August 23, 2017

Dear Provider,

On October 1, 2017, a new Health Care Authority (HCA) clinical policy pertaining to opioid prescriptions takes effect for Apple Health (Medicaid), both through managed care organizations and fee-for-service.

We’re writing to make you aware of the policy and to ask you to “save the date” for a one-hour webinar about the policy. The webinar will be offered twice in September. (See details, page two of this letter.)

New policy helps combat opioid crisis
As you are certainly aware, opioid use disorder (misuse and addiction) is a public health crisis in Washington State and across the country. In October 2016, Governor Inslee issued Executive Order 16-09, marshalling the state’s resources to combat this crisis. These efforts include preventing opioid use disorder as well as treating it.

HCA’s opioid clinical policy is a prevention and patient safety tool. The focus is on acute prescriptions and on the transition from acute to chronic use, since these are critical to reducing long-term opioid use and the risk of developing opioid use disorder.

Medical organizations support
HCA coordinated with the Washington State Medical Association, Washington State Hospital Association, health plan partners, and others in developing the policy, which aligns with recommendations of the Centers for Disease Control, the Washington State Agency Medical Directors Group, and the Bree Collaborative around safe and appropriate opioid prescribing.

Summary of policy requirements
Risk of long-term opioid use goes up with every day’s supply on the initial prescription, and with every refill. By prescribing the lowest effective dose for the shortest time needed, you can help prevent opioid use disorder.

The policy limits the quantity of opioids that can be prescribed to opiate naïve patients for non-cancer pain. The limits for new opioid prescriptions will be:

- No more than 18 doses (approximately a 3-day supply) for patients age 20 or younger.
- No more than 42 doses (approximately a 7-day supply) for patients age 21 or older.

You can override these limits if you feel this is medically necessary, by typing “Exempt” in the text of the prescription.

At the point of transition from acute to chronic opioid treatment, defined as six weeks of therapy, the policy requires that you attest that you are following best practices for opioid prescribing. These are listed...
on the HCA Chronic Opioid Attestation form, which will soon be available online, and include actions such as checking the Prescription Monitoring Program, informing the patient about the risks of opioid use, and using a pain contract. Documentation of these practices should be in the chart, but you are not required to submit supporting materials.

For both acute and chronic prescribing, doses are limited to 90 MED per day, except for exemption situations, or if a peer-to-peer consultation confirms medical necessity.

**Exceptions**

- Patients who are undergoing active cancer treatment or who are in hospice, palliative care, or end-of-life care are exempt from these restrictions.
- Patients who are already on chronic opioids will be grandfathered under the policy, and will not be subject to these limits or to prior authorization.

You can read the **full policy** on the HCA website.

**Online resources available soon**

Informational materials about the policy will be available soon, including an online Q&A for providers and pharmacists, detailed scenarios to explain how the policy would be applied in different situations, and a patient handout.

These materials will be available on the HCA website by the end of August.

**Join a webinar on the opioid policy**

The Health Care Authority will host a one-hour webinar for prescribers and pharmacists on two different dates in September. Registration is now open.

Monday, Sept. 11, noon to 1 p.m.
Register: https://attendee.gotowebinar.com/register/6493409294646854657

Tuesday, Sept. 19, 7 to 8 a.m.
Register: https://attendee.gotowebinar.com/register/6099874291856535809

**Important step**

The opioid clinical policy is an important step in helping children and adults in Washington avoid opioid use disorder, and supporting safe and effective use of opioids. I appreciate your engagement with this effort to lower the effects of the opioid crisis in our state.

Sincerely,

Daniel S. Lessler, MD
Chief Medical Officer