

## KMAP GENERAL BULLETIN 18027

### Prescribing Opioids

In 2016, the U.S. Centers for Disease Control and Prevention (CDC) released the *Guideline for Prescribing Opioids for Chronic Pain*. In addition to curtailing opioid therapy as the first line in chronic pain management, this guideline recommends avoiding an opioid dose of greater than 90 morphine milligram equivalents (MME) per day unless cautiously justified. The document is on the CDC [website](#).

There is no evidence that doses above 90 MME improve pain relief. On the contrary, evidence shows that pain relief is worse and the risk of an overdose goes up exponentially the higher the dose. The lack of improved pain relief and elevated overdose risk are the reasons the CDC chose 90 MME as the recommended maximum dose.

Evidence shows that patients with higher doses of opioids and multiple prescribers and pharmacies are more likely to die from opioid overdose. The rate of opioid-related deaths has more than doubled in the United States since 2005. In Kansas, there were at least 1,652 deaths due to opioid overdose between 2005 and 2015. In 2015 alone, 173 Kansans died due to opioid overdose.<sup>1</sup>

Frequently, a patient will get an opioid from one prescriber and a benzodiazepine from another prescriber. Kansas Medicaid strongly recommends a review of the Prescription Drug Monitoring Program (PDMP), a.k.a. K-TRACS, prior to each opioid prescription. K-TRACS also provides a quarterly Prescriber E-Recap (PERx).<sup>2</sup> PERx is a quick, convenient way to provide each prescriber with a snapshot of their prescribing practices regarding controlled substances. This review will also help decrease the incidence of the concurrent use of opioids with other central nervous system (CNS) depressant medications.

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#### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

<sup>1</sup>CDC Wonder Online Database, released December 2016

<sup>2</sup><http://pharmacy.ks.gov/k-tracs/perx>

## Prescribing Opioids continued

A review of beneficiary claims for controlled drugs has been conducted. There are a number of Medicaid patients visiting more than one prescriber and using more than one pharmacy. If a beneficiary continues to receive prescriptions from several pharmacies and physicians, the beneficiary may be placed in the Lock-In Program. This patient review and restriction program will limit the member to one pharmacy and one prescriber for controlled drugs.

Kansas Medicaid will be addressing a new policy regarding implementation of the recently approved opioid prior authorization (PA) criteria. Additional information will be communicated to providers through the KMAP process.

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DXC Technology is the fiscal agent of KMAP.