

Tapering Opioids for Chronic Pain

*Office of Outcomes Research and Evaluation
Melissa Dear, RPh, Director of Prior Authorization
School of Pharmacy
University of Louisiana at Monroe*

Opioid Epidemic

- The United States is in the midst of an epidemic of prescription opioid overdoses and it is devastating patients, families, and communities.
- Although the overall amount of pain reported by patients hasn't changed, the amount of opioids prescribed and sold in the United States has quadrupled since 1999.
- There have been over 165,000 deaths from prescription opioid overdoses since 1999.
- Every day, more than 40 people die from overdoses involving prescription opioids.
- According to the 2014 National Survey on Drug Use and Health, there were approximately 4.3 million people in the US engaged in non-medical use of prescription opioids.
- In 2013, healthcare providers wrote 249 million prescriptions for opioid pain medication.

Opioid Use in Patients with Pain

- Patients who suffer from chronic pain deserve safe and effective pain management.
- Prescription opioids can help manage some types of pain in the short term, but there is not enough information regarding the benefits of opioids for long term use.
- There are serious risks of opioid use disorder and overdose, especially with high doses and long-term use.
- Healthcare providers should utilize available tools for opioid dosing and for monitoring medication use to ensure that the patient is not receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. (See Table)
- Healthcare providers should follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be tapered to a lower dosage or discontinued.

When to Taper

Consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when your patient:

- Requests dosage reduction
- Does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale which assesses pain intensity and interference)
- Is on dosages \geq 50 MME (morphine milligram equivalents) per day without benefit
- Is on opioids combined with benzodiazepines
- Shows signs of substance use disorder (e.g. work or family problems related to opioid use, difficulty controlling use)
- Experiences overdose or other serious adverse event
- Shows early warning signs for overdose risk such as confusion, sedation, or slurred speech

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How to Taper

Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications.

- Go Slow:
 - A decrease of 10% of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier.
 - Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.
- Consult:
 - Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm such as pregnant women or patients with an opioid use disorder.
 - Use extra caution during pregnancy due to possible risk to the pregnant patient and to the fetus if the patient goes into withdrawal.
- Support:
 - Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer naloxone for overdose prevention.
 - Watch for signs of anxiety, depression, and opioid use disorder during the taper and offer support or referral as needed.
- Encourage:
 - Let patients know that most people have improved function without worse pain after tapering opioids. Some patients even have improved pain after a taper, even though pain might briefly get worse at first.
 - Tell patients “I know you can do this.” or “I’ll stick by you through this.”



Additional Considerations when Tapering Opioids

- Adjust the rate and duration of the taper according to the patient’s response.
- Don’t reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
- Once the smallest available dose is reached, the interval between doses can be extended, and opioids may be stopped when taken less than once a day.

Additional Resources Regarding Opioid Monitoring, Dosing and Tapering

Prescription Drug Monitoring Program (PMP)

- The Louisiana PMP is a web-based system that collects prescribing and dispensing data for controlled substances and other drugs of concern whether paid for with cash or by Medicaid or other third-party payer.
- Dispensers are required to report prescribing and dispensing data to the PMP for controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state. Authorized users may access the program in the process of caring for their patients. These data may also be used by authorized state agencies to improve the state’s ability to identify and inhibit the diversion of controlled substances and other drugs of concern.
- Effective August 1, 2014, prescribers licensed in the state of Louisiana are required to access the PMP prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain.

<ul style="list-style-type: none"> ○ For more information regarding creating a PMP account, prescribers, pharmacists and/or their delegates may visit http://www.labp.com/index.cfm?md=pagebuilder&tmp=home&pid=5&pnid=0&nid=7 <p>Reference: Louisiana Board of Pharmacy (www.labp.com)</p>
<p>Louisiana Medicaid Clinical Data Inquiry (ECDI)</p> <ul style="list-style-type: none"> ○ Louisiana Medicaid has a web-based application, electronic Clinical Data Inquiry (eCDI), which allows prescribing providers and pharmacists access to the previous 12 months of medications paid for by Medicaid and dispensed to Medicaid recipients by all types of prescribers. ○ Much like the PMP, prior to prescribing or dispensing opioid prescriptions, providers can use the information included in eCDI to review previous and current opioid use in Medicaid recipients. ○ Instructions for accessing the eCDI can be found at http://www.lamedicaid.com/provweb1/pharmacy/eCDIinstructions.htm <p>Reference: Louisiana Medicaid (www.lamedicaid.com)</p>
<p>Assessing Benefits and Harms of Opioid Therapy http://www.cdc.gov/drugoverdose/pdf/assessing_benefits_harms_of_opioid_therapy-a.pdf</p>
<p>Guidelines for Prescribing Opioids for Chronic Pain http://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf</p>
<p>Calculating Total Daily Dose of Opioids for Safer Dosage http://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf</p>
<p>Washington State Opioid Taper Plan Calculator www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf</p>
<p>Tapering Long-Term Opioid Therapy in Chronic Noncancer Pain www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext</p>
<p>Pocket Guide: Tapering Opioids for Chronic Pain http://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf</p>

References:

CDC. *Fact Sheet – CDC Guidelines for Prescribing Opioids for Chronic Pain*. Available at http://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

CDC. *Tapering Opioids for Chronic Pain*. Available at <http://www.cdc.gov/drugoverdose/prescribing/resources.html>

Dowell D, Haegerich TM, Chou R. *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>. Available at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Remittance Advice Corner

ATTENTION: Eligible Providers

In an effort to support our Healthy Louisiana Medicaid practitioners, the Louisiana Department of Health will be hosting an EHR vendor and clearinghouse vendor fair October 26, 2016, from 10:00 a.m. to 2:00 p.m. in Room 118 of the Bienville building located at 628 North 4th Street in downtown Baton Rouge. The purpose of this fair is to provide an open forum for providers to learn about available EHR and clearinghouse technology, and EHR Incentive Payment Program. Providers may attend any time between 10:00 a.m. and 2:00 p.m. Providers interested in attending are encouraged to RSVP (for the purpose of receiving time change notifications, parking information, etc.) to Destiny.Rohmfeld@la.gov or 225-342-7738; however, providers may attend without RSVP.



ATTENTION: Providers of Breast Reconstruction Surgery

Providers were recently notified that, effective October 1, 2016, Louisiana Medicaid will now cover breast reconstruction post mastectomy of both the effected and contralateral breast for recipients diagnosed with breast cancer.

These procedures must be prior authorized.

It is the responsibility of the primary surgeon to obtain the prior authorization and use the assigned prior authorization (PA) number on his/her claim for the services. Related claims for the facility (hospital or ambulatory surgery center) and the assist surgeon when appropriate, will not require a PA number to be present on the claim; however, these claims will pend to Medical Review for confirmation of PA. If the surgeon did not obtain the required PA (i.e., the approved authorization for the procedure isn't present in the system), the claims for the hospital/ambulatory surgery center and assistant surgeon will be denied.

Questions concerning Medicaid fee for service prior authorizations may be directed to Molina Prior Authorization Unit at (800-488-6334 or 225-928-5263).

Questions concerning the authorization of services through a Healthy Louisiana Managed Care Organization (MCO) must be directed to the appropriate MCO.

ATTENTION: Fee for Service (FFS) Louisiana Medicaid Providers

Effective October 19, 2016, Fee-for-Service (FFS) Medicaid Pharmacy Program will implement a copay exemption for select Preventive Care medications under certain criteria/or eligible recipients at Point of Sale (POS). The select Preventive Care medications include aspirin, vitamin D 400 IU, folic acid, tamoxifen, raloxifene, tobacco cessation pharmacotherapy, oral fluoride supplements, and erythromycin eye ointment. For more information, please refer to www.lamedicaid.com.

ATTENTION: Outpatient Hospital and Outpatient Hospital Clinic Providers



It was recently noted that hospital revenue code (HR) 636 was not a payable HR code in the Medicaid fee for service claims processing system for Take Charge Plus (TCP) recipients. Adjustments have been made to correct this issue. HR 250 has been payable for TCP recipients since the program began.

In addition to the system changes to add HR 636 as a payable outpatient hospital revenue code for TCP recipients, edits have been put into place to ensure payment of only the medications covered under the TCP program when billed with HR codes 250 and 636.

As a result, previously denied claims for TCP recipients containing HR 636 will be recycled for payment if a payable procedure code is present. Claims containing HR 250 for TCP recipients that were previously paid without a payable procedure code will be voided. Previously paid claims containing HR 250 and HR 636 will be adjusted if necessary. These actions will occur on the remittance advice of November 1, 2016 without any action required on behalf of the provider.

Questions regarding this message should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Updates to Healthy Louisiana related systems and claims processing changes are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan.

Billing Immunization Administration Code 90472

The Centers for Medicare and Medicaid Services has a claim line limit edit via the National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE) that will deny CPT code 90472 (Immunization administration; each additional vaccine), when more than five is entered in the units field on a single claim line. This procedure code is billed in addition to the primary administration code, 90471 (Immunization administration...1 vaccine).

For Medicaid fee for service processing, to ensure proper reimbursement when more than six vaccines are administered on a single date, providers should bill the 90471 as the primary procedure, 90472 with five units on one claim line, and any additional injections with 90472 on a separate claim line. There is no change to the general immunization billing instructions.

Louisiana Medicaid supports ensuring our children are up to date with their immunizations and understands that on rare occasions a provider may find it necessary to administer more than this single claim line limit. Combination vaccines are encouraged in order to maximize the opportunity to immunize and to reduce the number of injections a child receives in one day. Documentation in the patient's medical record must support the services billed.

Please contact the appropriate Managed Care Organization if there are any questions concerning their billing policies. For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Online Medicaid Provider Manual Chapter Revisions

Manual Chapter	Section(s)	Date of Revision
Pediatric Day Health Care	45.1 Covered Services	10/20/16
Pharmacy	Title Page TOC Table of Contents 37.0 Overview 37.1 General Program Information 37.2 Pharmacy Provider Enrollment and Participation Guidelines 37.3 Medicaid Recipient Eligibility 37.4 Prescribers 37.5 Covered Services, Limitations and Exclusions 37.6 Reimbursement for Pharmacy Services 37.7 Medicare Prescription Drug Coverage 37.8 Third Party Liability/Coordination of Benefits 37.9 Claim Submission 37.10 Claims Processing/Payments 37.11 Public Health Services 340B Drug Pricing Program 37.12 Total Parenteral Nutrition 37.13 Reserved 37.14 Medication Administration 37.16 Patient Counseling and Drug Utilization Review (DUR) 37.17 Lock-In Program 37.18 Reserved 37.19 Medicaid Fraud and Abuse 37.20 Provider Audits 37.21 Medicaid Drug Rebate Program 37.22 Louisiana Medicaid Website Appendix A Drugs Payable on Drug File Appendix A-1 List of Drugs with Average Acquisition Rates Appendix B DESI Drugs by National Drug Code (NDC) Appendix C Medicaid Drug Federal Rebate Participation Pharmaceutical Companies Appendix D Point of Sale User Guide Appendix E-1 Products with Quantity Limits Appendix E-2 Products with Maximum Daily Dosages Appendix F Forms Appendix G Universal Claim Form and Instructions Appendix H Form 211 – Drug Adjustment/Void Appendix I PA01 Form – TPN Prior Authorization Appendix J Claims Filing Appendix K Reserved Appendix L Tamper Resistant Prescription Criteria and Examples Appendix M Glossary and Acronyms Appendix N Contact Information	Entire Manual 10/06/16 Edited Appendix A-1 10/11/16

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-132		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917