

**KMAP GENERAL BULLETIN 18112**

## **Opioid Products Indicated for Pain Management: Prior Authorization Grandfathering Process**

As previously published on the Kansas Medical Assistance Program (KMAP) website with [General Bulletin 18027](#) and [General Bulletin 18101](#), an upcoming policy change on opioid use in pain management is effective with dates of service on and after **June 1, 2018**.

For continuity of care and to minimize member, provider, and prescriber impact, KanCare will grandfather established opioid users at their current dose and limits. Grandfathering allows patients who are currently on a drug to remain on the drug until the grandfathering end date in order to accommodate the immediate needs of a patient and to provide sufficient time to work with the prescriber in making an appropriate taper or completing a prior authorization (PA).

**Note:** New opioid users will be subject to the PA requirements effective on and after **June 1, 2018**.

### **Grandfathering of current opioid users**

All members currently receiving opioid prescriptions that exceed 90 morphine milligram equivalent (MME) or using opioids past the initial 14 days' supply within 60 days, identified here as a "current opioid user", will have grandfathering of the PA as follows:

- Members at doses > 120 MME will be grandfathered through March 5, 2019 (9 months grandfathering).
- Members at doses up to 120 MME will be grandfathered through June 4, 2019 (1 year grandfathering).

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- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

## Opioid Products Indicated for Pain Management Prior Authorization Grandfathering Process continued

- All patients with a current or future diagnosis of cancer or sickle cell anemia; or who are receiving palliative care will be EXEMPT from the PA criteria requirements. If an appropriate diagnosis code has been submitted on a medical claim, then a manual PA will not be required. If an appropriate diagnosis is not currently listed on a medical claim, then a manual PA will initially be needed to acquire the appropriate diagnosis code from the provider.

**Note:** The grandfathering is set for the current dose and limits at the onset of the policy update. If the opioid prescription dose or limits are changed thereafter and PA criteria are not met, the original grandfathered PA will no longer be effective.

The Opioid Products Indicated for Pain Management PA Criteria is on the Kansas Department of Health and Environment (KDHE) [website](#).

The Prior Authorization for Opioid Products Indicated for Pain Management form is on the KDHE [website](#).

**Note: This change is applicable to managed care organizations (MCOs) only. This change is not applicable to fee-for-service.**

Contact the member's plan for questions:

### **Amerigroup**

PA Pharmacy phone: 1-855-201-7170

PA Pharmacy fax: 1-800-601-4829

### **Sunflower Health Plan**

PA Pharmacy phone: 1-877-397-9526

PA Pharmacy fax: 1-866-399-0929

### **UnitedHealthcare Community Plan**

PA Pharmacy phone: 1-800-310-6826

PA Pharmacy fax 1-866-940-7328

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