

April 11, 2018

The [MO HealthNet \(MHD\) Opioid Prescription Intervention \(OPI\) Program](#) provides clinical advisory mailings to prescribers caring for MHD participants. The mailings contain information that may assist prescribers with updating their opioid prescribing practices ultimately improving care to our MHD participants.

MHD recognizes there is an urgent need to influence our community's opioid use. We must accelerate the process of returning opioid prescribing to a more secure and measured level. Through the OPI program, MHD is working to separate providers who appear to demonstrate a pattern of suspicious prescribing habits from those who do not. This process enables MHD to identify where resources are best concentrated.

The new process allows MHD to alleviate the administrative burden on providers who are receiving letters every two months. Instead, we will engage providers in conversation, and in cases where the prescribers are using clinical judgment and not showing a pattern of misusing prescriptive authority, they will be removed from the ongoing process.

The MHD OPI Program includes the following processes:

1. A [first letter](#) is mailed to prescribers. This letter was sent in March, 2018, and **does not constitute formal findings that the provider violated a standard of care, and should not be seen as such.** Provider response to the first letter is optional.
2. A second letter is mailed, following up with certain providers. Providers that receive the second letter will be given 20 business days to [respond](#).
3. Providers that fail to respond or whose responses lack information will be notified by telephone that they will be referred to the [Bureau of Narcotics and Dangerous Drugs](#) (BNDD).
4. Providers that fail to respond or whose responses lack information will be referred to BNDD
5. BNDD investigates its referrals for appropriate action.

MHD follows [CDC guidelines for prescribing in acute and chronic pain settings](#). Since March 2017, MHD's pharmacy edits have focused on limiting quantities of opioids in opiate naïve individuals, while reducing allowed daily doses of short-acting products.

For chronic pain, MHD makes a distinction between patients already on opioids and those newly initiated to them. In other words, MHD makes a distinction between acute and chronic care pain. Individuals receiving acute care may have a new diagnosis or may have a chronic pain diagnosis that hasn't been treated with opioids. Patients with chronic pain already on opioids will require a different approach from those not yet treated with opioids. For the chronic pain population, MHD is currently developing a program based on the available evidence to provide alternative therapies for chronic pain.

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.  
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.  
Servicios Intrepreative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED 1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

*An Equal Opportunity Employer, services provided on a nondiscriminatory basis.*

For acute care for pain, an opioid naïve patient can receive a seven-day supply with a daily dosage limit of 50 Morphine-Milligram-Equivalents (MME). Subsequent prescriptions may be filled with a daily dosage limit of 90 MME within a time span of 60 days. After 60 days, as a patient approaches the chronic care window, the patient will need prior authorization, including a chronic pain diagnosis, in order for the prescription to be processed.

MHD relies on providers' medical judgment to prescribe courses of treatment for their patients that follow applicable standards of care and the latest medical science. MHD recognizes the provider community will evaluate its patients for any substance or opioid use disorder treatment needs, behavioral health needs or opioid tapering as indicated. MHD is committed to ensuring patients have adequate access to prescriptions while promoting safe and appropriate use.

Your feedback and insight are welcome as we work together on this public health challenge. Please feel free to reach out to us with questions or comments, at (573) 751-3399.