Curbing Prescription Drug Abuse in Medicaid

Joint Legislative Health Care Oversight Committee

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The Controlled Substances Act places certain substances into one of five schedules: I-V. Placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. Schedules II-V include controlled substances with medically accepted uses. Most commonly used controlled substances are the opioids and benzodiazepines.
Controlled Substances Utilization

- State Fiscal Year 2010 Medicaid Utilization
  - Opioids (Pain Medications)
    - 273,000 recipients
    - $48,336,000 paid claims
    - Examples: Oxycontin, Dilaudid
  - Benzodiazepines (Anxiety Medications)
    - 170,000 recipients
    - $16,251,000 paid claims
    - Examples: Valium, Xanax
Controlled Substances Fraud and Abuse

- Analyzed Medicaid data of five states:
  - California, Illinois, New York, North Carolina, Texas

- Purpose: To identify fraud and abuse of controlled substances

- Findings: Doctor shopping and overprescribing of controlled substances
  - Looked at 25 cases: 2 cases from North Carolina involved doctor shopping

- Recommendations included:
  - Implementing a restricted recipient program
  - Drug Utilization Review (DUR) activities and prior authorizations targeting controlled substances
Prior authorization and quantity limits for certain controlled substances

Controlled Substance Task Force

Recipient Management Lock-In Program

Enhanced Drug Utilization Review (DUR) Activities

CCNC Pharmacy Home
Controlled Substances

PA Programs and Quantity Limits

- Schedule II Narcotics
  - Long-Acting and Short-Acting Schedule II Drugs
  - Quantity Limit based on daily morphine equivalents
  - Prescribers required to read North Carolina Medical Board statement on use of controlled substances for the treatment of pain

- Sedative Hypnotics
  - Monthly quantity limit of 15 tablets
  - Addresses safety issues with drug class
  - Requires recipient education on good sleep hygiene
Controlled Substances
PA Programs and Quantity Limits

- Suboxone and Subutex
  - Abuse of this medication is increasing
  - Limited to opioid dependence indication
  - Daily dose limit of 24mg/ day
  - Requires a treatment plan with renewal
  - Prescribers must be registered with the DEA to prescribe
Controlled Substances Task Force

- DMA held first meeting in May 2009
- Organized due to increased narcotic utilization among Medicaid recipients
- Goal: Decrease diversion, misuse and abuse of narcotics
- Collaboration of agencies throughout state
- Provides input on initiatives related to controlled substances (i.e., recipient lock-in program)
Controlled Substances Task Force

Representation includes:

- Physicians and Pharmacists
- Pain specialists and substance abuse specialists
- DMA: Clinical Policy, Program Integrity
- Other DHHS agencies (Public Health, MH/DD/SAS)
- CCNC
- NC Board of Pharmacy
- Governor’s Institute on Alcohol and Substance Abuse
- Poison Control Center
- SBI
Special Provision
Narcotic Lock-In Program

- Session Law 2010-31, Section 10.34
- Combined efforts by the General Assembly and DHHS
- Enhances efforts to control narcotic overutilization under Medicaid
- Requires DMA to lock Medicaid enrollees into a single pharmacy and prescriber when criteria are met
- Criteria must be approved by NC Physicians Advisory Group
Recipient Management Lock-In Program

- Limits Medicaid recipients to a single pharmacy and a single prescriber
- Criteria approved by NC Physicians Advisory Group and supported by Controlled Substances Task Force
- Recipients are identified for the program by meeting the following criteria:
  - Have filled more than 6 prescriptions for either opioid pain relievers or anti-anxiety (benzodiazepine) medications within a two month period; OR
  - Have been prescribed these medications by more than 3 prescribers within a two month period; OR
  - Have been referred by a provider, DMA or CCNC
About 3,000 Medicaid recipients have been identified

0.2% of 1.6 million current recipients

Letters explaining the program were mailed to eligible recipients

First recipients were locked-in on October 11

An allowance for emergencies are included in the criteria

Program Integrity will conduct audits to ensure compliance

Educate on the use of the Controlled Substance Reporting System prior to writing and filling prescriptions
Recipient Management Lock-In Program

- Supports continuity of care
- Prevents overuse of opioids and benzodiazepines
- Anticipate cost savings by preventing overutilization and hospitalizations
- Goal: $2 million annual savings
- Example: South Carolina Medicaid
  - 40% fewer prescriptions filled
  - 21% reduction in hospital visit
Drug Utilization Review (DUR)

- Federally mandated program under OBRA 1990
- Requires prospective and retrospective review of Medicaid pharmacy claims
- Prospective overutilization and therapeutic duplication alerts
- Targeted interventions for prescribers and recipients based on retrospective claims data
- DUR Board:
  - 5 physicians
  - 5 pharmacists
  - 2 members at large
Drug Utilization Review (DUR)

- Increase interventions targeting drugs with high abuse potential
- Examples of interventions:
  - Lettering prescribers who prescribe over the maximum FDA approved daily dose of benzodiazepines to their patients
  - Additional prescriber interventions for overutilization:
    - Opioid analgesics (Oxycontin, Dilaudid, Morphine)
    - Tramadol (Ultram, Ultram ER)
    - Muscle relaxants (Soma, Skelaxin)
Provide education on the Controlled Substances Reporting System

Take referrals from prescribers for Medicaid recipients suspected of drug abuse or diversion

Make referrals to DHHS and Program Integrity

Engage in Network Clinical Director “peer visits” to practices suspected of being “opioid prescribing challenged”

Support the Medicaid recipient management lock-in program
Recommendations

- Support identification to pick up prescriptions for controlled substances
- Include method of payment in the Controlled Substance Reporting System
- Florida-pain clinics and link to controlled substance use in North Carolina needs to be investigated