Community Care of North Carolina

NC Medicaid Opioid PA – STOP Act Comparison Chart – June 2018

SHORT ACTING OPIOIDS	**NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 6/1/2018**	**STOP Act* Enacted 6/29/2017**
Maximum dose/day	90 mg morphine equivalents	No MME established
PA required	• Schedule II, III and IV 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 • All non-preferred opioids • Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids)	N/A for PA however initial supply of schedule II and III 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 6/1/2018**	**STOP Act Enacted 6/29/2017**
Maximum dose/day	90 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 *for all* Opioid Prescriptions	**NC Medicaid Criteria Opioid Safety Implemented 8/27/2017**	**STOP Act Enacted 6/29/2017**
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	***Effective Jan 1, 2020*** all targeted controlled substances must be prescribed electronically unless an exemption applies

Expectations – Implications for Pharmacists	**NC Medicaid Criteria Opioid Safety Implemented 8/27/2017**	**STOP Act Enacted 6/29/2017**
	• 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 ***all*** CS dispensing daily into CSRS data center- **effective 9/1/2017** • Required 12 month CSRS review and document for patient receiving targeted CS Rx in certain "red flag" circumstances –**effective date TBD for STOP Act; Use of CSRS is an existing NC BOP expectation****

*__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 ,C-III and C-IV 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)__