



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	219	
Subject:	Opioid Prescription Prior Authorization	
Section:	Pharmacy	
Initial Effective Date:	05/01/2019	
Revision Effective Date(s):	07/19, 07/20, 07/21, 07/22, 07/23, 07/24, 07/25, 07/26	
Review Effective Date(s):		
Responsible Parties:	Health Plan Pharmacist, P&T Committee	
Responsible Department(s):	Clinical Operations	
Regulatory References:	MDH Standards and Reporting Requirements of Drug Use Management Programs for MCOs 2.14 March 2026 Standards Maryland Controlled Dangerous Substances Act Criminal Law Article, §§5-501-5-505, Annotated Code of Maryland, Section 1004 of Support Act Maryland Medicaid Pharmacy Advisory No. 94	
Approved:	Director, Pharmacy	Chief Medical Officer

Purpose: To ensure clinically appropriate access to opioid medications for MedStar Family Choice Members in accordance with Federal and State regulations.

Scope: MedStar Family Choice Maryland

Policy: MedStar Family Choice establishes and follows standard processes for evaluating requests for opioid medications to align with current best practices and regulatory requirements.

Definitions: Medical Reviewer: Medical Director or Health Plan Pharmacist

Opioid naïve: Members who have not been dispensed any opioid prescriptions through the pharmacy benefit in the previous 30 days.

Procedure:

1. MedStar Family Choice evaluates all requests for opioid medications to monitor and manage the appropriate utilization and patient safety.
 - 1.1. Timelines and Procedures for request evaluation are found in Pharmacy Policy 218: Pharmacy Authorization Process
 - 1.2. Prior Authorization is required for all opioids.
 - 1.2.1. Prior authorization review of opioid prescriptions is automated by the Pharmacy Benefits Manager (PBM) to screen for compliance with SUPPORT ACT minimum standards:
 - 1.2.1.1. ≤ 50 morphine milligram equivalents (MME) per day, AND
 - 1.2.1.2. Limits of a seven-day supply for adults, or a three-day supply for Members under 18 years of age.
 - 1.2.2. Prior authorization review by a Medical Reviewer is required for opioid medication requests, including:
 - 1.2.2.1. Any immediate-release opioid prescription or combination of prescriptions exceeding:
 - 1.2.2.1.1. 50 MME per day.
 - 1.2.2.1.2. A seven-day supply for adults, or a three-day supply for Members under 18 years of age.
 - 1.2.2.1.3. Opioid naïve Members may not be dispensed more than allowed per the SUPPORT ACT limitations, i.e., 50 MME per day and a day supply limit of seven days for adults and three days for persons under age 18.
 - 1.2.2.2. Extended-release opioids are reserved for patients on an established opioid regimen as confirmed by prescription claims history or clinical documentation. Review by a Medical Reviewer will be completed for:
 - 1.2.2.2.1. All extended-release opioids, including buprenorphine products indicated for chronic pain treatment.
 - 1.2.2.2.2. Methadone for pain
 - 1.2.2.2.3. Concentrated oral dosage forms.
 - 1.2.2.2.4. All fentanyl dosage forms.
 - 1.2.2.3. Any request that exceeds formulary quantity limits (QL).
 - 1.2.2.4. All non-formulary opioids.
2. Exceptions:
 - 2.1. The following patients are exempt from the Opioid Prior Authorization requirements:
 - 2.1.1. Patients undergoing active cancer treatments.
 - 2.1.2. Patients with sickle cell disease who have not received gene therapy (e.g., Casgevy (exagamglogene autotemcel), Lyfgenia (lovotibeglogene), or similar).
 - 2.1.3. Patients receiving hospice care.
 - 2.1.4. Patients receiving palliative care.
 - 2.1.5. Patients in long-term care facilities or skilled nursing facilities.

- 2.1.6. Opioid naïve Members if the ordered opioid prescription is for:
 - 2.1.6.1. No more than 50 MME per day; AND.
 - 2.1.6.2. No more than a cumulative seven-day supply for adults, or a three-day supply for members under 18 years of age.
- 3. MedStar Family Choice may deny a request for an opioid medication if:
 - 3.1. A clinical or safety concern is identified and unable to be resolved even when other authorization parameters described in this policy are met.
 - 3.2. Unable to validate the prescription is issued in the usual course of professional treatment within the intent of the Maryland Controlled Dangerous Substances Act Criminal Law Article, §§5-501-5-505, Annotated Code of Maryland.
 - 3.2.1. This applies to prescriptions written for an indication out of scope of the prescriber, i.e. an oncologist prescribing opioids for the treatment of pain not related to a cancer-related diagnosis.
- 4. Opioid Prior Authorization Requirements
 - 4.1. All requests for review must be accompanied by medical records to support the request.
 - 4.2. A completed Opioid Prior Authorization form is required for all opioid prior authorization requests.
 - 4.2.1. The form is available on the MedStar Family Choice provider website at https://www.medstarfamilychoice.com/-/media/project/mho/mfc/maryland-healthchoice-physicians/pharmacy-materials/opioid-pa-form_fillable_effective-7-1-22-updated-2-27-23.pdf
 - 4.2.2. Incomplete prior authorization forms, and/or forms submitted without supporting clinical documentation may result in a denial.
 - 4.2.3. The form requires that the prescriber attest to:
 - 4.2.3.1. Review of the Controlled Substance Prescription Drug Management Program (PDMP) in CRISP.
 - 4.2.3.2. Patient has/will have a random Urine Drug Screen at least annually.
 - 4.2.3.2.1. When documentation of urine drug screen results show that a patient may not be taking the medication as prescribed, MedStar Family Choice reserves the right to deny such requests as not medically necessary.
 - 4.2.3.2.2. The patient is exempt from the requirement for urine drug screening when:
 - 4.2.3.2.2.1. The prescription is pursuant to a discharge from a hospital, emergency department. or ambulatory surgery center, and
 - 4.2.3.2.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
 - 4.2.3.3. Prescriber has provided or offered a prescription for naloxone to the patient or patient's household.
 - 4.2.3.4. A signed contract between the patient and prescriber is complete and included in the medical record.

- 4.2.3.4.1. The pain management agreement has been renewed or updated within the last one year.
 - 4.2.3.4.2. The member is exempt from the requirement for a signed patient-provider contract when:
 - 4.2.3.4.2.1. The prescription is pursuant to a discharge from a hospital, emergency department, or ambulatory surgery center, and
 - 4.2.3.4.2.2. The total anticipated therapy duration is for a supply of no more than 30-days of medication.
5. Opioid Prior Authorizations requested by out-of-network (OON) outpatient physicians are not covered by MedStar Family Choice.
 - 5.1. An exception to this may be granted by the Medical Reviewer for a one-time, 30-day supply if a continuity relationship can be established between the member and OON prescriber. The purpose of this one-time exemption is to allow the member time to obtain future services/prescriptions from an in-network provider without incurring a gap in care.
 - 5.2. Patients will be referred to a Care Manager for assistance in establishing care with an in-network provider.
6. MedStar Family Choice will not authorize an early refill of controlled medications except as outlined in Pharmacy Policy 204: Early Refill, Lost Medication, & Travel Supply, Section 4.
7. According to the Maryland Medicaid Pharmacy Program Advisory No. 94: Medicaid patient should not be paying cash for any prescriptions under normal circumstances, especially prescriptions for controlled substances. Recipients insisting to pay cash for prescriptions for controlled substances should be referred to the Medicaid recipient Fraud and Abuse Department.
 - 7.1. To report concerns, call the Office of the Inspector General Recipient Fraud/Abuse Hotline at 866-770-7175 or www.dhmd.state.md.us/oig

Summary of Changes:	07/26: - Updated MCO Standards to current references. - Changed Approved from AVP Clinical Operations to Director, Pharmacy 07/25: - Updated references to MCO Standards and COMAR to current year references. - Purpose Statement: removed unnecessary reference to NCQA. - Section 1.2.2: Reworded for clarity. - Section 1.2.2.2.1: Added buprenorphine to reflect formulary update.
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	• Section 1.2.2.3: Removed “managed drug limits” because duplicative with quantity limits. • Section 6: Updated reference to Policy 204 (renamed). • Sections 6.1 and 6.2 which are detailed in Policy 204. 07/24: • Changed Policy name from “Opioid Prescription Parameters and Limitations to “Opioid Prescription Prior Authorizations.” • Moved P&T Committee listing from “Responsible Department” to “Responsible Parties” section. • Reformatted font and procedure to improve readability and align with MedStar standards. • Removed incorrect NCQA references. • Updated MCO Standards • Removed incorrect COMAR references. • Added MD Medicaid Advisory Reference • Added definition of Opioid Naïve • Added definition of Medical Reviewer • Added reference to Federal Support Act • Updated policy Approver title; removed references to individuals. • Added definition of Opioid Naïve • Added definition of Medical Reviewer • Added web address to Opioid Prior Authorization form. • Added that negative urine screens may be grounds for a denied request. • Added statement that an executed pain contract must be dated within one year to be valid. • Added verbiage that all opioid PA requests are reviewed by a Medical Reviewer. • Added clarifying statement that the exception for sickle cell disease does not apply if the patient has received gene therapy. • Added Section 4 to align with MCO Standard 2.14 at recommendation of MDH. • Added requirement that a referral to Care Management will be made to assist member with finding a network provider if needed. • Added that MedStar Family Choice may request documentation (police report) if patient reports stolen medications.
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	- Added state requirement and reference stating that patients paying cash for controlled substances shall be referred for FWA. (8) - Added Appendices I and II to show prior authorization forms, removed embedded files. 07/23: - Responsible Parties changed to Health Plan Pharmacist - Updated regulatory reference to March 2023 MDH Standards - Updated NCQA Reference to 2023 Standards - Updated Approved by to: Dr. Wills and C. Attia - Corrected Policy 218 title; added Authorization - Removed table under 1.f. - Added workflow process for opioid prior authorization initiated by an MedStar Family Choice Maryland member. (5.e.) 07/22: - Responsible Parties changed to Dr. Gregory Dohmeier - Removed from Responsible Parties: Dr. Gerry and Dr. Toye - Updated Regulatory Reference to April 2022 MDH Standards - Updated NCQA Reference to 2022 Standards - Removed embedded pdfs and concatenated to the end of the policy (Analgesic Opioid Prior Authorization Form and MDH Opioid Prior Authorization Form) 07/21: - Updated NCQA Reference to reflect 2021 Standards. - Added Maryland to Scope. - Changed Case Management to Clinical Operations in Responsible Departments. 07/20: - Updated Regulatory References to reflect COMAR recodification and 2020 NCQA Standards. 07/19: - Updated NCQA Reference to reflect 2019 Standards. - General formatting. 05/19: - New Policy.
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Appendix I:



All requests must be accompanied by MEDICAL RECORDS to support the request. MFC MUST RENDER A DECISION WITHIN 24 HOURS. If MEDICAL RECORDS are INCOMPLETE, the request is subject to DENIAL.

Fax completed form to MFC MD 1-888-243-1790 or 410-933-2274

ANALGESIC OPIOID PRIOR AUTHORIZATION FORM

Patient's Information:

NAME: _____ DOB: _____

SEX: ☐ M ☐ F

Prescriber's Information:

Name of Facility/Clinic: _____

NAME: _____ NPI # _____

Phone # _____ Fax # _____

Contact Person for this Request:

NAME: _____ Phone: _____ Fax: _____

**** Prior authorization is approved for 6 months only****

☐ New Prescription ☐ Refill (Patient has been taking this medication)

Please check the appropriate box for the Opioid Prior Authorization request.

☐ Quantity Limit ☐ High Dose ☐ Long-Acting Opioid ☐ Non-Preferred
☐ Methadone for Pain ☐ Fentanyl ☐ Other _____

Use a separate form for EACH medication request:

Medication: _____ Strength: _____ Quantity: _____

SIG: _____ Length of Treatment _____ months

Clinical Consideration:

Y	N	
☐	☐	Patient receiving opioid due to cancer treatment. Cancer type: _____
☐	☐	Patient receiving opioid due to sickle cell disease.
☐	☐	The patient is in hospice or is receiving palliative care.
☐	☐	Patient is Pregnant (where applicable)
Attestation required for each of the following:		
☐		Prescriber has reviewed Controlled Substance Prescriptions in PDMP (CRISP).
☐		Patient has/will have random Urine Drug Screens.
☐		Naloxone prescription was provided or offered to patient/patient's household.
☐		Patient-Prescriber Pain Management/Opioid Treatment Agreement/Contract signed and in Medical record?

I certify that the benefits of Opioid treatment for this patient outweigh the risks of treatment.

Prescriber's Signature _____ Date _____

Fax completed form to 1-888-243-1790 or 410-933-2274

Appendix II:



OPIOID PRIOR AUTHORIZATION FORM

Managed care organizations listed and Medicaid fee-for-service use this form for opioid prior authorization.

Updated October 2017

Fax completed forms to the number corresponding to the patient's plan:

MCO and Fee-for-Service	Telephone	Fax
Aetna Better Health of Maryland (ABHM)	(866) 827-2710	(877)-270-3298 or www.aetnabetterhealth.com/maryland
Jai Medical Systems (JMS)	(800) 555-8513	(800) 583-6010
Kaiser Permanente Health Choice (KP)	(866) 331-2103	(866) 331-2104
Maryland Medicaid Fee-for-Service (FFS)	(800) 932-3918	(866) 440-9345
Maryland Physicians Care (MPC)	(800)-753-2851	(877)-328-9799
MedStar Family Choice (MFC)	(410) 933-2200 or 800-905-1722 After hours: (410)-999-5525	(888) 243-1790 or (410) 933-2274
Priority Partners (PP)	(888) 819-1043, option 4	(410)-424-4751
University of MD Health Partners (UMHP)	(877) 418-4133	(855) 762-5205 or www.covermymeds.com/epa/caremark

For Amerigroup and UnitedHealthCare forms visit:

<https://mmcp.health.maryland.gov/healthchoice/opioid-dur-workgroup/Pages/pa-information.aspx>

ALL prescribers must complete SECTION 1, SECTION 2 and SECTION 3.

Prescribers must complete either SECTION 4 or SECTION 5 as appropriate.

TO AVOID DELAYS in processing this request, please ensure that contact information is accurate in case additional information is required.

Duration of prior authorization is determined by Medicaid fee-for-service of managed care organizations.

For additional information about individual managed care organizations opioid prescribing requirements, visit:
<http://mmcp.health.maryland.gov/healthchoice/opioid-dur-workgroup/pages/pa-information.aspx>.