



December 1, 2016

Dear Provider:

In Oregon and across the nation, there has been a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. In March of 2016, the CDC released Guidelines for Prescribing Opioids for Chronic Pain. The summary of evidence demonstrates risks of opiate use greatly outweighs benefits for the majority of patients. Opioids are not first-line or routine therapy for chronic pain. In short, there is inadequate evidence to support long-term opiate use for chronic, non-cancer pain. The key to reversing the prescription opioid overdose epidemic and associated adverse effects (e.g. increases in heroin use, non-medical use of prescription opioids, opioid use disorder, etc.) is addressing opioid prescribing practices that are leading to misuse, overdose and death.

Willamette Valley Community Health (WVCH) Coordinated Care Organization (CCO) is working together with providers and clinics using evidence-based best practices to support providers and patients in:

- Improving communication between providers and patients about risks and benefits of opioid therapy for chronic pain;
- Improving safety and efficacy of pain treatment; and
- Reducing risks associated with long-term opioid therapy, including opioid use disorder and overdose.

Opioid coverage for WVCH CCO members will not change at this time.

Short term coverage for opioids is as follows:

- Maximum of 90 days of therapy per 365 days (calculated from date of first claim fill)
- Maximum quantity limit of 120 units of opioid medication every 25 days

To reduce risks associated with long-term opioid therapy, the following restrictions apply:

- Prior authorization is required;
- WVCH CCO does not cover long-term opioid medications for non-funded conditions or non-medically appropriate treatment per PA criteria; and
- Consistent with OHA requirements, for patients on opioids for chronic back pain, WVCH requires an individual treatment plan developed by January 1, 2017 which includes a progressive taper with an end to opioid therapy no later than January 1, 2018;

Prior-Authorization requests for exception to formulary limits may be submitted for review with supporting documentation. Short-term exceptions, as allowed by OHA, include coverage for acute injury, acute flare of chronic pain, and/or post-surgery.

Beginning January 1, 2017, WVCH CCO members on previously approved long term opioids for chronic conditions of the back and spine will not meet criteria per OHP guideline note 60 (enclosed) for additional opioid authorization without a treatment plan (including a progressive taper plan with an end to opioid therapy no later than January 1, 2018) submitted to WVCH CCO with the authorization request for coverage.

Provider Opioid letter 12.2016

To support community providers, WVCH CCO is hosting a professional skills development on **January 10, 2017, free of charge, at Salem Hospital from 1 pm – 5 pm (see attached flyer) for Primary Care Providers and their staff.** This CME course focuses on mastering tough conversations you may need to have with members as you plan effective, progressive opioid tapers. The timing of this workshop is ideal for enhancing provider and support staff skills as you begin to face the challenges of being in the difficult position of requiring WVCH members on long term opioids for conditions of the back and spine to be prepared for opioid tapering. Attendance by PCPs and their staff is highly encouraged.

For more information and to register please go to:

[Mastering Difficult Conversations with Patients on Opioid Prescribing \(https://www.eventbrite.com/e/mastering-difficult-conversations-with-patients-on-opioid-prescribing-tickets-29769837385\)](https://www.eventbrite.com/e/mastering-difficult-conversations-with-patients-on-opioid-prescribing-tickets-29769837385)

To improve safety and efficacy of pain treatment, WVCH CCO in alignment with Oregon Health Authority (OHA) expanded coverage of non-pharmacologic pain management modalities to support providers and patients as alternatives to opioid medication use or as a part of an opioid taper plan. A list of services and providers can be found at WVCHHealth.org.

For patients with opioid use disorder, WVCH CCO is working with network alcohol and drug recovery programs to offer opioid treatment with Suboxone (buprenorphine/naloxone) sublingual tablets and provide opioid dependent treatment programs.

For additional information and tools, including a sample Opioid Risk Assessment and taper flow sheet, please visit:

- Center for Disease Control: http://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf
- Oregon Health Authority: <https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx>
- Oregon Pain Guidance: <http://www.oregonpainguidance.org/>
- WVCHHealth.org

Sincerely,



Anna E. Stern, MD, MPH, MBA | Medical Director

2965 Ryan Dr. SE **Suite 200** | Salem, OR 97301
Telephone 971-304-2553 | Fax 971-304-2570
annastern@wvchhealth.org | www.wvchhealth.org



**IMPORTANT NOTICE:
WVCH CCO OPIOID AUTHORIZATION POLICY
And COVERED ALTERNATIVE BENEFITS**

CCO opioid authorization policy:

- Coverage up to a maximum of **120 morphine equivalent dose (MED)** per day for members with funded painful conditions. Opioids are not medically appropriate treatment options for neck and back pain, migraine headaches, or abdominal pain per current CDC guidelines.
- For patients currently approved for coverage of high dose opiates, approved tapering requests will be allowed for up to 60 days for short acting opioids and 180 days for long acting opioids. If a longer taper period is required, additional time may be allowed with the following included in the PA request:
 - Revised taper plan
 - Evidence of member adherence, including documentation of tapering progress to-date
 - Evidence of compliance with WVCH Opioid PA criteria, member using non-opioid alternative treatment, and pain management agreement with provider

Alternative non-pharmacologic services covered for pain:

The CCO added benefits for non-pharmacologic therapies to help in managing acute and chronic pain. These include access to treatments such as (a list of the providers for these services is at WVCHHealth.org):

- Physical Therapy/Occupational Therapy
- Chiropractic manipulation
- Acupuncture
- Osteopathic manipulation

Alternative non-opioid medications covered for pain (* requires prior authorization)

- Acetaminophen
- Non-steroidal anti-inflammatory drugs / NSAIDs (ibuprofen, naproxen, meloxicam)
- Topical capsaicin cream
- Topical diclofenac 1% gel*
- Topical lidocaine cream
- Gabapentin capsules
- Cymbalta (duloxetine) and Tricyclic antidepressants are available through Oregon Health Authority

Specific opioid related questions:

Lisa Boyle - RPh	503-587-5136
Kimberly Blood - PharmD	503-587-5102
Jennifer Stout Leydens- RPh	503-587-5142

Excerpt from: Oregon Health Authority Prioritized List of Health Plan Services

Eff 01/01/2017

<http://www.oregon.gov/oha/herc/PrioritizedList/1-1-2017%20Prioritized%20List%20of%20Health%20Services.pdf>

GUIDELINE NOTE 56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE

Lines 366,407

Patients seeking care for back pain should be assessed for potentially serious conditions (“red flag” symptoms requiring immediate diagnostic testing), as defined in Diagnostic Guideline D4. Patients lacking red flag symptoms should be assessed using a validated assessment tool (e.g. STarT Back Assessment Tool) in order to determine their risk level for poor functional prognosis based on psychosocial indicators.

For patients who are determined to be low risk on the assessment tool, the following services are included on these lines:

- Office evaluation and education,
- Up to 4 total visits, consisting of the following treatments: OMT/CMT, acupuncture, and PT/OT. Massage, if available, may be considered.
- First line medications: NSAIDs, acetaminophen, and/or muscle relaxers. Opioids may be considered as a second line treatment, subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE.

For patients who are determined to be medium- or high risk on the validated assessment tool, as well as patients undergoing opioid tapers as in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE, the following treatments are included on these lines:

- Office evaluation, consultation and education
- Cognitive behavioral therapy. The necessity for cognitive behavioral therapy should be re-evaluated every 90 days and coverage will only be continued if there is documented evidence of decreasing depression or anxiety symptomatology, improved ability to work/function, increased self-efficacy, or other clinically significant, objective improvement.
- Prescription and over-the-counter medications; opioid medications subject to the limitations on coverage of opioids in
- Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE.
- The following evidence-based therapies, when available, are encouraged: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation. HCPCS S9451 is only included on Line 407 for the provision of yoga or supervised exercise therapy.
- A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
 - 1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6
 - 2) Chiropractic or osteopathic manipulation
 - 3) Acupuncture

Mechanical traction (CPT 97012) is not included on these lines, due to evidence of lack of effectiveness for treatment of back and neck conditions. Transcutaneous electrical nerve stimulation (TENS; CPT 64550, 97014 and 97032) is not included on the Prioritized List for any condition due to lack of evidence of effectiveness.

The development of this guideline note was informed by a HERC coverage guidance. See: <http://www.oregon.gov/oha/herc/Pages/bloglow-back-non-pharmacologic-intervention.aspx>.

Excerpt from: Oregon Health Authority Prioritized List of Health Plan Services

Eff 01/01/2017

<http://www.oregon.gov/oha/herc/PrioritizedList/1-1-2017%20Prioritized%20List%20of%20Health%20Services.pdf>

GUIDELINE NOTE 60, OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE

Lines 351,366,407,532

Opioid medications are only included on these lines under the following criteria:

For acute injury, acute flare of chronic pain, or after surgery:

- 1) During the first 6 weeks opioid treatment is included on these lines ONLY:
 - a) When each prescription is limited to 7 days of treatment, AND
 - b) For short acting opioids only, AND
 - c) When one or more alternative first line pharmacologic therapies such as NSAIDs, acetaminophen, and muscle relaxers have been tried and found not effective or are contraindicated, AND
 - d) When prescribed with a plan to keep active (home or prescribed exercise regime) and with consideration of additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, AND
 - e) There is documented verification that the patient is not high risk for opioid misuse or abuse.
- 2) Treatment with opioids after 6 weeks, up to 90 days after the initial injury/flare/surgery is included on these lines ONLY:
 - a) With documented evidence of improvement of function of at least thirty percent as compared to baseline based on a validated tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
 - b) When prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture.
 - c) With verification that the patient is not high risk for opioid misuse or abuse. Such verification may involve
 - i) Documented verification from the state's prescription monitoring program database that the controlled substance history is consistent with the prescribing record
 - ii) Use of a validated screening instrument to verify the absence of a current substance use disorder (excluding nicotine) or a history of prior opioid misuse or abuse
 - iii) Administration of a baseline urine drug test to verify the absence of illicit drugs and non-prescribed opioids.
 - d) Each prescription must be limited to 7 days of treatment and for short acting opioids only
- 3) Chronic opioid treatment (>90 days) after the initial injury/flare/surgery is not included on these lines except for the taper process described below.

Transitional coverage for patients on long-term opioid therapy as of July 1, 2016:

For patients on covered chronic opioid therapy as of July 1, 2016, opioid medication is included on these lines only from July 1, 2016 to December 31, 2016. During the period from January 1, 2017 to December 31, 2017, continued coverage of opioid medications requires an individual treatment plan developed by January 1, 2017 which includes a taper with an end to opioid therapy no later than January 1, 2018. Taper plans must include nonpharmacological treatment strategies for managing the patient's pain based on Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE. If a patient has developed dependence and/or addiction related to their opioids, treatment is available on Line 4 SUBSTANCE USE DISORDER.