



**Division of Medical Services
Pharmacy Program**

P.O. Box 1437, Slot S415 · Little Rock, AR 72203-1437
Phone: 501-683-4120 · Fax: 1-800-424-5851



MEMORANDUM

TO: Arkansas Medicaid Enrolled Prescribing Providers and Pharmacy Providers
FROM: Jason Derden, Pharm.D. Division of Medical Services Pharmacy Program 
DATE: January 31, 2018
SUBJ: Clarification of New Opioid Criteria Rules

Arkansas Medicaid Pharmacy Program is sending out an amendment to the November 22, 2017 memorandum corresponding to the October 18th, 2017 DUR Board meeting. This is to clarify the revision to the criteria for Medicaid beneficiaries who are “NEW STARTS TO OPIOID THERAPY”.

The original POS criteria requested documentation be submitted after the new edit went into effect on February 14, 2018 to indicate that a beneficiary was opioid tolerate. The documentation requested the prescriber submit a copy of the PDMP or pharmacy printout. The request for a copy of the PDMP is not needed by Arkansas Medicaid Pharmacy Program. Please refer to updated language below that replaces the original memorandum language. With a request for any prior authorization review, Arkansas Medicaid urges all providers to NOT send copies of patient records obtained from the PDMP and refer to the PDMP for their rules and regulations.

In addition, this amendment is meant to clarify that the specific groups of beneficiaries who met the point of sale approval criteria to receive non-preferred LA opioids in previous rules (beneficiaries who met the cancer diagnosis criteria, current LTC-eligible beneficiaries, and beneficiaries who met the NPO diagnosis criteria) will be exempt from the section related to “new start” therapy to a LA opioid. Beneficiaries who meet the cancer diagnosis criteria rule will also be exempt from the “new starts to opioid therapy” for short-acting opioids.

The following edit is being revised as follows and a new date for implementation will be sent on the next scheduled memorandum.

2) REVISED POS CRITERIA FOR MEDICAID BENEFICIARIES WHO ARE “NEW STARTS TO OPIOID THERAPY”:

The following “new start to opioid therapy” criteria exclude beneficiaries who meet the cancer diagnosis criteria rule.

For purposes of this criteria, **“New Start to opioid therapy” for a Medicaid Beneficiary is defined as no claims for any opioid drugs for pain in the beneficiary’s Medicaid drug profile in the previous 60 days.**

- **For a “New Start to opioid therapy” beneficiary, the maximum MME/DAY is decreased to a maximum of 50 MME/day; AND**
- **The initial prescription for the “New Start to opioid therapy” beneficiary for the short-acting opioid is limited to a 7-day supply with the corresponding quantity limit of up to 6 tablets or capsules per day; AND**

The following LA opioid criteria exclude current LTC-eligible beneficiaries, beneficiaries who meet the cancer diagnosis criteria, and beneficiaries who met the NPO diagnosis criteria.

- **Long-Acting (LA) opioid claim will reject at Point of Sale if there is no claim for a LA opioid in the beneficiary’s Medicaid drug profile in the previous 60-days.** If the beneficiary has been paying CASH or using an insurance prescription drug plan for previous claims of a LA opioid, the prescriber must submit documentation that the beneficiary is opioid tolerant and has been receiving a LA opioid; the prescriber may request a PA for a LA opioid approval through a manual review PA request for an opioid tolerant beneficiary. This will include a beneficiary being switched from chronic use of a short-acting opioid to a long-acting opioid; AND
- If the Medicaid beneficiary has been *paying CASH for opioid prescriptions* OR has been *filling opioid prescriptions through an insurance prescription drug plan (TPL)* rather than filling opioid prescriptions through the Medicaid Pharmacy Program in the previous 60 days, then there will be no Medicaid history to indicate that the beneficiary has been receiving opioid claims and is an opioid tolerant beneficiary. The prescribing provider may request an override (PA) to this criterion and must provide the prescription opioid drug claim documentation to the Medicaid Pharmacy Program to substantiate that his/her patient is opioid tolerant and may receive up to the current MME limit as part of the exception to the established criteria.

BENEFICIARIES WHO PAY CASH FOR OPIOIDS, IN ADDITION TO THE OPIOIDS PAID FOR BY MEDICAID, RESULT IN A MUCH HIGHER DAILY MME THAN WHAT IS CALCULATED IN THE MEDICAID SYSTEM EDITS, ARE ABOVE THE CDC RECOMMENDATIONS, AND COULD PUT THE PATIENT AT RISK FOR OVERDOSE.

Magellan Medicaid Administration (MMA) Help Desk 1-800-424-7895; fax letter of medical necessity along with any documentation to substantiate the medical necessity of the request to 1-800-424-7976.

This advance notice is to provide you the opportunity to contact, counsel, and change patients' prescriptions.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at 501-320-6429.

If you have questions regarding this transmittal, or you need this material in an alternative format such as large print, please contact the Magellan Medicaid Administration (MMA) Help Desk at 1-800-424-7895. For copies of past Remittance Advices (RA) or Arkansas Medicaid Provider Manuals (including update transmittals), please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at 1-501-376-2211.