ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services

P.O. Box 1437, Slot S295 • Little Rock, AR 72203-1437
Help Desk 1-800-424-7895 • Fax: 1-800-424-7976

May 9, 2016

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of *Long-Acting Opioid Analgesic Agents*, including: buprenorphine ER transdermal film (Butrans™), fentanyl ER transdermal film (Duragesic®), hydromorphone ER oral tablet (Exalgo®), methadone tablet, morphine ER (Avinza®, Kadian®, MS Contin®, Oramorph SR®), morphine sulfate / naltrexone HCl ER oral capsule (Embeda™), oxycodone ER oral tablet (OxyContin®), oxymorphone ER oral tablet (Opana ER®), levorphanol tablet, hydrocodone ER tablet (Hysingla™ ER) and hydrocodone ER capsule (Zohydro® ER), tapentadol ER (Nucynta ER) tablet.

Effective MAY 13, 2016 the preferred agents in the *Long-Acting Opioid Analgesic Agents drug class* are: BUTRANS PATCH (buprenorphine), EMBEDA ER (morphine/naltrexone), HYSINGLA ER (hydrocodone ER), and morphine ER (generic for MS Contin) tablet. These medications will be reimbursed by Arkansas Medicaid as "preferred status with criteria"; clinical edits, dose edits, and therapeutic duplication edits will apply. Please refer to the Medicaid pharmacy program website at https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClinicalEdits and https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClaimEdits for details on these point-of-sale (POS) edits.

Non-preferred agents in the ***Long-Acting Opioid Analgesic Agents*** *drug class* ***will reject*** **at point-of-sale. *Agents moving from preferred status to non-preferred status include: METHADONE 5 mg tablet, METHADONE 10 mg tablet, METHADONE ORAL CONCENTRATE 10 mg/ml, AND METHADONE ORAL SOLUTION 5 mg/ml and 10 mg/ml*. Effective AUGUST 8, 2016, *METHADONE claims will reject* at the point-of-sale.** This advance notice of the change is provided to allow time for the prescriber to contact, counsel and change patients from methadone to another preferred agent for treatment of chronic pain.

Centers for Medicare & Medicaid Services (CMS) issued a statement to state Medicaid programs on January 28, 2016 regarding methadone used as a pain medication: "Though all prescription opioids can contribute to unintentional overdose and death, **methadone in particular accounts for a disproportionate share of opioid-related overdoses and deaths**. To address this, many state drug utilization review programs already incorporate utilization management criteria addressing the use of methadone. In order to reduce prescription opioid-related harms, states are encouraged to consider additional steps to reduce the use of methadone prescribed for pain relief. For decades, methadone has been safely and effectively used in medication assisted treatment for opioid use disorder. Under appropriate circumstances, methadone can also be an effective pain medication. However, methadone's pharmacokinetics and pharmacodynamics make it a complex medication to prescribe for pain relief. As methadone's use for pain relief has increased, so has the number of methadone related overdoses. **While methadone represented less than 5 percent of opioid prescriptions dispensed between 2002 and 2008, it was implicated in one-third of opioid-related deaths during that time period.** Between 2004 and 2006, the rate for methadone-related emergency department visits was approximately 23 times greater than for hydrocodone, and six times greater than for oxycodone. **The CDC estimates that 30 percent of prescription opioid-related drug overdose deaths in 2009 involved methadone prescriptions for pain."**

Close monitoring is of particular importance when converting from methadone to another opioid agonist. The ratio between methadone and other opioid agonists may vary widely as a function of the previous dose exposure of the methadone. Methadone's pharmacokinetic properties and the high inter-patient variability in absorption, metabolism, and relative analgesic potency add to the high variability and inaccurate conversion ratios and necessitate a cautious and individualized approach when converting

methadone to another opioid for treatment of pain. When changing from methadone to another opioid, close supervision may be required and use of a short-acting opioid (normal release formulation) rather than a long-acting formulation may be considered for pain management during the titration period due to possible untoward effects left from the long half-life of the methadone, even after several days after discontinuation of methadone.

Please refer to your clinical expertise, guidelines, and other sources to determine the best treatment plan for converting from methadone to another agent. ***For reference only***, there are several online calculators available that can assist in estimating the current methadone dose to *mg morphine equivalent dose*. Two such calculators are listed here:
https://arkansas.magellanrx.com/provider/docs/other/OpioidDosingConversionCalculator.xls
http://agencymeddirectors.wa.gov/mobile.html**.** The opioid calculator below can assist the prescriber in calculating an *approximate* dose for switching a patient from methadone to another opiate.
http://www.globalrph.com/opioidconverter2.htm Please keep in mind that the conversion calculators are *approximate* and titration of the new opioid dose should be completed slowly with frequent monitoring.

As an additional note for those patients converting from methadone to another preferred opiate, if the patient has a prior total daily dose of opioid greater than 80 mg of oral morphine equivalents per day, the BUTRANS 20 mcg/hour patch may not provide adequate analgesia for patients requiring greater than 80 mg/day oral morphine equivalents.

If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable point-of-sale edits, the prescriber must contact the Magellan Prior Authorization (PA) Call Center at **1-800-424-7895** to speak with one of the clinical pharmacists. A prescriber may also fax a letter of medical necessity along with any documentation to substantiate the medical necessity of the request to 1-800-424-7976. If a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim.

If you are an Arkansas Medicaid provider and have prescriptions attributed to you by your provider ID number by the dispensing pharmacy, we are attaching a list of those patients who have been identified as receiving prescriptions for drugs that are on the *non-preferred drug list* on the PDL in the referenced class. If you are not currently prescribing the referenced drug(s) or are not prescribing drugs in the referenced class(es), this provider notice is being submitted to you for informational purposes only.

Note: You are reminded that protected health information (PHI) may not be disclosed. Therefore you are advised to redact all PHI belonging to other individuals from this list prior to placing this list in a patient file.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.
Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.