

NC Medicaid Opioid PA – STOP Act Comparison Chart – June 2018

SHORT ACTING OPIOIDS	NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 6/1/2018	STOP Act* Enacted 6/29/2017
Maximum dose/day	90 mg morphine equivalents	No MME established
PA required	<ul style="list-style-type: none"> • Schedule II, III and IV opioid prescriptions written for a quantity greater than a 5-day supply for acute pain and a 7-day supply for post-operative acute pain (preferred & non-preferred opioids) • All non-preferred opioids • Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids) 	N/A for PA however initial supply of schedule II and III opioids for acute pain limited to 5 days or 7 days for post-surgical pain effective Jan 1, 2018
PA not required	<ul style="list-style-type: none"> • Preferred opioids that are less than/equal to 5-day supply for acute pain and 7-day supply for post-operative acute pain and within the daily dosage limit 	NA
Exemptions	Cancer	Cancer, palliative care, hospice care, buprenorphine MAT for SUD
Length of PA	6 months	After initial Rx for 7 days, subsequent Rx may be issued consistent with good standards of care
LONG ACTING OPIOIDS	NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 6/1/2018	STOP Act Enacted 6/29/2017
Maximum dose/day	90 mg morphine equivalents	No MME established
PA required	<ul style="list-style-type: none"> • Opioid prescriptions written for a quantity greater than 7-day supply (preferred & non-preferred) effective Jan 2, 2018 • All non-preferred opioids • Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids) 	NA for PA- however initial supply of opioids for acute pain limited to 5 days or 7 days for post-surgical pain effective Jan 1, 2018

PA not required	<ul style="list-style-type: none"> Preferred opioids that are less than/equal to 7-day supply and within the daily dose limit effective Jan 2, 2018 	NA
Exemptions	Cancer	Cancer, palliative care, hospice care, MAT for SUD
Length of PA	12 months	
Requirements <i>for all</i> Opioid Prescriptions	<u>NC Medicaid Criteria Opioid Safety Implemented 8/27/2017</u>	<u>STOP Act Enacted 6/29/2017</u>
Required of the prescriber	<ul style="list-style-type: none"> Review NC Medical Board statement on use of controlled substances for treatment of pain Check the CSRS Review CDC Guideline for Prescribing Opioids for chronic pain Submit justification for exceeding the quantity and/or daily dosage limit 	Check 12 month CSRS initially and then quarterly for targeted controlled substances (<i>effective date TDB after CSRS upgrades</i>)
Mid-Level Supervision	NA	PA/NP must personally consult with supervising physician prior to prescribing targeted controlled substances when prescribed in a pain clinic setting or if therapy is expected to exceed 30 days- <i>effective July 1, 2017</i>
Electronic Prescribing of targeted controlled substances	NA	<i>Effective Jan 1, 2020</i> all targeted controlled substances must be prescribed electronically unless an exemption applies

<u>Expectations – Implications for Pharmacists</u>	<u>NC Medicaid Criteria Opioid Safety Implemented 8/27/2017</u>	<u>STOP Act Enacted 6/29/2017</u>
	<ul style="list-style-type: none"> • Increase the Early Refill Threshold from 75 to 85% for opioids/benzodiazepines effective May 1, 2017 	<ul style="list-style-type: none"> • Must register for CSRS unless exempted upon 2018 licensing renewal • Report <u>all</u> CS dispensing daily into CSRS data center- effective 9/1/2017 • Required 12 month CSRS review and document for patient receiving targeted CS Rx in certain “red flag” circumstances –effective date TBD for STOP Act; Use of CSRS is an existing NC BOP expectation**

***Strengthen Opioid Misuse Prevention (STOP) Act, S.L. 2017-74** applies to targeted controlled substances only- including C-II and C-III opioid and opioid combination medications; psychostimulants, barbiturates, and benzodiazepines are not included as targeted controlled substances. The STOP Act is administered via NC-DHHS and Medical/Pharmacy Boards and applies to all providers and pharmacies in North Carolina.

NC Medicaid Opioid Safety Policy – oversight by NC Medicaid and applies to all NC Medicaid medical and pharmacy providers and NC Medicaid beneficiaries. NC Medicaid policy targets “Analgesics, Opioid; Analgesics, Opioid Agonist, NSAID Combination” (C-II ,C-III and C-IV opioids and opioid combination products, including tramadol).

****NC BOP Statement on Pharmacist Use of CSRS:** <http://www.ncbop.org/PDF/NCBOPStatementConcerningCSRSUseOct2014.pdf>

Additional resources- NC Board of Pharmacy and NC Medical Board both have developed FAQ documents on the STOP act (links below)

https://www.ncmedboard.org/images/uploads/article_images/STOPAct-FAQs-OnLetterhead.pdf

<http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf>

Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain (ctrl click)