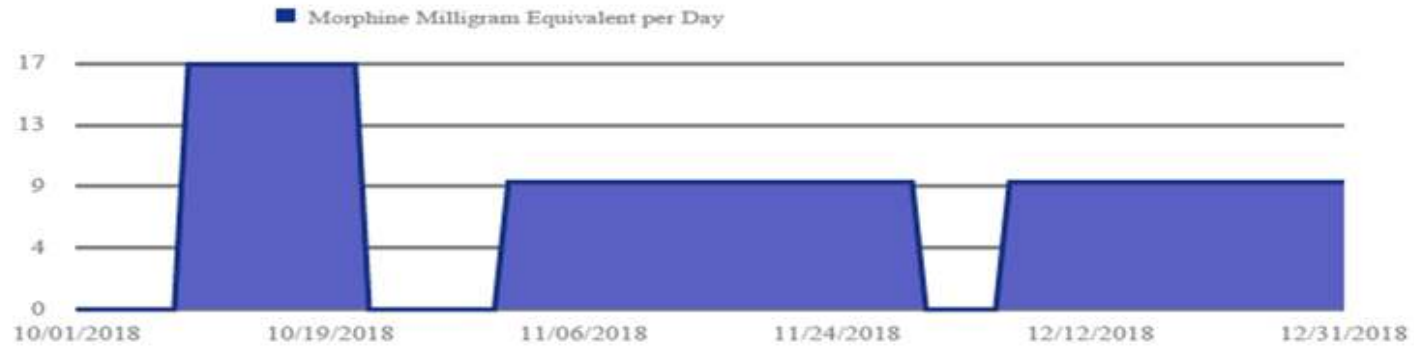
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Morphine MgEq/day



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NALOXONE COMPANION

- Law passed in 2013 to allow use of naloxone outside a medical setting.
- Naloxone should be prescribed for patients taking MAT medications or patients that are high risk for opioid overdose:
 - Receive rotating opioid medication regimens.
 - Have been discharged from emergency medical care following opioid poisoning or intoxication.
 - Take certain extended-release or long-acting opioid medications.
 - Are completing mandatory opioid detoxification or abstinence programs.

Source: <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

IMD WAIVER

WHAT IS IT?

- The IMD (Institution for Mental Diseases) waiver is a collaboration with OHCA and the Oklahoma Department of Mental Health and Substance Abuse Services to provide more comprehensive and collaborative care for individuals seeking treatment for substance use disorders (SUD).
- This demonstration seeks to enhance the continuum of care by adding inpatient, residential substance use disorder, and facility-based crisis stabilization services furnished at an IMD to the Medicaid service system. This enhancement will promote the use of the most effective, appropriate services to support long-term successful outcomes.

BACKGROUND

- 80% of individuals receiving MAT (Medication Assisted Treatment) services in the state system and private opioid treatment centers would qualify for Medicaid when expansion is in place.
- Data from the NSDUH 2017-2018 report shows more than 4% of the population ages 12 and older are abusing or misusing painkillers. That rate is higher than the national average.

GOALS OF THE WAIVER

- Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs.
- Increased adherence to and retention in treatment for OUD and other SUDs.
- Reduced utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.
- Improved access to care for physical health conditions among beneficiaries.
- Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.
- Reduction in overdose death, particularly those due to opioids.

WHAT IS COVERED

- Medicaid coverage and reimbursement for services provided to eligible adults with SMI/SUD, ages 21-64, within IMDs.
- Individuals who are under the age of 21 can receive residential SUD services within an IMD, as well as qualified residential treatment programs; and
- Medically necessary services covered under the waiver including:
 - Residential substance use disorder treatment;
 - Facility-based crisis stabilization; and
 - Inpatient treatment services within IMDs.

BENEFITS

- Medicaid coverage for Methadone – specifically for pregnant women who have an opioid use disorder and to be able to receive this medication during pregnancy.
- Expands the ability for opioid treatment providers to provide services to those who may never have been able to afford the treatment and medications needed to maintain in recovery.

CONTACTING
PHARMACY
DEPARTMENT

PHARMACY HELPDESK

- Phone number: 800-522-0114, option 4.
- Hours:
 - Monday-Friday: 8 a.m. to 7 p.m.
 - Saturday: 9 a.m. to 5 p.m.
 - Sunday: 11 a.m. to 5 p.m.

PHARMACY DEPARTMENT

If you have a question or need assistance, you can always email us at pharmacy@okhca.org.