Important Information:

- Morphine Equivalent Dose Limits for Opiates
- Rejection for Opiates when using Buprenorphine Products

Effective January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) will require all Medicare Part D plans, including CareOregon Advantage, to implement two types of opioid limits:
1) A Morphine Equivalent Dose (MED) limit on the daily cumulative dose of opioids a member can fill at a pharmacy.
2) A rejection requiring the dispensing pharmacy to obtain your approval to fill opiate prescriptions when the member has a recent prescription for buprenorphine or buprenorphine-naloxone.

Established limits for 2017 are in the table below. These limits, along with exceptions criteria on the following page, were developed by our Pharmacy and Therapeutics Committee.

<table>
<thead>
<tr>
<th>MED Limit</th>
<th>Your action</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 120 mg MED</td>
<td>The pharmacy will call to ask for your approval prior to filling the drug(s).</td>
</tr>
<tr>
<td>&gt; 200 mg MED</td>
<td>Lower the dose, or submit a prior authorization request.</td>
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Opiate Rejection When on Buprenorphine

<table>
<thead>
<tr>
<th>Applies to opioid prescriptions only if also on buprenorphine products</th>
<th>Your action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The pharmacy will call to ask for your approval prior to filling the opiate(s).</td>
</tr>
</tbody>
</table>

The limits above apply only to our CareOregon Advantage Medicare members and are not related to new opiate limits for Medicaid communicated in an earlier correspondence.

We will send you another letter identifying your patients whose current treatment exceeds 200 mg MED for your review. If appropriate, consider tapering them down to a daily cumulative dose less than 200 mg MED. However, when you believe tapering is not medically appropriate at this time for a patient, you can request an exception by faxing a request to us at 503-416-8109. You will need to include medical record documentation that addresses the criteria found on the next page, and a prescriber’s supporting statement in order to exceed the MED limit. You can call us to file a request, but we still will require you to send us written documentation.

For more information, the new CMS requirements can be found on page 212 of the 2017 Medicare Final Call Letter:

Thank you for providing great care to our members. If you have questions or concerns about this notice, please call 503-416-4279 or, toll free, 1-888-712-3258, 8 a.m. to 5 p.m., Monday through Friday. To reach the pharmacy department, at the prompt, press 4, then 2, then 2.

Sincerely,

The Pharmacy Department
CareOregon Advantage
Medicare Morphine Equivalent Dose (MED) Exception Criteria

P&T Review Date: 11/10/2016

**Pain Due to Cancer:**

1.) Medical record documentation that the member has a current active cancer diagnosis AND (2)

2.) Medical record documentation that opioids are being used to manage cancer pain.

**Coverage Duration:** Approve requested MED for 12 months.

**Other Pain:**

**Initial Criteria :**

1.) Medical record documentation of all of the following AND (2) and (3):
   a. Documentation of ongoing and periodic evaluation of the member’s treatment for pain.
      i. Functional improvement using the PEG questionnaire, FRQ questionnaire, Pain Disability Index (PDI) or clear documentation from the prescriber of improvement from baseline
      ii. Risk assessment using validated scoring tool such as ORT, CAGE-AID, SOAPP-R, COMM, DIRE, ORS, and AUDIT.
      iii. Mental health screening as PHQ-9, GAD-7, PC-PTSD, or mental health professional evaluation.
   b. An updated comprehensive treatment plan outlining the objectives of treatment (eg pain relief, improved function) including if any plans to taper.
   c. Urine drug screen consistent with what is prescribed.
   d. Prescription Drug Monitoring Program (PDMP) report that does not show signs of fraud, waste and abuse.
   e. Risks and benefits have been discussed with the member.

2.) Prescriber’s statement of the following:
   a. Requested dose exceeding 200mg MED is medically necessary AND
   b. One of the following:
      i. Opioid treatment under 200mg MED has been ineffective or
      ii. Opioid treatment under 200mg MED is likely to be ineffective, adversely affect the drug’s effectiveness, adversely affect the patient’s compliance or would cause adverse effects or harm based on physical and mental characteristics of the member or characteristics of characteristics of the drug regimen.

3.) Not on concurrent buprenorphine or buprenorphine-naloxone for the treatment of opioid dependence.

**Initial Coverage Duration:** Approve requested MED for 12 months.

**Renewal Criteria:**

1.) AND 3.) from above

**Renewal Coverage Duration:** Approve requested MED for 12 months.