

Facts for prescribers

Apple Health (Medicaid) Opioid Policy Changes

Effective November 1, 2019, Apple Health will update the Opioid Policy.

What has changed?

Effective November 1, 2019, the policy will now require an attestation from providers when the daily dose of opioids exceeds 120 morphine milligram equivalents (120 MME). In order to exceed the daily dose of 120 MME, you must complete and sign the attestation form and submit it to the patient's plan. The attestation documents that you obtained a second opinion from a pain specialist or that you or your patient meet certain criteria. This criteria is similar to the prescribing rules enacted as part of HB 1427.

What will remain the same?

The quantity of opioids that can be prescribed to opiate naïve patients for non-cancer pain. The limits for opioid naïve patient's prescriptions are:

- No more than 18 doses (approximately a 3-day supply) for patients age 20 or younger.
- No more than 42 doses (approximately a 7-day supply) for patients age 21 or older.

At the point of transition from acute to chronic opioid treatment, defined as six weeks of therapy, an attestation is required. The new MME limit criteria is being added to the updated attestation form.

Will the Apple Health managed care plans have the same limits?

Yes. The Apple Health opioid policy is used by all the Apple Health managed care plans and the Apple Health fee-for-service program.

Will medical benefit drugs be included in the opioid limit?

No. The Apple Health opioid policy applies to drugs dispensed by an outpatient pharmacy. Opioids administered at a physician's office, in an emergency room, or an inpatient or outpatient hospital are not included in the limits.

Are there exceptions to the limits?

Yes. Some patients will be given a temporary authorization (1 year) to allow for transition to the new limits. For patients previously established (claims history shows use of opioids for 42 days in the last 90 day period or between August 2019 – October 2019) at daily doses >200 MME, Apple Health will proactively create temporary



authorizations (1 year) to override the MME limit. If the patient remains on an opioid dose >120 MME after the one year authorization expires an opioid attestation documenting that a second opinion from a pain specialist was obtained, or why one is not needed, will be required. If the patient remains on an opioid dose >200 MME supporting documentation along with the opioid attestation will be required.

In some situations the pharmacy can override limits by using an expedited authorization code.

If you indicate “Exempt” in the text of the prescription. The pharmacy may use an expedited authorization code to override the opiate naïve dosing limits. This expedited authorization code **will not** override the acute to chronic opioid limit or the maximum daily dose limit of 120 MME.

If a patient is undergoing active cancer treatment, hospice, palliative care or end-of-life care the pharmacy may use an expedited authorization code to override the opiate naïve dosing limits and the acute to chronic opioid limit. The expedited authorization code **will not** override the maximum daily dose limit of 120 MME.

Has the authorization process changed?

No. The process is the same.

To request prior authorization, contact the patient’s health plan. If you have questions about how to request a prior authorization go to the health plan’s website or contact the plan.

Amerigroup (AMG)	1-800-600-4441
Apple Health (Medicaid) fee-for-service	1-800-562-3022
Community Health Plan of Washington (CHPW)	1-800-440-1561
Coordinated Care of Washington (CCW)	1-877-644-4613
Molina Healthcare of Washington, Inc. (MHW)	1-800-869-7165
United Healthcare Community Plan (UHC)	1-877-542-9231

Why is the opioid policy changing?

On October 24, 2018, President Trump signed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (“SUPPORT”) for Patients and Communities Act. The SUPPORT Act includes several provisions directed to the Medicaid program that requires updates to the current opioid policy.