



**Provider Alert
October 25, 2018**

Hepatitis C Therapy- Important Guideline Updates

On December 1, 2018, the Maryland Department of Health is implementing changes to the hepatitis C treatment guidelines for Maryland Medicaid recipients. MedStar Family Choice follows these guidelines. Below is a summary of changes:

- Fibrosis requirements have been lifted for patients with “a viral condition which is known (documented to) result in an accelerated hepatic disease (fibrosis) progression and /or hepatic decompensation than what is normally expected from the course of chronic HCV.” For example, members with HIV or hepatitis B do not have fibrosis requirements; they can be Metavir F0, F1, F1-2, etc. and qualify for treatment.
- If HIV positive, a viral load that is less than 6 months old must be submitted with the Prior Authorization request.
- If hepatitis B positive, a viral load that is less than 6 months old must be submitted with the Prior Authorization request.
- The following medications will no longer be approved:
 - Viekira (paritaprevir/ritonavir/ombitasvir plus dasabuvir)
 - Technivie (ombitasvir/paritaprevir/ritonavir)
 - Olysio (simeprevir)

Please contact MedStar Family Choice at 800-905-1722 opt 2 for Prior Authorization of hepatitis C therapy. Should you have any questions or concerns, please call Dr. Danielle Gerry at 410-933-2295.



MedStar Family Choice Maryland HealthChoice 7 Day Quantity Limit on “New” Opioid Prescriptions Effective 1/1/2019

On January 1, 2019, MedStar Family Choice will limit all “new” opioid prescriptions to a 7-day supply. A “new” prescription means that a patient has not had an opioid medication filled under MedStar Family Choice in the preceding 90 days or had one short-acting opioid at ≤ 50 morphine equivalents per day in previous 90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-days’ supply will require Prior Authorization. It is our hope that limiting opioid quantities to a 7-day supply will discourage abuse, both by our patients and by the community at large. This change is also consistent with Medicare policy (effective 2019) which limits opioid naïve patients to a 7-day supply.

According to the CDC 2016 Guidelines for Prescribing Opioids, “**When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.**”

Examples of a typical 3-day supply and a 7-day supply of frequently prescribed opioids are below:

Medication	3-day supply quantity*	7-day supply quantity* (maximum allowable)
HYDROMORPHONE TAB 2MG	18 tablets	42 tablets
HYDROMORPHONE TAB 4MG	18 tablets	42 tablets
MORPHINE SULFATE TAB 15MG	18 tablets	42 tablets
OXYCODONE SOLUTION 5MG/5ML	180 mL	420 mL
OXYCODONE TAB 5MG	18 tablets	42 tablets
OXYCODONE TAB 10MG	18 tablets	42 tablets
OXYCODONE TAB 15MG	18 tablets	42 tablets
TRAMADOL HCL TAB 50MG	18 tablets	42 tablets

**Quantities are based on starting dose recommendations in the respective FDA Package Inserts for each medication.*

As a reminder, any prescription (new or old) for long-acting opioids, Fentanyl-containing preparations or any combination of prescriptions that exceed 90 morphine equivalents per day will require Prior Authorization, even if the duration of therapy is less than 7 days.

Please contact MedStar Family Choice at 800-905-1722, option 2 for Prior Authorization of new opioid prescriptions. Should you have any questions or concerns about this new policy, please call Dr. Danielle Gerry at 410-933-2295.

MedStar Family Choice strongly encourages you to prescribe the least amount of opioid at the lowest dose possible to achieve pain relief goals.



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“Early” Opioid Refills Will No Longer be Covered by MedStar Family Choice - Effective 1/1/2019

Beginning 1/1/2019, MedStar Family Choice will not authorize early refills of controlled medications. Specifically, MedStar Family Choice will not approve early refills, override Managed Drug Limitations (MDL), replace lost/stolen medications, or provide early refills for travel for controlled medications.

Exceptions may be granted if a member is receiving controlled medication(s) for cancer treatment, sickle cell disease, or is in hospice/receiving palliative care.



Emergency Room Autopay List

The MedStar Family Choice Emergency Room Auto-Pay List effective for dates of service on and after January 1, 2019, is now available on the MedStar Family Choice website at www.medstar.familychoice.com.

Please note that claims for emergency services with a primary ICD-10-CM diagnosis code on the auto-pay list will be paid without further documentation for the appropriate dates of service.

MedStar Family Choice reserves the right to audit claims in accordance with Maryland regulations for consistency between clinical documentation and information presented on the bill (including the reported diagnosis).