Mountain-Pacific Quality Health
DUR PROGRAM NEWS

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The Drug Utilization Review (DUR) Program, administered by Mountain-Pacific through a contract with the Allied Health Services Bureau of the Montana Department of Public Health and Human Services, is the quality assurance body seeking to assure the quality of pharmaceutical care and to help provide rational, cost-effective medication therapy for Montana Healthcare Programs members.

Montana Healthcare Programs
Drug Prior Authorization Unit
1-800-395-7961

Battling Opioid Overdoses with Naloxone

The Latest on Legislation and Prescription Guidelines

First the good news: from 2013 to 2018, every state saw a decrease in the number of opioid prescriptions, and between 2017 and 2018 alone, the United States had a 12.4 percent decrease. Prescription drug monitoring programs (PDMPs) are being used more than ever, as health care professionals utilized them more than 460 million times in the U.S. in 2018, an increase of over 651 percent when compared to 2014.[1]

Now, the bad news: as the COVID-19 pandemic engulfed the country, overdose deaths climbed to a new record. It is estimated there were over 81,000 overdose deaths in the 12 months ending in May 2020, the highest ever recorded in a 12-month period.[2]

Opioids continue to present a life-threatening challenge. In response, every state has enacted rules/statutes to allow easier access to the opioid reversal agent naloxone. During the 2017 legislative session, Montana passed the "Help Save Lives From Overdose Act" (HB333), which allows for the creation of a standing order for pharmacists to dispense naloxone to patients and entities where the risk of an overdose is heightened. Recently updated, the current standing order can be found at Montana Standing Order for Naloxone Opioid Antagonists (mt.gov). The website also has training materials and statistics.

Naloxone is a prescription opioid antagonist indicated for the emergency treatment of severe respiratory depression associated with known or suspected opioid overdose. The 2016 U.S. Centers for Disease Control and Prevention (CDC) "Guideline for Prescribing Opioids for Chronic Pain" recommends evaluating patients for risk factors for opioid-related harms before starting opioid therapy and during therapy continuation. **It is recommended not to initiate opioids when factors that increase opioid-related harms are present. However, if the decision is made to prescribe an opioid in the presence of certain risk factors, the CDC recommends considering offering naloxone as part of an overall strategy to help mitigate patient risk. Re-evaluating patients more frequently and referral to pain and/or behavioral health specialists is also recommended.**

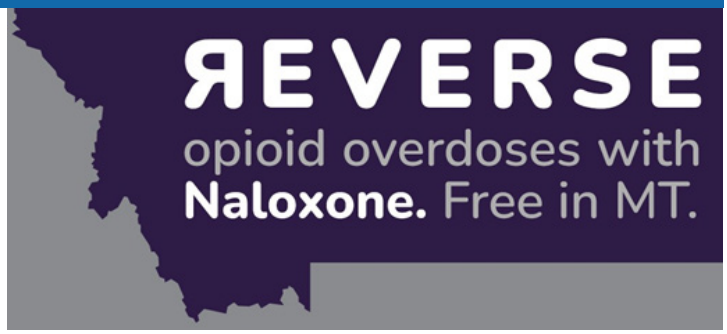
See p. 2 for more information on naloxone and opioid therapy.

[1] https://www.end-opioid-epidemic.org/wp-content/uploads/2019/06/AMA-Opioid-Task-Force-2019-Progress-Report-web-1.pdf

[2] https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html#:~:text=Over%2081%2C000%20drug%20overdose%20deaths,Control%20and%20Prevention%20(CDC)

Montana Healthcare Pharmacy Programs Link
(Current Montana Healthcare Programs Preferred Drug List, Provider Notices, DUR Board/Meeting Information, Resources)
http://medicaidprovider.mt.gov/19

Battling Opioid Overdoses with Naloxone



Consider offering naloxone with opioid therapy if any of the following risk factors, which can increase risk of opioid overdose, are present:

- A history of prior overdose
- A history of substance use disorder
- Concurrent benzodiazepines and opioid use
- In patients at risk for returning to a high dose to which they are no longer tolerant
- In patients taking higher dosages of opioids (>50 MME/day), which is:
  - >50 mg of hydrocodone per day
  - >33 mg of oxycodone per day
  - >12 mg of methadone per day

The following naloxone products do not require prior authorization by Montana Healthcare Programs when a prescription is provided to your patient:

- Naloxone prefilled syringe for injection
- Naloxone vial for injection
- Narcan® nasal spray

Patients can now access narcan at their local pharmacy or at locations in various counties. The map of these locations can be found at https://dphhs.mt.gov/amdd/naloxone.

The complete CDC guideline can be accessed at https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. Resources for prescribing naloxone in primary care can be found through http://prescribetoprevent.org/.

Montana Healthcare Programs Drug Prior Authorization and Pharmacy Case Management, administered by Mountain-Pacific Quality Health, can be reached at 1-800-395-7961.

Most Commonly Seen Drug Enforcement Administration (DEA)-Targeted Drug Combinations

Street Name	Drug Combination	Effects
Holy Trinity	Opioid, Benzodiazepine, Carisoprodol	Heroin-like; euphoric high
Stimulant Trinity	Opioid, Benzodiazepine, Stimulant	Heroin-like; euphoric high
Gaba Trinity	Opioid, Benzodiazepine, Gabapentin	Euphoric high
Zolpidem Trinity	Opioid, Benzodiazepine, Zolpidem	Downer; depressant
Speedball	Opioid, Stimulant	Combination of heroin and cocaine; more intense, long-lasting high

Montana Gets New Prescription Drug Registry

As of March 4, 2021, the Montana Prescription Drug Monitoring Program (PDMP) transitioned to a new system vendor, Appriss PMP AWARxE. The new system supports expanded prescription drug monitoring services in our state. In addition, a new pharmacist, Nikki Griffis, was hired to manage the state's PDMP. All licensed health care providers should have received information about this transition, as well as information regarding registration for the new system.

As defined in 37-7-1506, Montana Code Annotated (MCA), the following Montana-licensed health care providers are authorized to access the online Montana Prescription Drug Registry (MPDR) service by registering to view the prescription history of patients who are under their care or who have been referred to them for care: physicians, dentists, optometrists, physician assistants, podiatrists, naturopathic physicians, advanced practices registered nurses with a Prescriptive Authority endorsement and pharmacists. There are criminal and administrative penalties for inappropriate use of the MPDR (37-7-1513, MCA).

- Any individual can request a copy of their own prescription history from the MPDR.
- Authorized representatives of Medicare, Medicaid, Tribal Health, Indian Health Service and Veterans Affairs may also access the online MPDR service.
- Law enforcement officers may subpoena information related to an active investigation.
- Licensing Board investigators may request information related to an active investigation into alleged prescription abuse or diversion by a licensed health care provider.
- Delegates searching on behalf of a registered user have access.

For more information, please visit https://boards.bsd.dli.mt.gov/pharmacy/mpdr/ or contact Nikki Griffis at (406) 841-2240 or at DLIBSDMPDR@MT.GOV.

Important Dates:

Wednesday, May 26	DUR Board Meeting - Preferred Drug List
Wednesday, July 21	DUR Board Meeting
Wednesday, September 22	DUR Board Meeting
Wednesday, November 10	DUR Board Meeting

Agenda and details can be found at https://medicaidprovider.mt.gov/19dur.

Guest Opinion: Bupropion and Naltrexone in Methamphetamine Use

There has been a lot of discussion surrounding a recent article published in the New England Journal of Medicine regarding the use of bupropion and naltrexone in methamphetamine use disorder. Daniel Nauts, MD, FASAM, addiction treatment trainer and consultant for the Montana Primary Care Association, recently weighed in on the topic and provided the following opinion:

"The study demonstrated an overall weighted response of 13.6 percent in the naltrexone-bupropion group and 2.5 percent in the placebo group. The outcome measured was three of four point of care tests (POCTs), [urine drug tests] UDTs being negative in the last two weeks of each arm of the study. Other outcome measures were considered but no conclusions could be drawn due to the design of the trial. In real terms, the actual response rate becomes 11.1 percent when you subtract the placebo response. What this means is that one needs to treat nine patients to see a response.

Other points worth mentioning are:

- The naltrexone-XR was given every three weeks, and the labeling from Alkermes is once every four weeks. Thus, the safety of this increased dose would need to be studied.
- Opioid use disorder and methamphetamine use disorder are often comorbid, and if you were to choose naltrexone-XR to address both, you are providing a less effective medication to address the opioid use disorder.
- With naltrexone-XR there is a high dropout rate due to inability to tolerate 10 days of required abstinence from opioids when severe dependence exists and patients only showing up for about 2.5 injections when they have been successfully initiated.
- Furthermore, compared to methadone and buprenorphine, naltrexone-XR does not decrease overdose and all-cause mortality (Larochelle, et al, Annals of Internal Medicine, 2018). Other studies have substantiated the same, though recently, there has been a substantial increase in methamphetamine deaths presumably related to overdose. It is unclear what percentage of these are related to fentanyl overdose (due to fentanyl-laced methamphetamine).

Clearly a modest effect of the combination has been demonstrated but only in regard to three-fourths negative POCT UDTs in the last two weeks of a 12-week study. Though encouraging, behavioral treatment including contingency management, [cognitive behavioral therapy] CBT and [community reinforcement approach] CRA remain the mainstays of treatment for stimulant use disorder."

Also of note, there are no Food and Drug Administration (FDA)-approved treatments for methamphetamine use disorder and, as such, Montana Healthcare Programs does not cover medication for that indication. For more complete information on treatment of stimulant use disorder, please review the Substance Abuse and Mental Health Services Administration guide at https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs for a list of the physician administered medications and links to the criteria required for each medication.