



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**Date:** October 2, 2019

**Number:** 19-11

**TO:** All Providers Participating in the Medicaid Program

**FROM:** Nicole Comeaux, Director, Medical Assistance Division

*KLA for NC*

**THROUGH:** Kari Armijo, Deputy Director, Medical Assistance Division

*KLA*

**SUBJECT:** Medicaid Drug Utilization Review (DUR) Provisions of the SUPPORT Act

In response to the federal amendment of Section 1902(a) of the Social Security Act (42 U.S.C. 1396a) and the national opioid crisis, the New Mexico Human Services Department (HSD), Medical Assistance Division (MAD) is implementing provisions required by Section 1004 of the “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act,” also known as the “SUPPORT for Patients and Communities Act” (SUPPORT Act).

Effective October 1, 2019, the New Mexico Medicaid program is required to have the following provisions implemented in both the fee-for-service (FFS) and Centennial Care programs:

**Claims Review Requirements**

1. **Safety Edits on Early Refills, Duplicate Fills, and Quantity Limits:** There will be both prospective safety edits at point of sale (POS) and a claims review automated process to retrospectively identify when a Medicaid-enrolled individual is prescribed and fills opioid prescriptions in excess of any limitation that may be identified by duplicate fills, early fills, and/or quantity limits.
2. **Maximum Daily Morphine Milligram Equivalent (MME) Safety Edits:** Both the prospective and retroactive drug utilization review (DUR) safety edits will include an MME threshold amount, such as the level that is recommended in the 2016 Centers for Disease Control (CDC) Guideline for primary care practitioners on prescribing opioids in outpatient settings for chronic pain.
3. **Concurrent Utilization Alerts:** Both the prospective and retroactive DUR safety edits will provide alerts for concurrently prescribed opioids and benzodiazepines or opioids and antipsychotics, as well as potential complications resulting from other medications concurrently being prescribed with opioids.

**Care Coordination** – All safety edits will activate care coordination for the deliberate organization of patient care activities between all participants involved in the patient's care to facilitate the appropriate delivery of health care services.

**Beneficiary Exclusions**

The drug review and utilization requirements under the Claim Review Requirements section above shall not apply with respect to an individual who is receiving hospice or palliative care or treatment for cancer; or who is a resident of a long-term care facility, a facility described in section 1905(d) of the Social Security Act, or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy.

## **Opioid Therapy Edits**

Opioid pharmacy claims that exceed the maximum MME per day, as determined by the state, will be flagged and may be denied. If the prescriber deems that it is medically necessary for the recipient to exceed the maximum MME per day limit, the prescriber must complete the *Drug Prior Authorization Request* form and fax the completed signed form requesting to increase the maximum prescribed MME limit to the Prior Authorization (PA) unit of the recipient's assigned benefit plan for clinical review. If a recipient presents a new prescription to the pharmacy that exceeds a previously approved MME limit, this is considered an additional request requiring the prescriber to again submit for prior authorization. Subsequent requests by a prescriber to increase an MME limit will require the prescriber to submit a new request.

When the pharmacist cannot reach a prescriber OR when the prior authorization departments are closed, the pharmacist, using his/her professional judgement, may deem the filling of the prescription for these edits to be an "emergency." In these emergency cases, the pharmacist must document "Emergency Prescription" in writing on the hardcopy prescription or in the pharmacy's electronic recordkeeping system and can override the pharmacy claim at point-of-sale (POS) by contacting the health plan's pharmacy help desk.

The NM Medicaid program will offer FFS DUR provider education newsletters, and through its Centennial Care MCOs, will offer education and training to all providers on new opioid provisions to help minimize workflow disruption and to ensure that beneficiaries have continuity of care. Prior authorization may be necessary to avoid abrupt opioid withdrawal for patients that need to taper off high doses of opioids in order to minimize potential symptoms of withdrawal and manage their treatment regimen, while encouraging pain treatment using non-pharmacologic therapies and non-opioid medications when appropriate.

## **Program to Monitor Antipsychotic Medication Use by Children**

Effective October 1, 2019, the NM Medicaid program will have in place a program to monitor and manage the appropriate use of antipsychotic medications by Medicaid-enrolled children who are not older than 18 years of age, and specifically for children in foster care.

## **Identification of Fraud, and Abuse Requirements**

The NM Medicaid program will have a process in place to identify potential fraud or abuse of controlled substances by enrolled individuals, health care providers prescribing drugs to Medicaid enrolled individuals, and pharmacies dispensing drugs to Medicaid enrolled individuals. Prescription drug monitoring programs and lock-in programs will be utilized in order to detect and prevent opioid-related fraud and abuse.

## **Managed Care Organization Requirements**

In addition to implementing the SUPPORT Act requirements described above by October 1, 2019, and ensuring that the claims of Medicaid eligible individuals who are excluded from the requirements will be exempted from the claims review requirements, each Centennial Care MCO will:

- Submit to the Human Services Department an attestation that all components of the SUPPORT Act have been implemented on or before October 15, 2019;
- Submit SUPPORT Act implementation activities for each of the bulleted requirements above, to be included in the MCO Pharmacy Quarterly Report #44; and
- Continue to participate in a Drug Utilization Review (DUR) program in compliance with the March 31, 2018, applicable provisions of section 438.3(s)(2),(4),(5) of Code of Federal Regulation Title 42.

Questions regarding this Supplement, you may be directed to the HSD/MAD, Benefits and Reimbursement Bureau at (505) 827-6252.