



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/8/2017

SUBJECT: Implementation of Uniform, Streamlined Prior Authorization for Short and Long Acting Opioids Aligned with Virginia Board of Medicine Regulations Governing Prescribing of Opioids - Effective July 1, 2017

The purpose of this memorandum is to provide an update on the implementation of uniform short and long acting opioid service authorization for the Medicaid Fee-for-Service program and the Medicaid health plans to align with the Virginia Board of Medicine's Regulations Governing Prescribing of Opioids (http://www.dhp.virginia.gov/medicine/leg/PrescribingOpioidsBuprenorphine_03152017.doc).

On November 21, 2016, Commissioner Marissa Levine, Virginia Health Commissioner, declared that the opioid addiction crisis is a public health emergency in Virginia. In 2016, over 1,133 Virginians died due to fatal opioid overdoses. The total number of fatal opioid overdoses in Virginia in 2016 increased nearly 40% when compared to the same time period in 2015. More Virginians died from opioid overdoses than car accidents or homicides. The use of evidence-based guidelines when prescribing opioids for pain management is essential to addressing this opioid addiction crisis.

In March 2016, the U.S. Centers for Disease Control and Prevention (CDC) published the Guideline for Prescribing Opioids for Chronic Pain. This guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up and discontinuation; 3) assessing risk and addressing harms of opioids use. The Guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The CDC guideline helped inform the Virginia Board of Medicine's Regulations Governing Prescribing of Opioids promulgated on March 15, 2017.

The Virginia Department of Medical Assistance Services (DMAS) worked with the Virginia Department of Health, Department of Health Professions, Medical Society of Virginia, and Medicaid health plans to implement uniform prior authorization policies that align with the CDC Guideline and the Virginia Board of Medicine Regulations. These policies do not apply to members with intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illness), or hospice care. These uniform prior authorization policies across Medicaid Fee-for-Service and health plans include:

- Coverage of naloxone injection and nasal spray (Narcan[®]) without prior authorization or quantity limits.
- Addition of non-opioid pain relievers without prior authorization requirements to formularies including:
 - Lidocaine patches
 - Capsaicin topical gel
 - Gabapentin
 - Duloxetine (Cymbalta[®])
 - NSAIDs (oral and topical including diclofenac gel)
 - Baclofen and
 - Tricyclic antidepressants
- Pregabalin (Lyrica[®]) has been added to formularies with a step edit requirement (trial of gabapentin or duloxetine).
- Addition of topical and/or sublingual buprenorphine for analgesia (Butrans[®] or Belbuca[®]) to formularies as alternatives to Schedule II long acting opioids because of the lower risk of respiratory depression and fatal overdose. Will require submission of long-acting opioid PA.
- Uniform, streamlined prior authorization (PA) forms for ALL long-acting opioids and short-acting opioids prescribed in quantities greater than 7 days, more than 90 morphine milligram equivalents per day per drug or greater than 120 cumulative MME/day.
- Edits or denials for concomitant use of benzodiazepines & opioids.
- Checks of the Virginia Prescription Monitoring Program (PMP) for opioid prescriptions lasting more than 7 days with dates of the last opioid and last benzodiazepine prescribed.
- Physician/patient agreement with goals addressing the benefits and harm of opioids.
- For chronic pain, a urine drug screen (UDS) or serum medication level prior to initiating treatment with short or long-acting opioids is required. Renewals will require a UDS at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence.

The Medicaid health plans will implement these policies including the use of a uniform, streamlined prior authorization form for short and long-acting opioids for members for all members on July 1, 2017 (Attachment 1).

These actions are critically important to the Commonwealth's comprehensive response to the opioid epidemic. DMAS also launched an enhanced Medicaid substance use disorder treatment benefit on April 1, 2017 - **Addiction and Recovery Treatment Services (ARTS)**. The ARTS benefit provides treatment for any of Virginia's 1.1 million Medicaid and FAMIS members with substance use disorders. The ARTS benefit expands inpatient detox and residential treatment to all Medicaid members as well as increased provider rates for substance use intensive outpatient, partial hospitalization, day treatment, case management and medication assisted treatment for opioid addiction. For more information on the ARTS benefit and the services covered, please visit: http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx.

DMAS is also committed to supporting providers in offering evidence-based pain treatment. Attachment 2 includes evidence-based non-opioid treatment options for common chronic pain conditions as a reference for prescribers seeking opioid alternatives for their patients with chronic pain. In addition, prescribers are encouraged to utilize the Virginia Prescription Monitoring Program (PMP) (www.dhp.virginia.gov/dhp_programs/pmp/default.asp) and consult the Medical Society of Virginia's Opioid Prescriber Resource Guide at www.msv.org/sites/default/files/PDFs/pmp_toolkit_for_web_-_final_11.21.16.pdf when prescribing opioids and benzodiazepines. The VaAware website also has useful information for providers: <http://vaaware.com/learn/information-for-practitioners/>.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:
http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

Attachments (2)

- 1: Uniform Short and Long-Acting Opioid Service Authorization Form**
- 2: Non-Opioid Treatment Options for Common Chronic Pain Conditions**



COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SHORT and LONG-ACTING OPIOID PRIOR AUTHORIZATION (PA) REQUEST FORM
PA Criteria Align with Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine

Phone: 800-932-6648 Fax back to: 800-932-6651

This REQUEST is for: [] Short-Acting Opioid [] Long-Acting Opioid [] BOTH (check all that apply)

Prior Authorization is required for:

- 1) All Long Acting Opioids
2) Any Short-Acting Opioid prescribed for > 7 days or two (2) 7 day supplies in a 60 day period. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days and post-op pain to no more than 14 days.
3) Any cumulative opioid prescription exceeding 120 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug.

Long-Acting Opioids (LAOs). LAOs are indicated for patients with chronic, moderate to severe pain who require daily, around-the-clock, chronic opioid treatment and require a PA. Consider non-pharmacologic and non-opioid pain treatments prior to treatment with opioids. Patients should be considered for buprenorphine analgesic treatment with either topical patch or buccal film since these products have a ceiling effect with less risk of respiratory depression than other opioids.

PATIENT INFORMATION

Form fields for Patient Information: LAST NAME, FIRST NAME, MEMBER ID NUMBER, DATE OF BIRTH, GROUP NUMBER, ADDRESS, CITY, STATE, ZIP CODE.

PRESCRIBER INFORMATION

Form fields for Prescriber Information: LAST NAME, FIRST NAME, STATE LICENSE ID, NPI NUMBER, PHONE NUMBER, FAX NUMBER, ADDRESS, CITY, STATE, ZIP CODE, OFFICE CONTACT, SPECIALTY/FACILITY NAME (IF APPLICABLE).

DRUG INFORMATION

Form fields for Drug Information: DRUG NAME/STRENGTH, DIRECTIONS/SIG, DRUG NAME/STRENGTH, DIRECTIONS/SIG, with checkboxes for Urgent and Standard.

Alternative Therapy to Schedule II Opioids. Based on the Virginia Board of Medicine's Opioid Prescribing Regulations, Opioids are NOT recommended as first line treatment for acute or chronic pain. For additional information please see: VA Board of Medicine Regulations Preferred Pain Relievers available without PA include NSAIDS topical and oral, SNRIs, Tricyclic Antidepressants, Gabapentin, Baclofen, Capsaicin topical cream 0.025% and Lidocaine 5% Patch. Pregabalin (Lyrica) is available after a trial and failure of gabapentin or duloxetine. Consider alternative therapies to Schedule II opioid drugs due to their high potential for abuse and misuse. A complete list of covered drugs can be found at: https://www.virginiamedicaidpharmacyservices.com/documents/VAMed-PDL-List-Criteria



COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SHORT and LONG-ACTING OPIOID PRIOR AUTHORIZATION (PA) REQUEST FORM
PA Criteria Align with Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine

Phone: 800-932-6648 Fax back to: 800-932-6651

TREATMENT INFORMATION

- 1. Does prescriber attest that the patient has intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illnesses) or hospice care?
2. Is patient in remission from cancer and prescriber is safely weaning patient off of opioids with a tapering plan?
3. Is patient in a long-term care facility?
4. Is this medication used to treat: Acute Pain, Post-operative Pain, Chronic Pain
5. REQUIRED: Please indicate if the patient has tried and failed any of the following drugs covered without PA
6. REQUIRED: If requesting a non-preferred product, has patient tried and failed an adequate trial of 2 different preferred products?
7. REQUIRED: Please provide the patient's Active Daily MME from the PMP
8. REQUIRED: Please provide patient's last fill date of Opioid prescription from the PMP
9. REQUIRED: Please provide patient's last fill date of Benzodiazepine prescription from the PMP
10. REQUIRED: Has naloxone been prescribed for patients with risk factors of prior overdose, substance use disorder, doses in excess of 120 MME/day, or concomitant benzodiazepine?
11. If patient is female between 18-45 years old, has the prescriber discussed risk of neonatal abstinence syndrome and provided counseling on contraceptive options?
12. REQUIRED: For chronic pain, prescriber attests that a treatment plan with goals that address benefits and harm has been established with patient and there is a SIGNED AGREEMENT with the patient.
13. REQUIRED: For chronic pain, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level prior to initiating treatment with short or long-acting opioids?
14. REQUIRED: For PA renewals, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence?

Prescriber Signature (Required)

Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Service Authorization Criteria Is Subject To Change and Thus Drug Coverage The completed form may be FAXED TO 800-932-6651, phoned to 1-800-932-6648.

Or mailed to: Magellan Medicaid Administration / 11013 W. Broad St / Glen Allen, VA 23060 / ATTN: MAP

Attachment 2: Non-Opioid Treatment Options for Common Chronic Pain Conditions

Non-invasive Low back pain treatment recommendations:¹

- Acute (with or without radiculopathy):
 - 1st Line (non-pharmacologic): Keep in mind excellent natural history of disease. Acupuncture, massage, superficial heat shown to improve pain or function. Also consider pilates, tai-chi, yoga, psychology referral.
 - 2nd Line (pharmacologic): NSAIDs, skeletal muscle relaxer
- Chronic (with or without radiculopathy):
 - 1st Line (non-pharmacologic): Exercise, motor control exercises, tai-chi, yoga, psychology referral, multi-disciplinary rehabilitation, acupuncture, massage
 - 2nd Line (pharmacologic): NSAIDs, duloxetine

Post-herpetic neuralgia:²

- Topical (1st line for mild pain): 5% lidocaine patch, capsaicin cream or patch
- Systemic: gabapentin, pregabalin, amitriptyline, nortriptyline

Diabetic neuropathy:³

- 1st Line: pregabalin
- 2nd Line: gabapentin, venlafaxine (SNRI), duloxetine, amitriptyline (TCA), capsaicin 0.075% cream

Fibromyalgia:⁴

- Non-pharmacologic: Patient education (pertaining to lack of disease progression, lack of tissue damage), cognitive behavioral therapy (CBT), and cardiovascular exercise
- Pharmacologic: amitriptyline and cyclobenzaprine (TCAs), duloxetine (SNRI), gabapentin, pregabalin (gabapentinoids), fluoxetine, sertraline, paroxetine (SSRIs)
- No evidence for use of opioids in fibromyalgia

Migraines:⁵

- Acute Treatment
 - Mild – Moderate: acetaminophen, NSAIDs, caffeine, anti-emetics
 - Severe: triptans, ergots, prochlorperazine, promethazine
- Preventative Treatment
 - Propranolol, timolol, divalproex sodium, topiramate (Level A efficacy)
 - Opioids can cause medication overuse headache

Osteoarthritis:⁶

- Non-pharmacologic: Exercise, weight loss, water-based exercise, wedged insoles, walking aides, splints
- Pharmacologic: Topical capsaicin, topical NSAIDs (preferred age > 75), oral NSAIDs (non-selective or COX-2 selective), intraarticular corticosteroid injection, consider duloxetine

¹Qaseem A, Wilt TJ, McLean RM, Forcica MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166:514-530. doi: 10.7326/M16-2367

² Johnson RW, Rice ASC. Clinical Practice: Postherpetic Neuralgia. *N Engl J Med* 2014;371:1526-33.

³ Griebeler ML, Morey-Vargas OL, Brito JP, Tsapas A, Wang Z, Carranza Leon BG, et al. Pharmacologic Interventions for Painful Diabetic Neuropathy: An Umbrella Systematic Review and Comparative Effectiveness Network Meta-analysis. *Ann Intern Med.* 2014;161:639-649. doi: 10.7326/M14-0511

³ Bril V, England J, Franklin GM, et al. Evidence-based guideline: Treatment of painful diabetic neuropathy: Report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation. *Neurology.* 2011;76(20):1758-1765. doi:10.1212/WNL.0b013e3182166ebe.

⁴ Clauw DJ. Fibromyalgia. *A Clinical Review. JAMA.* 2014;311(15):1547-1555. doi:10.1001/jama.2014.3266

⁵ MacGregor EA. Migraine. *Ann Intern Med.* 2013;159:ITC5-1. doi: 10.7326/0003-4819-159-9-201311050-01005

⁶ Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res (Hoboken).* 2012 Apr;64(4):465-74