

Medicaid Prescription Opioid Coverage Changes and Outcomes

July 2019



Background

- South Dakota Medicaid in conjunction with the Medicaid Pharmacy & Therapeutics (P&T) Committee implemented changes to the prescription drug benefit in the Medicaid program to align with best practices in opioid management and reduce the risk of opioid addiction and misuse.
 - P&T discussion took place over several quarterly meetings from 2016-2017.
 - P&T reviewed established guidelines including the CDC Opioid Guidelines and recommendations for opioid use for chronic non-cancer pain by the South Dakota State Medical Association.
 - Division of Behavioral Health provided information on treatment options for opioid abuse and coordinated efforts in the areas of education, prevention, treatment and recovery.
 - P&T recommended the following strategies in December 2017:
 - Peer-to-peer communication
 - MED monitoring and tapering
 - Opioid naïve limit
 - Prior authorization for concurrent use of >1 long-acting and short-acting opioid
 - Tighten opioid early refill threshold

Implementation

- DSS staggered implementation to lessen impact to providers and recipients.
 - Peer-to-Peer Counseling: December 2017-March 2018.
 - South Dakota Medicaid requested and reviewed Medical records from prescribers of high utilizers or with patterns of high utilization.
 - Held peer-to-peer discussions with prescribers and provided education about opioid prescribing guidelines, the PDMP, and other resources.
 - South Dakota Medicaid mailed an educational letter to top prescribers with information about opioid prescribing guidelines, the PDMP, other resources, and Medicaid prescription requirements.
 - Other P&T recommendations were implemented in the Medicaid Point of Sale (POS) system beginning in June 2018.

Implementation

- Robust communication to providers and recipients:
 - DSS worked with the Pharmacy Association, Dental Association, and Medical Association to draft and distribute communication to providers. Included information about resources for SUD treatment and Medicaid coverage of MAT.
 - DSS outreached clinical directors of the major health systems in South Dakota to discuss the changes in advance and to encourage providers to begin tapering patients in advance of implementation. DSS also shared information regarding prescriber patterns with each system regarding Opioid use.
 - DSS directly mailed recipients who would be affected by the changes.

System Edits

1. Move Early Refill Threshold for Controlled Substances from 75% to 85%

- Lengthens amount of time between allowable refills.
 - Example: 30 day prescription is usually eligible for a refill after 23 days, limit lengthened to 26 days.
- Affected all controlled substances in addition to opioid prescriptions.
- Implemented June 1, 2018

2. Prior Authorization for more than One Long Acting and One Short Acting Opioid Product

- Allows multiple strengths of medication, but not different brands dispensed together.
- Patients with a terminal diagnosis receive an automatic prior authorization.
- Implemented August 1, 2018.

System Edits

3. Opioid Naïve Limit

- Recipients who have not filled a prescription for an opioid prescription within the previous 60 days will only be allowed an initial fill of a seven (7) day supply and a maximum 60 morphine equivalent dose (MED).
- Patients with a terminal diagnosis receive an automatic prior authorization.
- Implemented August 1, 2018.

4. Morphine Equivalent Dose (MED) Maximum

- Beginning October 1, 2018, Medicaid patients requiring a new or renewal prescription for morphine equivalent dosing greater than 300 MEDs per day will require prior authorization with a 10% tapering schedule each month until target MED level of 90 MEDs is reached on October 1, 2019.
- Patients with a terminal diagnosis receive an automatic prior authorization.
- Implementation Ongoing

Outcomes: 1st Quarter 2018 vs. 1st Quarter 2019



Total Opioid Claims

- 1Q18: 11,283
- 1Q19: 8,447

**Down
25%**



Morphine-Equivalent Dosages (MEDs) > 180

- 1Q18: 179
- 1Q19: 125

**Down
30%**



Total Utilizers

- 1Q18: 3,835
- 1Q19: 3,253

**Down
15%**

High utilizers (3+ scripts in 120 Days)
are down from 37.6% to 33.6%.

Outcomes: 1st Quarter 2018 vs. 1st Quarter 2019



Poly-Pharmacy Shoppers

3+ Pharmacies

- 1Q18: 137
- 1Q19: 56



Poly-Prescriber Shoppers

3+ Prescribers

- 1Q18: 399
- 1Q19: 169



Medication Assisted Therapy (MAT)

Ex. Buprenorphine

- 1Q18: 223
- 1Q19: 436



Ongoing Efforts

■ Implementation:

- DSS continues to taper MED prior authorization to 90 MED (October 1, 2019)

■ Monitoring:

- P&T monitors opioid utilization quarterly
- Retroactive Drug Utilization Review (DUR) monitors opioid prescriptions and provides education to prescribers and pharmacies

■ Future:

- Evaluate concurrent opioid and benzodiazepines prior authorization

Questions