



May 1, 2018

Dear valued provider,

Thank you for supporting our members' medication needs. At EOCCO, we rely on our quality assurance programs to help every member get quality, cost-effective drug therapy. As of May 1, 2018, EOCCO will apply new Morphine Equivalent Dose (MED) edits. These edits will stop pharmacy claims at point of sale (POS) for additional review **for all diagnoses**. The two levels of review include:

1. **Soft POS edit (90-200 MED)**. The soft POS edit will stop claims between 90 MED and 200 MED for the dispensing pharmacist to review. If the pharmacist approves, the pharmacy can override the claim at POS and dispense to the member.
2. **Hard POS edit (200+ MED)**. The hard POS edit will stop claims for members with 200+ MED. It will require a clinical prior authorization before dispensing.

One of your members is above the 200 MED threshold. See the member and drug details below. You may want to start an authorization for continued use before May 1, 2018. If so, please complete the attached Medication Request Form. Then send it to the EOCCO.

If you have questions, please call us at 888-474-8539.

Thank you for partnering with us to care for our members.

*Your EOCCO
Clinical Pharmacy team*



Member ID Number:

Member First Name:

Member Last Name:

Medications used:

Drug Name1, Dosage Form1, Strength1

Drug Name2, Dosage Form2, Strength2

Drug Name3, Dosage Form3, Strength3

Drug Name4, Dosage Form4, Strength4

Drug Name5, Dosage Form5, Strength5

Opioid Cumulative Dosing Medication Request Form. To request authorization, please complete the following five questions. Then, fax the form to EOCCO at 800-207-8235.

- 1) Does the patient meet at least one of the following (check all that apply)?
 - Diagnosis of cancer
 - Enrolled in hospice
 - Receiving palliative care
 - Diagnosis of sickle cell disease

- 2) Is the patient undergoing treatment for chronic non-cancer pain? And, do they meet the following (check all that apply)?
 - The patient has a condition that is above the funded line. This is documented in chart notes and reflects the guideline notes associated with the diagnosis.
 - A pain contract is in place that limits the patient to one provider and one pharmacy
 - Has completed a urine drug screen. A protocol for random urine drug screen is in place.
 - The provider has completed the opioid risk tool (ORT)
 - Documentation that the prescribing provider used the Oregon Prescription Drug Monitoring database to review transcripts and document the patient's history of controlled substance prescriptions
 - A written treatment plan stating goals is in place. It includes documentation of functional status at baseline and during treatment.



- 3) Has the patient tried and failed non-medication therapies (e.g., physical therapy, acupuncture, etc.)?
- Yes; which? _____
 - No
- 4) Does the patient have a taper plan in place to decrease the MED?
- Yes; Please include a copy of the taper plan
 - No
- 5) Does the patient have at least one of the following exclusions to treatment?
- High opioid risk score from the ORT assessment
 - Currently being treated for opioid use disorder (e.g., Suboxone, buprenorphine, methadone, etc.)
 - Has taken a benzodiazepine consecutively for 90 days or more
 - Standard of care for the requested covered line diagnosis does not recommend opioids as a treatment option
 - Documentation in chart notes of lack of functional improvement after trial or chronic use of opioids
 - Active or history of substance or alcohol abuse in the past 12 months