PROVIDER QUICK POINTS PROVIDER INFORMATION



August 21, 2018

Universal Pharmacy Policy for Minnesota Health Care Programs Subscribers – Morphine Equivalent Dose (MED) Limit Update

Background

In 2014, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) along with pharmacy policy experts from the Minnesota Department of Human Services (DHS), Health Partners, Hennepin Health, IMCare, Medica, PrimeWest Health, South Country Health Alliance, and UCare formed the Universal Pharmacy Policy Workgroup.

Universal Pharmacy Policy Workgroup (UPPW)

Members of the UPPW include state licensed pharmacists and physicians, as well as individuals with significant pharmacy policy expertise. The UPPW meets once a month to develop Universal Pharmacy Policy (UPP) for high risk and controlled substance medications. The UPPW sets the minimum formulary requirements for contracted health plans serving the Minnesota Health Care Programs population.

Products Impacted

This notice applies to the following Minnesota Health Care Programs:

- Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

Contractual Requirement for Health Plans

To achieve compliance with the UPP provisions, **effective October 1, 2018**, Blue Cross shall adopt the following **revised minimum requirement** for high risk and controlled substance medications recommend by the UPPW:

- Decrease the morphine equivalent dose (MED) per day limit on the amount of opioids a patient may fill from 120mg to 90mg.
- Prescription opioid fills (all products) will be further limited to a MED of 90mg per day for 90 consecutive days. If a patient requires a MED greater than 90mg, a prior authorization request that demonstrates medical necessity is required.

What can Providers do to Prepare?

- Create an account with the MN Prescription Monitoring Program, so that you have access to monitor all the prescribers and pharmacies your patient may be using to obtain controlled substances.
- Familiarize yourself with any pain management and/or addiction specialists in your area (for patient referral, if necessary).
- Based on your patients' current medication therapies, re-assess the daily dose of opioids your patients are currently taking, as applicable. Take action if you note any adjustments in therapy that might be appropriate and necessary.

QP69-18 Continued

Distribution: Available on providers.bluecrossmn.com. https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

You may find the Opioid Oral Morphine Milligram Equivalent (MME) Conversion Factors table helpful when prescribing and monitoring use for opioid medications for your patients. Please visit:
 https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-Aug-2017.pdf.

MN Prescription Monitoring Program (PMP)

The MN PMP collects prescription data on all schedule II-V controlled substances. Reporting is required from all instate pharmacies and other dispensers as well as from those out-of-state pharmacies that ship controlled substances to Minnesota residents. This program allows qualified prescribers to request patient profile information 24 hours a day, 7 days a week.

These profiles are intended to be used to supplement an evaluation of a patient, to confirm a patient's drug history, or to document compliance with a therapeutic regimen. The program is meant to improve patient care and to reduce the misuse of controlled substances. For additional information on PMP and/or to register, please visit or contact the following:

Website: http://pmp.pharmacy.state.mn.us/

Email: Minnesota.pmp@state.mn.us

Telephone: (651) 201-2836

Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.