SecurityHealth Plan℠
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Safe Use of Opioid Pain Medication – Information for Patients

Prescription opioid pain medications—like oxycodone (OxyContin®), hydrocodone (Vicodin®), morphine, and codeine—can help treat pain after surgery or after an injury, but they carry serious risks including addiction, overdose and death. These risks increase with higher doses, or the longer you take these pain medications, even if you take them as prescribed. Your risks also increase if you take certain other medications, like benzodiazepines (commonly used for anxiety and sleep), or get opioids from many doctors and pharmacies.

Security Health Plan and Medicare Part D are dedicated to helping you use prescription opioid pain medications more safely. To do this they are introducing new policies for opioid prescriptions beginning in January 2019.

Q: What are the new policies for opioid pain medications?

A: A safety review is required for:

- Potentially unsafe opioid amounts.
- If a patient takes opioids with benzodiazepines like Xanax®, Valium® and Klonopin®.
- New opioid use -a patient may be limited to a 7-day supply or less. This does not apply to patients who already take opioids.

Q: Are patients being forced to reduce their opioid use below a certain amount?

A: No, the decision to reduce or stop opioids is made by the patient and their doctor, not by Security Health Plan. It is recognized that reducing opioids can be especially challenging after a long time on high doses. Reducing the dose or stopping treatment must be carefully considered and is individualized between patient and doctor.

Q: Are doctors being told to stop prescribing opioids for all of their patients?

A: No there are appropriate medical reasons for prescribing opioid pain medications. Patients who are affected by the new opioid policies have the right to ask their plan for a coverage decision about a drug they believe should be covered.

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Q: What can prescribers do to help patients who need more opioids?

A: The prescriber can contact the plan to ask for a coverage determination on their behalf. Prescribers can also request a coverage determination in advance of prescribing an opioid. The prescriber only needs to attest to the plan that the total dose or day supply is appropriate and medically necessary.

Q: Are doctors being told to stop prescribing opioids for patients with cancer?

A: These policies do not apply to patients with cancer, in hospice, palliative or end-of-life care. They also do not apply to patients who live in a long-term care facility.

Q: Are all opioid prescriptions being limited to a maximum of 7 days or being required to be refilled every 7 days?

A: A fill for a prescription opioid will be limited to a 7-day supply only for patients who have not filled an opioid prescription within the past 60 days. This does not apply to patients already taking opioids.

Q: What happens if the prescription cannot be filled as written, including the full amount on the prescription?

A: The pharmacist will give a written notice explaining how the patient or their doctor can contact the plan to ask for a coverage decision. This includes the right to ask for an exception to a plan coverage rule (for example, if the patient isn't already taking opioids but will need more than 7 days).

Q: Do all of the edits require action from the patient's prescriber?

A: No, only two edits will *require* information from the prescriber

1) Opioid amounts that exceed a specific dose
2) Patients who have not filled an opioid prescription recently or who are new to starting opioids but require a prescription for longer than 7 days

All other edits can be overridden at the pharmacy by entering override codes.

Q: What should I do if I have questions or concerns with the opioids or other medications that I am taking?

Talk with your doctor about all your pain treatment options including whether taking an opioid medication is right for you. There might be other medications you can take or other things you can do to help manage your pain with less risk. What works best can be different for each patient. Treatment decisions to start, stop or reduce prescription opioids are individualized and should be made by you and your doctor.