HEALTH SYSTEMS DIVISION
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To: Coordinated care organizations (CCOs)

From: Dave Inbody, CCO Operations director

Subject: Opioid dose limits and forced discontinuation or tapers for Members on long-term opioid therapy

The FDA has issued a Safety Communication that sudden discontinuation or rapid tapering of opioids is associated with great risks in patients physically dependent on opioids, including acute withdrawal symptoms, exacerbation of pain, serious psychological distress and thoughts of suicide. Patients may attempt to treat their pain or withdrawal with illicit opioids such as fentanyl or heroin or may require emergency department or inpatient care.

CCOs are encouraged to work collaboratively with their members and providers to authorize an appropriate tapering schedule and follow-up plan when indicated. No standard opioid tapering schedule is suitable for all patients. CCOs should not mandate discontinuation or tapers for members who have received long-term opioid therapy if the provider attests that it is currently unsafe to do so. Point-of-sale utilization controls are permitted when there is a transparent process to request exceptions to any implemented limits.

CCOs must ensure covered medications are furnished in an amount, duration and scope that is no less than the amount, duration and scope for the same service furnished to beneficiaries under the fee-for-service (FFS) OHP program. OAR 410-141-3835(6). Below are key aspects of FFS coverage for short-acting and long-acting opioids:

- Forced opioid taper plans are not required for any OHP FFS members already on long-term (greater than 6 weeks) opioid therapy. While the FFS program implemented dose and day-supply limits, exceptions are allowed based on individual circumstances through the PA process.

- Members may continue opioid therapy at their *current dose* if the provider documents that initiating a taper is currently *unsafe*.

Center for Disease Control and Prevention (CDC) clinical guidelines related to dosing are not intended to be used as strict standards of care; rather, they are intended to be guideposts to help inform clinician-patient decision-making. Risks of opioid use increases continuously with dosage, and there is no single dosage below which risks are eliminated.

- CCOs can use risk mitigation strategies and educational initiatives to help providers limit excessive dose increases when risk may begin to outweigh benefit.

A specific numeric dosage threshold is not appropriate for all patients on long-term opioids. While statewide minimum standards for Drug Utilization Review (DUR) programs and the FFS criteria include a daily dose limit of 90 morphine milligram equivalents, doses in excess of these limits are permitted if medically appropriate. Monitoring is recommended for members who exceed limits outlined in the statewide minimum standards.

What should you do?

Review coverage of long-term opioid treatment and make any changes that are necessary to ensure coverage is clinically sound, consistent with state standards and guidelines, and no more restrictive than FFS amount, duration, and scope.

Questions?

If you have any questions, please contact Deborah ("Dee") Weston, Pharmacy Program Policy Advisor, at Deborah.G.Weston@oha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.