



Curbing Prescription Drug Abuse and in Medicaid

Joint Legislative Health Care Oversight Committee
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Controlled Substances

- 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

GAO 2009 Report

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

GAO 2009 Report - Medicaid Response

- 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

Recipient Management Lock-In Program

- 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 two weeks ago
- First recipients will be locked-in on October 4
- 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 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)

CCNC Pharmacy Home

- 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

- Require 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