

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

<b>SHORT ACTING OPIOIDS</b>	<b>NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 6/1/2018</b>	<b>STOP Act* Enacted 6/29/2017</b>
<b>Maximum dose/day</b>	90 mg morphine equivalents	No MME established
<b>PA required</b>	<ul style="list-style-type: none"> <li>• Schedule II, III <b>and IV</b> 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 &amp; non-preferred opioids)</li> <li>• All non-preferred opioids</li> <li>• Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids)</li> </ul>	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 <b>effective Jan 1, 2018</b>
<b>PA not required</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	NA
<b>Exemptions</b>	Cancer	Cancer, palliative care, hospice care, buprenorphine MAT for SUD
<b>Length of PA</b>	6 months	After initial Rx for 7 days, subsequent Rx may be issued consistent with good standards of care
<b>LONG ACTING OPIOIDS</b>	<b>NC Medicaid Opioid Safety Criteria Implemented 8/27/2017 – Updated 6/1/2018</b>	<b>STOP Act Enacted 6/29/2017</b>
<b>Maximum dose/day</b>	90 mg morphine equivalents	No MME established
<b>PA required</b>	<ul style="list-style-type: none"> <li>• Opioid prescriptions written for a quantity greater than 7-day supply (preferred &amp; non-preferred) <b>effective Jan 2, 2018</b></li> <li>• All non-preferred opioids</li> <li>• Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids)</li> </ul>	NA for PA- however initial supply of opioids for acute pain limited to 5 days or 7 days for post-surgical pain <b>effective Jan 1, 2018</b>

PA not required	<ul style="list-style-type: none"> <li>Preferred opioids that are less than/equal to 7-day supply and within the daily dose limit <b>effective Jan 2, 2018</b></li> </ul>	NA
Exemptions	Cancer	Cancer, palliative care, hospice care, MAT for SUD
Length of PA	12 months	
<b>Requirements <i>for all</i> Opioid Prescriptions</b>	<b><u>NC Medicaid Criteria Opioid Safety Implemented 8/27/2017</u></b>	<b><u>STOP Act Enacted 6/29/2017</u></b>
Required of the prescriber	<ul style="list-style-type: none"> <li>Review NC Medical Board statement on use of controlled substances for treatment of pain</li> <li>Check the CSRS</li> <li>Review CDC Guideline for Prescribing Opioids for chronic pain</li> <li>Submit justification for exceeding the quantity and/or daily dosage limit</li> </ul>	Check 12 month CSRS initially and then quarterly for targeted controlled substances ( <b><i>effective date TDB after CSRS upgrades</i></b> )
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- <b><i>effective July 1, 2017</i></b>
Electronic Prescribing of targeted controlled substances	NA	<b><i>Effective Jan 1, 2020</i></b> 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>
	<ul style="list-style-type: none"> <li>• Increase the Early Refill Threshold from 75 to 85% for opioids/benzodiazepines effective May 1, 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Must register for CSRS unless exempted upon 2018 licensing renewal</li> <li>• Report <u>all</u> CS dispensing daily into CSRS data center- <b>effective 9/1/2017</b></li> <li>• Required 12 month CSRS review and document for patient receiving targeted CS Rx in certain “red flag” circumstances –<b>effective date TBD for STOP Act; Use of CSRS is an existing NC BOP expectation**</b></li> </ul>

\***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](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)**