Opioid Misuse Prevention Program 2024-2025

As a health plan partner, Healthy Blue and Healthy Blue Care Together will promote appropriate utilization of health care resources by monitoring potential abuse or inappropriate utilization of targeted medications. The purpose of our Opioid Misuse Prevention Program is to support our commitment to preventing overuse and protecting patient safety, reduce overutilization or unsafe levels of prescription opioids, improve access to substance use disorder (SUD) treatment and recovery services, ensure safety alerts when opioids are dispensed, and better coordinate care when chronic high risk opioid use is present.

Opioid Action Plan

Our Opioid Misuse Prevention Program aligns with the ***North Carolina (NC) Opioid and Substance Use Action Plan (OSUAP) 3.0***, including recommendations from NC Payers Council. This program will focus on key areas to fight opioid misuse, including prevention, reducing harm, and connecting members to care. These key areas include a variety of approaches such as monitoring and restricting the supply of inappropriate prescriptions and opioids, supporting targeted programs to reduce youth misuse of prescription drugs, improving care for pregnant women with substance abuse disorder, provider training to connect members to harm reduction services available in their local community, making naloxone more widely available in the community, expanding access to treatment and recovery, and addressing the needs of those exiting incarceration. Additionally, we are dedicated to addressing health equity and disparities by ensuring that all communities, particularly those disproportionately affected by opioid misuse and limited access to care, receive tailored support and resources. We strive to provide culturally competent care, eliminate barriers to treatment, and engage in continuous community outreach to reduce health disparities and promote equitable outcomes in opioid misuse prevention and treatment.

STOP Act

Our Opioid Misuse Prevention Program also supports requirements as described in the ***Strengthen Opioid Misuse Prevention (STOP) Act*** by using claims adjudication processes at retail pharmacies. These include, but are not limited to, supporting pharmacists providing naloxone without a prescription, supporting ePrescribing of controlled substances, supporting the promotion of alternatives to opioids according to the State formulary, supporting the Controlled Substance Reporting System, patrolling claims and physician outliers and reporting of suspicious activities to appropriate agencies, imposing quantity limits for first time prescriptions for acute pain and following surgical procedures, required consultations for mid-level practitioners treating in a pain clinical setting, and regulatory reporting.

Morphine Milligram Equivalent Limits & Diagnosis Codes

Point of Sale (POS) limits on total daily amounts of morphine milligram equivalents dispensed are placed on immediate release and long-acting opioids. These edits establish a maximum quantity of certain medications that members can receive over a period of time. The quantity limits and time periods applied are in accordance with the State Preferred Drug List (PDL) requirements on the use of each medication.

In addition, our Controlled Substance Utilization Management (CSUM) program includes a morphine equivalent dosing intervention. Claims for a high-dose opioid, defined as a daily morphine equivalent dose greater than 90 milligrams for at least 60 days, trigger an alert identifying members at risk and notifies their prescribers.

In compliance with NC Medicaid pharmacy coverage requirements and the STOP Act, Healthy Blue and Healthy Blue Care Together will:

1. Maintain diagnosis codes, as established by the Department, which are exempt from prior authorization requirements, ensuring streamlined access to necessary medication without the barrier of additional administrative approval.
    a. Prior authorization is not required for beneficiaries with a diagnosis of pain secondary to cancer, acknowledging the heightened needs and vulnerability of this population.
    b. Prior authorization is not required on preferred short-acting opioids up to the equivalent daily maximum dose of 90 MME/day for beneficiaries with Sickle Cell Disease, a condition more prevalent in certain minority groups, thereby reducing barriers and promoting equity.
2. Ensure prior authorization is required for non-preferred opioids found on the preferred drug list (PDL) regardless of dosage and quantity prescribed.
3. Maintain a cumulative maximum Morphine Milligram Equivalent (MME) dosage limit, as established by the Department, not subject to utilization management prior approval for members.
4. Maintain prior authorization criteria consistent with requirements set forth by the Department for both short-acting and long-acting opioid analgesics, ensuring uniform standards that support equitable access and care.
5. Specific to SUD, there will be no prior authorization requirements on preferred medications in this category and the health plan will continue to support the Drug Enforcement Administration's (DEA) updated guidance in 2023 to remove the X-waiver requirement to expand access to providers that can prescribe buprenorphine for opioid use disorder.

Tracking Opioid Use and Prescribing Patterns and CSUM

Additionally, we conduct prospective drug utilization reviews (DURs) for opioids in conjunction with other treatments such as treatments for opioid use disorder, to ensure comprehensive and culturally competent care. Our approach focuses on claim history, and involves notifying the member's pharmacy and/or prescriber of potentially inappropriate use. We will manage opioid limits at the point of sale, including days' supply, as directed by state limits.

Through our ***Controlled Substance Utilization Monitoring (CSUM) or Medication Review Programs*** and as part of our overall Opioid Management Program, we help reduce opportunities for misuse of opioid treatment by targeting abnormal opioid prescribing patterns as well as assisting members in gaining access to more clinically appropriate treatment. We will

assess member risk of opioid misuse. Outlier prescribers of opioids will be sent a communication to educate on the risk of over prescribing opioids as well as a prescribing summary of how they compare against their peers (within specialty practice area) in the prescribing of opioids. A clinical pharmacist that specializes in opioid management will outreach to targeted prescribers telephonically to discuss their members that are at high risk of opioid misuse and partner with them to develop an action plan that will reduce opportunities for opioid misuse/abuse and assist members in gaining access to more clinically appropriate therapy.

Our CSUM program is designed to decrease overutilization of controlled substances, including opioids, by identifying members who are receiving multiple controlled substance medications, opioids from multiple prescribers filled at multiple pharmacies or potentially risky combinations of controlled substances. This program is sensitive to the diverse demographic and socio-economic factors affecting our members and strives to avoid exacerbating health disparities.

These types of retrospective DUR programs are developed to monitor individuals receiving controlled substances, including opioids and opioid use disorder medications, to ensure safe and appropriate use. The CSUM program consists of rules that are developed to frequently monitor pharmacy claims to identify members with medication and/or condition-related issues with use of controlled substances, including opioids.

The identified medication-related problem(s) generate alerts which engage prescribers to address the issue. Interventions include, but are not limited to, prescriber and/or member engagement to educate, coordinate care and reduce the risk of fraud waste and abuse (FWA) and opioid overutilization. These interventions are designed to aid in the resolution and/or discontinuation of problematic therapy, thereby improving medication use and member outcomes while promoting health equity.

Core CSUM rule categories include the following:

- **High Utilization** — identifies members utilizing multiple controlled substances or opioids, specifically members who have pharmacy claims for ten or more controlled substances, addressing equity by ensuring all high-risk members receive appropriate intervention.
- **Drug Interaction** — identifies members utilizing harmful combinations of controlled substances, such as benzodiazepines, methadone, skeletal muscle relaxers, gabapentin/Lyrica and opioids.
- **High Dose** — identifies members with pharmacy claims of high doses of opioids where the average daily dose of opioids exceeds >/= 90 and 120 MME over a 60 day period. Messages to prescribers will also encourage the prescribing of naloxone to members taking high doses of opioids.
- **Continuity of Care Risk** — identifies members with multiple opioid claims from multiple prescribers with the use of multiple pharmacies over a three month period.

- **MAT + opioid** — identifies members with MAT claims and subsequent opioid claims, ensuring support for all members in their recovery journey.
- **New start** — Educational messaging to members newly started on opioids, ensuring informed and equitable care initiation.
- **FWA**—aims to identify, prevent or decrease the risk of overutilization or misuse of high risk medications including controlled substances and opioids

Members identified of being at an increased risk of misusing/abusing opioids will be forwarded to the health plan for review. The health plan will conduct a review to determine if there is any significant reason to not enroll a member in the Recipient Management Lock-In Program (RMLP) (i.e. active cancer diagnosis).

Recipient Management Lock-in Program (RMLP)
Through our lock-in program, to avoid prescriber "shopping" or other drug-seeking behaviors, we will limit identified members to a single pharmacy and up to two prescribers for up to two years. Through the RMLP, the member must obtain all prescriptions for opioid analgesics and benzodiazepines from their assigned prescriber(s) and pharmacy for the claim to be paid. Members who enroll in the plan after being enrolled in a lock-in program through another PHP or Medicaid Direct will be kept in the RMLP for the remainder of their original lock-in period. Medications that treat chronic conditions other than pain and/or anxiety (like high blood pressure) do not need to be filled by the lock-in pharmacy or prescriber. ***For more information about the RMLP, please see the Lock-in Policy and Procedure.***

Integrated Care
In accordance with recommendations from the NC Payers Council and the NC OSUAP 3.0, the health plan will increase access to integrated physical and behavioral healthcare for people with opioid use disorder by linking patients receiving office-based opioid treatment to counseling services for SUD using care management or peer support specialists. The health plan will also increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate Medication Assisted Treatment (MAT).

From a Care Management perspective, the health plan will:

- Increase linkages to SUD and pain treatment support, including continuing to contract with providers that offer BH treatment through telehealth.
- Provide access to providers via LiveHealth Online if or when patients are unable to make it to a provider's office
- Support members where they are, by offering access to self-guided support and resources 24/7 through Learn to Live and CHESS Health Connections app.
- Establish Peer Recovery Services specifically tailored to meet the cultural and linguistic needs of various communities. Culturally competent care will be prioritized to address barriers faced by minority groups and underserved populations.

- Embed Peer Support Specialist(s) (Healthy Blue) and Care Extenders (Healthy Blue Care Together) with lived experience in our staffing model
- Promote NC DHHS' partnership with Somethings, providing mental health support to any teen in North Carolina
- Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care.
- Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists.
- Encourage SBIRT screening in primary care and other medical settings. Focusing on locations like emergency departments, obstetric, geriatric, and pediatric clinics ensures that vulnerable populations are consistently screened and referred for appropriate care.
- Increase access to integrated physical and behavioral healthcare for people with opioid use disorder.
- Cover a range of evidence-supported non-narcotic pharmacologic and non-pharmacologic pain treatment options.
- Support pregnant women with opioid addiction in receiving prenatal care, SUD treatment, and promoting healthy birth outcomes and encourage their engagement in care management.
- Implement the Women's Wellness and Recovery Program, focusing on women of childbearing age (not pregnant) with a Peer Counselor.
- Increase the number of community based recovery supports, particularly in underserved areas. This approach will reduce health disparities by enabling local, culturally relevant, and easily accessible support networks.
- Reduce barriers to employment for those with criminal history, by connecting them to vocational training and employment opportunities, thereby addressing socio-economic determinants of health that contribute to SUD.
- Employ case management techniques that address social determinants of health impacting access to SUD and pain treatment support. This includes focusing on transportation, housing, employment, and education needs to reduce health disparities.
- Provide non-emergency medical transportation for Members to substance use disorder treatment
- Review CSUM data collected, incorporating additional data sets including but not limited to race and ethnicity to assess variances by population. Based upon outcomes of data assessment, Healthy Blue will identify, design, and deploy pilot initiatives and/or clinical programs that address any potential disparities identified.

Naloxone Strategy & Training

The health plan will create and adopt strategies to increase naloxone co-prescribing within health systems and among PCPs by training pharmacists to provide overdose prevention education to patients receiving opioids and increase pharmacist dispensing of OTC naloxone or prescription formulations under the statewide standing order. The health plan will partner with

syringe exchange programs, which often serve marginalized populations, to distribute naloxone and ensure these communities have life-saving resources. The health plan will also support linkage with Office Based Opioid Treatment (OBOT) services and increase providers' ability to prescribe MAT through ECHO spokes and other training opportunities, targeting areas with limited access to healthcare services. The health plan will continue supporting the distribution of free naloxone through Naloxone Kiosk initiatives, partnering with local stakeholders, such as Local Health Departments and our Tailored Plan partners.

Medication Safety
To further support our Opioid Misuse Prevention Program, the health plan will also offer members a Medicine Safety Kit to help prevent the misuse of prescription drugs. This value-added service will include a lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset.

To encourage and improve access to permanent medication drop box sites, take back days, and other means for safe disposal of medications, the health plan will incorporate resources and information about upcoming events (i.e. Operation Medicine Drop) in Member Advisory Committees and our social media channels.

Regulatory Reporting
The health plan will report on the following goals and metrics to illustrate the outcomes of the Opioid Misuse Prevention Program in a format and as specified by the Department on a quarterly basis. Metrics will aim to illustrate that the oversupply of opioids is being reduced and access to treatment and recovery services has increased, including data on Support Act edits, claims utilization, prior authorization approval rates, CSUM program outcomes, and care management program utilization (for example, engagements with the CHESS Health Connections App). The NC OSUAP 3.0 metrics shall serve as the foundation and guidance for appropriate reporting to describe and illustrate the efforts and success of efforts to combat the opioid crisis.

The Opioid Misuse Prevention Program Policy will be submitted to the State for review and approval ninety (90) days after the Contract Award. The health plan will make the program policy guidelines available on a publicly available website and in the Provider Manual.