March 30, 2017 (Updated April 28, 2017)
Announcement 1334

Opioid Therapeutic Class to be Added to Medicaid Services Manual (MSM) Chapter 1200 (Prescribed Drugs)

As approved at the April 26, 2017, Division of Health Care Financing and Policy’s Public Hearing, Medicaid Services Manual (MSM) Chapter 1200 (Prescribed Drugs) will be updated effective May 15, 2017, with the following coverage and limitations regarding the Opioids Therapeutic Class.

APPENDIX A – Coverage and Limitations

Z. Opioids

1. Coverage and Limitations
   a. Opioids will be covered without Prior Authorization (PA):
      1. For initial prescriptions of seven days or less, and
      2. For a total of thirteen seven-day prescriptions in any rolling 12 month period, and
      3. For prescriptions of 60 mg morphine equivalents or less per day.
   b. Recipients currently on chronic opioid medications will not be subject to the seven-day requirement for an opioid(s) they have been receiving in the past 45 days.
   c. Prior Authorization Criteria: To exceed the number of seven-day prescriptions, or to exceed the seven-day limit, or to exceed the 60 mg morphine equivalents or less per day:
      1. All of the following criteria must be met and documented:
         a. The recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber, and
         b. Pain cannot be controlled through the use of non-opioid therapy (acetaminophen, NSAIDs, antidepressants, anti-seizure medications, physical therapy, etc.) and
         c. The lowest effective dose is being requested, and
         d. A pain contract is on file.
   d. Exceptions to this policy:
      1. Recipients with cancer/malignancy related pain, or
      2. Recipients who are post-surgery with an anticipated prolonged recovery (greater than three months), or
      3. Recipients receiving palliative care, or
      4. Recipients residing in a long-term care facility, or
      5. Recipients receiving treatment for HIV/AIDS, or
      6. Prescriptions written by or in consultation with a pain specialist.

2. Prior Authorization Guidelines
   a. Prior Authorization approval will be for one year.