Minimum Standards for DUR Programs

The Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) must follow these standards on and after January 1, 2026, for most Oregon Health Plan members. These standards are pursuant to 42 CFR § 456.703(h) and the SUPPORT Act.

Exempt populations: Individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities described in 42 USC 1396a(oo)(3)(A)(ii); and individuals with sickle cell disease are exempt from these requirements. CCOs must ensure individuals in these categories continue to have appropriate access to opioid treatment.

Note: All prospective safety edits must have an exception process that allows continued therapy and avoids undue harm for members on long-term opioid therapy. OHA and CCOs must not apply absolute limits or require discontinuation or tapers of long-term opioid therapy if the provider attests the limit is unsafe.

1. **Prospective "safety edit"[1] limitations and "claims review automated process"[2] for opioid fills above state-defined limitations for both of the following: day supply and opioid early refill**

   7-day supply limits for at least new starts of short-acting opioids, and early refill thresholds to identify potential misuse or abuse.

   - Thresholds must be equal to or more restrictive than general refill thresholds.
   - Supply limits and early refill thresholds must be enforced by prior authorization (PA), quantity limits, or "soft edits" at point-of-sale.

   Periodic claims review to look for concerning treatment (could include multiple prescribers, long courses of treatment, patients prescribed duplicate therapy, multiple early refills, or other indicators) and apply interventions *as deemed appropriate* (PA for further fills, patient or prescriber letters, "lock in," continued monitoring, etc.).

2. **Prospective safety edits and claims review automated process on quantity dispensed for initial and subsequent fills to minimize potential for inappropriate use and diversion**

[1] CMS Guidance defines "safety edits" as prospective drug review, such as is defined in § 1927(g)(2)(A) of the Social Security Act. It may include prior authorization and other prospective measures.
[2] CMS Guidance defines "claims review automated process" as retrospective drug use review, such as is defined in § 1927(g)(2)(B) of the Social Security Act.

CCOs must apply prospective safety edits (such as PA review) to limit quantities of dispensed pills and to dose optimize when clinically appropriate to minimize the risk of inappropriate use and diversion. For example, dose optimization may be required for patients receiving long-acting opioids, and this requirement may be applied through prior authorization review.

Periodic claims review to look for concerning treatment (could include claims with quantities larger than typical FDA-labeled doses, quantities in excess of expected use for the probable indication, or quantities that are statistical outliers compared to similar patients prescribed opioids) and apply interventions *as deemed appropriate.*

3. Prospective safety edits and claims review automated process for therapeutically-duplicative initial and subsequent opioid prescription fills

CCOs must apply a point-of-sale alert ("soft edit" or "hard edit") that requires pharmacist or prescriber review when the claims system detects clinically significant overlapping opioid treatment. Alert must be overridable so there is minimal interference with appropriate therapy, such as through NCPDP DUR/PPS codes or through CCO or PBM review and authorization.

Periodic claims review to look for concerning treatment (could include patients with concurrent prescriptions for more than one type of opioid [short and long-acting opioids or use of multiple molecular entities] or patients with concurrent opioid prescriptions from multiple providers) and apply interventions as deemed appropriate.

4. Prospective safety edits and claims review automated process for a state-defined maximum daily morphine equivalent for treatment of chronic pain

90 morphine milligram equivalents (MME) daily for at least short acting opioids, applied at least to individual prescriptions and enforced by prior authorization, quantity limits, or "soft edits" at point-of-sale. Edits must apply to initial refills and refills, though method of enforcement may differ.

Periodic claims review to look for concerning treatment (could include high cumulative MME, rapid recent increase in MME, or other indicators) and apply interventions *as deemed appropriate* (patient or prescriber letters, "lock in," continued monitoring, etc.).

5. Claims review automated process that monitors when a client is concurrently prescribed opioids and benzodiazepines or antipsychotics

CCOs must use the "push" list of mental health carve out drug claims to identify concerning concomitant opioid/benzo or opioid/antipsychotic treatment, and apply interventions *as deemed appropriate* (PA further fills, patient or prescriber letters, "lock in," continued monitoring, etc.). The "push list" is a detailed list of mental health carve out drug claims directly covered by OHA for CCO members. It is sent daily by Gainwell Technologies to CCO Electronic Data Interchange (EDI) mailboxes.

6. **Prospective safety edits and claims review automated processes to identify when a patient is prescribed an opioid after a recent diagnosis of opioid use disorder (OUD) or a prescription used to treat OUD**

   CCOs must apply an automated point-of-sale edit or a manual opioid PA review process to assess appropriate opioid use for patients being treated for OUD or who have a known recent diagnosis of OUD. This process must not interfere with OUD treatment and must not interfere with appropriate pain management for individuals with OUD.

   Periodic claims review to look for concerning treatment (could include concomitant long-term opioid use in patients prescribed MAT, opioid prescriptions from multiple prescribers or in excess of state defined limits for patients with a diagnosis of OUD, multiple denied opioid prescriptions in patients with OUD) and apply interventions *as deemed appropriate*.

7. **Edits or processes to identify when a patient may be at high risk of opioid overdose and should be considered for co-prescription or co-dispensing of an FDA-approved opioid antagonist/reversal agent (naloxone)**

   CCOs must apply either an automated point-of-sale pharmacy messaging edit or a regular retrospective review (at least quarterly) to identify members at high risk for opioid overdose who do not have a recent naloxone prescription. “High risk” must at least include patients receiving chronic high-dose opioid treatment and patients receiving high-risk concurrent treatment (such as concurrent long- and short-acting opioid, concurrent opioid a benzodiazepine, or concurrent buprenorphine for MAT and a controlled substance). Apply interventions to mitigate overdose risk, ensure access to naloxone, and increase care coordination between the member, pharmacy, and prescriber as clinically indicated.

8. **Programs to monitor and manage antipsychotic prescribing are handled by OHA as follows:**

   Minimum standards for Licensed Assisted Living Facilities (ALFs) and Residential Care Facilities (RCFs) are outlined in OAR 411-054-0055(6) and describe facility requirements for safe use and administration of antipsychotics dispensed in a facility. Enforced by periodic review through regular licensing surveys, complaint investigations, follow-up visits, and reporting requirements.

   Minimum standards for payment through outpatient pharmacies include prospective safety edits and claims review automated processes when concerning treatment is identified. All programs undergo review by the Pharmacy and Therapeutics Committee and Mental Health Clinical Advisory Group who evaluate utilization trends, recent evidence on efficacy and safety of antipsychotics, and consider lived experiences of people prescribed antipsychotics. Current initiatives include:

- Prospective safety edits: for antipsychotics prescribed to children younger than 6 years of age and all children in foster care
- Claims review automated process: periodic claims review with referral for specialist consultation and/or provider notification for children in foster care and for long-term antipsychotic use in children younger than 10 years of age
- Claims review automated process: periodic claims review and provider notification for anyone prescribed antipsychotics when concerning treatment is identified such as polypharmacy with multiple antipsychotics, off-label prescribing, or lack of metabolic monitoring.

9. Process that "identifies potential fraud or abuse of controlled substances" by Medicaid clients, enrolled prescribers, and enrolled dispensing pharmacies

Periodic claims review to look for potential fraud or abuse of controlled substances by clients, prescribers and pharmacies (could include clients filling prescriptions at multiple pharmacies, prescribers or pharmacies filling high volumes of controlled substances, or other indicators) and interventions *as deemed appropriate* (lock-in, Prescription Drug Monitoring Program (PDMP) assessment, peer-to-peer consultation, etc.).

10. Require providers to, consistent with OAR 410-141-3855(15), check the PDMP before prescribing a schedule II controlled substance

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