

NC Medicaid Opioid PA – STOP Act Comparison Chart – August 2017 (Updated December 2017)

SHORT ACTING OPIOIDS	NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 12/8/2017	STOP Act* Enacted 6/29/2017
Maximum dose/day	120 mg morphine equivalents	No MME established
PA required	- 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) effective Jan 2, 2018 - All non-preferred opioids - Opioid prescriptions written for a daily dosage greater than the daily dosage limit	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	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 12/8/2017	STOP Act Enacted 6/29/2017
Maximum dose/day	120 mg morphine equivalents	No MME established

PA required	- 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	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	- 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 (effective date TDB after CSRS upgrades)
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- effective July 1, 2017

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>
	• Increase the Early Refill Threshold from 75 to 85% for opioids/benzodiazepines effective May 1, 2017	• Must register for CSRS unless exempted upon 2018 licensing renewal • Report <u>all</u> CS dispensing daily into CSRS data center-<u>effective 9/1/2017</u> • Required 12 month CSRS review and document for patient receiving targeted CS Rx in certain “red flag” circumstances – <u>effective date TBD for STOP Act; Use of CSRS is an existing NC BOP expectation**</u>

***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 and C-III 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)