Alabama Medicaid
Opioid Prescribing/Pharmacy Trends

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Objectives

Medicaid Opioid Trends

Opioid Naïve Edit

Upcoming Cumulative MME Edit

Prescription Opioid Use

What are Opioids?

Opioids are substances that act on **opioid receptors** to produce **morphine**-like effects. They are used to treat acute and chronic pain.

Examples of generic opioids: morphine, hydrocodone, oxycodone and fentanyl

Examples of brand opioids: Norco, Percocet, OxyContin, Vicodin, Dilaudid, Lortab and Duragesic

Street example: heroin

Prescription Opioid Use Overview

- Alabama has led the nation for the past 6 years in the opioid prescribing rate per 100 population (121 in 2016, 107.2 in 2017) and had nearly 3 times more opioid prescriptions per 100 population than New York (CDC.gov).

- In 2016, **37%** of AMA members **aged 19 to 64** had an AMA opioid claim.

- In 2016, AMA members with opioid claims **aged 19 to 64** had an average of **4.0 opioid claims**.

- The average days' supplied for AMA members with opioid claims in 2016 **was 7.6 for children (0-12), 7.8 for teenagers (13-18) and 73.2 for adults (19-64).**
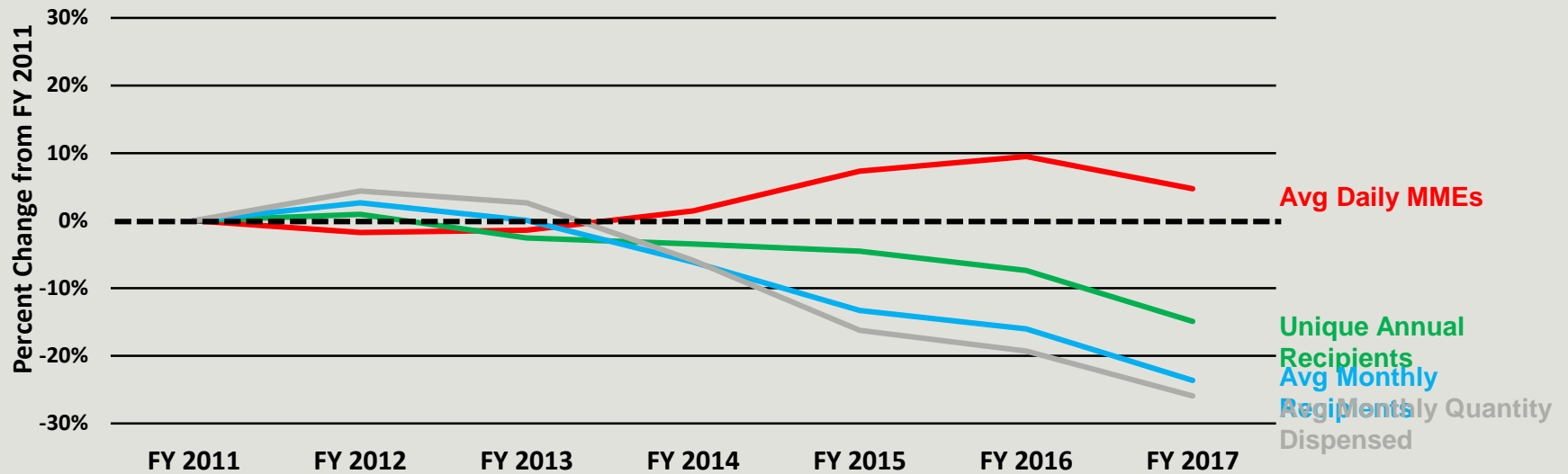
MEDICAID OPIOID PRESCRIBING TRENDS: CY 2011- CY 2017

Alabama Medicaid Agency
Members Prescribed a Full Agonist Opioid
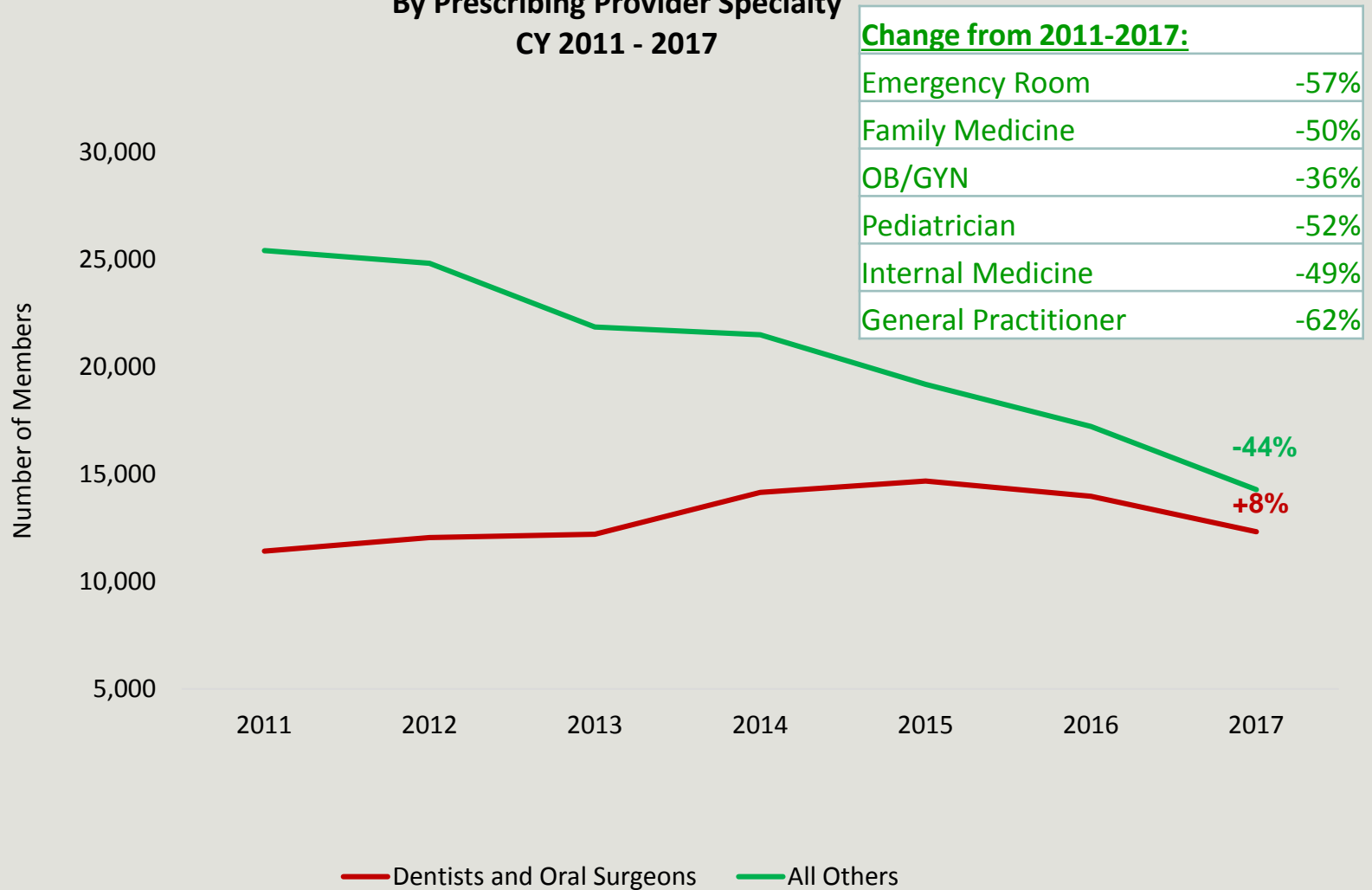CY 2011 to CY 2017
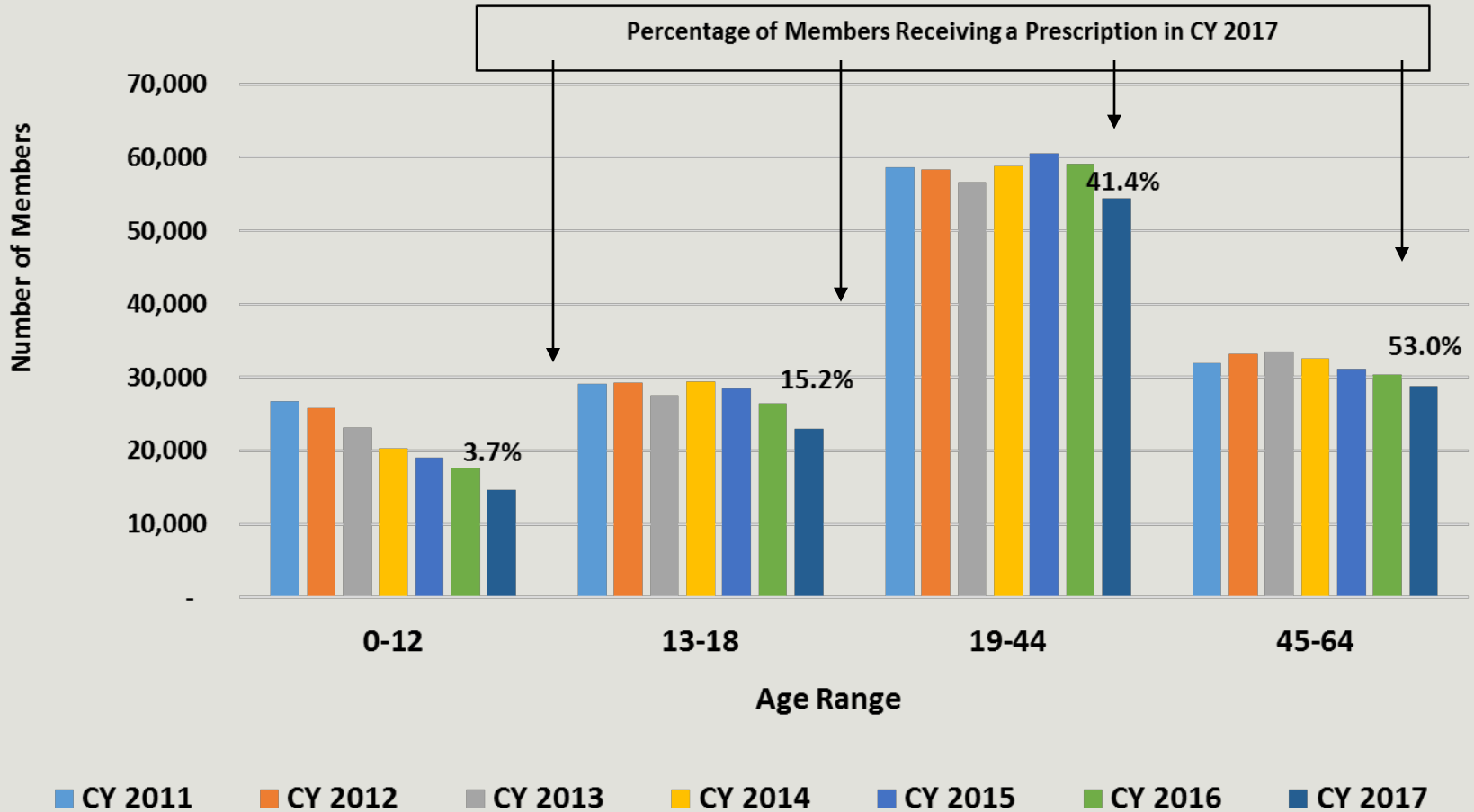
MEDICAID OPIOID PRESCRIBING TRENDS: FY 2011- FY 2017

Alabama Medicaid Agency
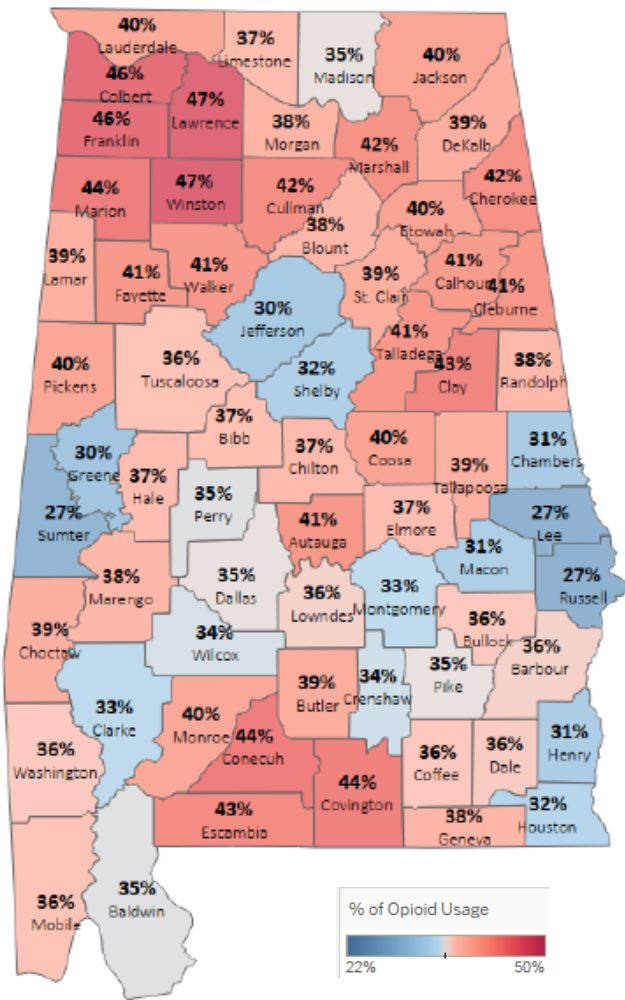**Change in Full Agonist Opioid Prescribing**
FY 2011 to FY 2017

Trends in Prescribing Sources

**Medicaid Members Ages 13-18 Prescribed an Opioid
By Prescribing Provider Specialty
CY 2011 - 2017**

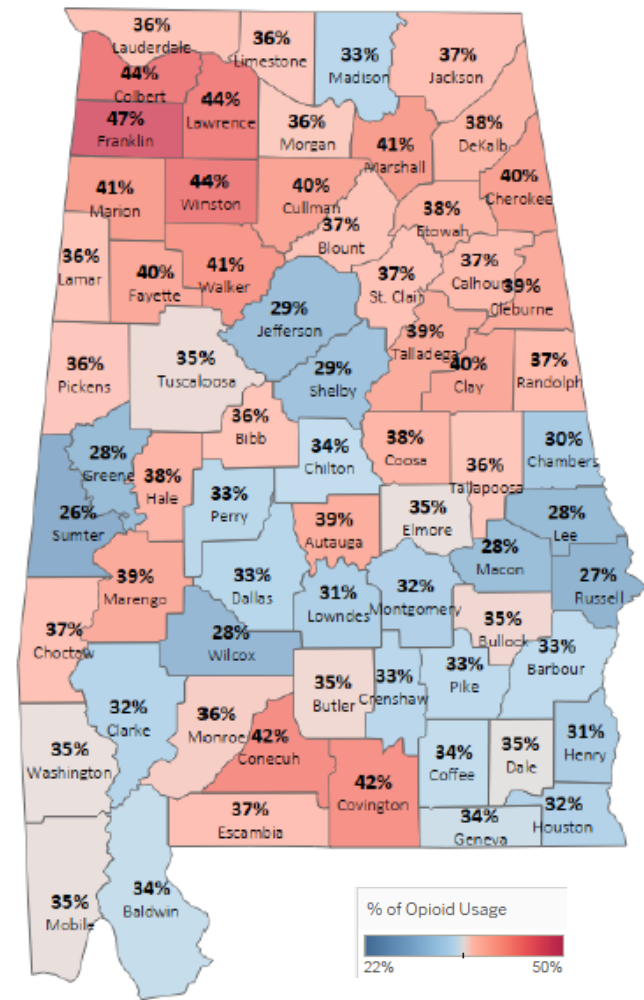| Change from 2011-2017:	
Emergency Room	-57%
Family Medicine	-50%
OB/GYN	-36%
Pediatrician	-52%
Internal Medicine	-49%
General Practitioner	-62%

Legend: —— Dentists and Oral Surgeons —— All Others

-44%
+8%

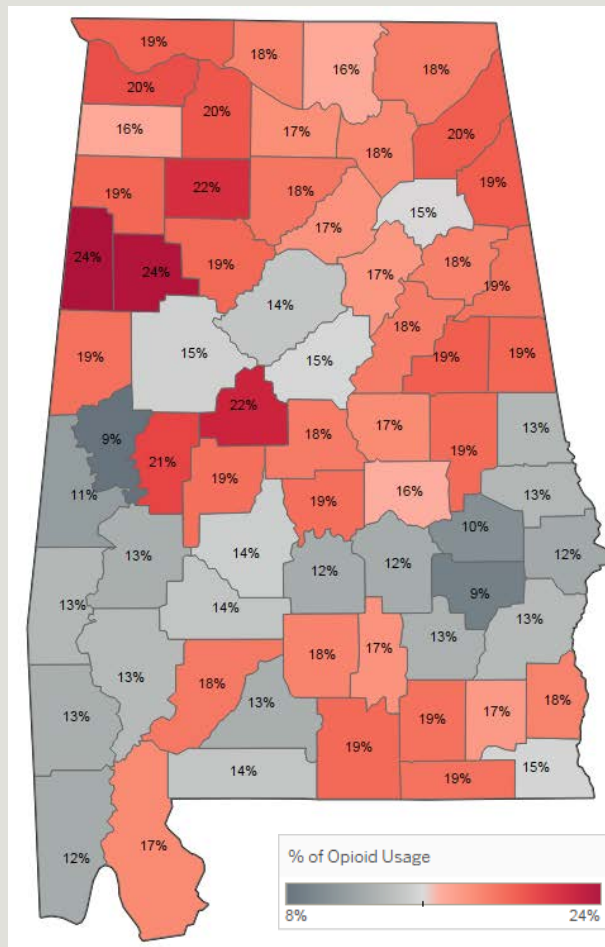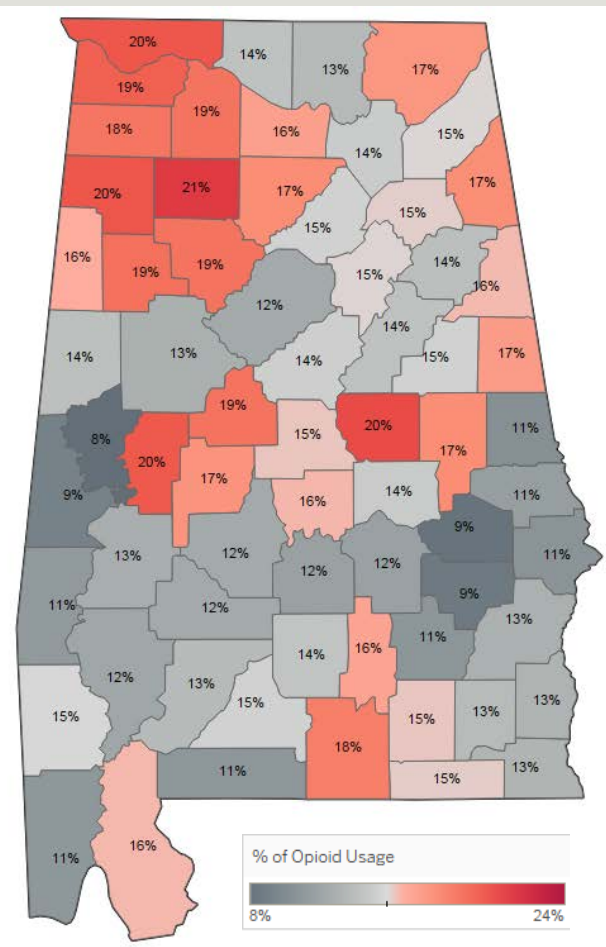# Percentage of Adult Medicaid Members Prescribed an Opioid*

- Based on address of fully-eligible recipients
- Recipients with greater than 11 months of eligibility

Percentage of Medicaid Members Aged 13-18 Prescribed an Opioid*

CY 2016

CY 2017

- Based on address of fully-eligible recipients
- Recipients with greater than 11 months of eligibility

Opioid Pharmacy Claims
2017 versus 2018

Nov/Dec 2017 vs 2018 Total Opioid Claim Count
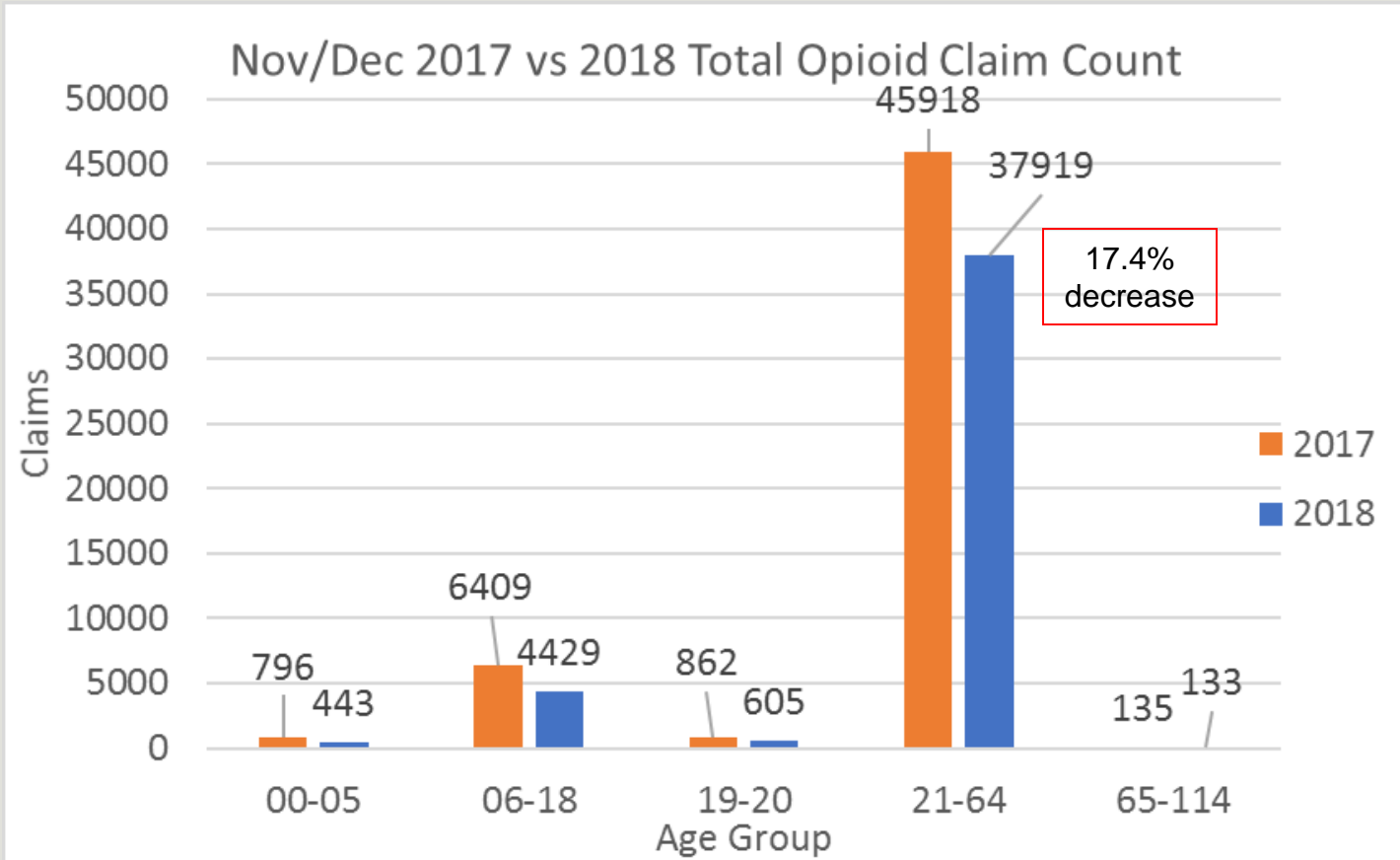
Source: Pharmacy Cube
Opioids = AHFS 280808
11/1 - 11/30; 12/1-12/31

Opioid Pharmacy Claims
2017 versus 2018

Nov/Dec 2017 vs 2018 Total Opioid Paid Amount
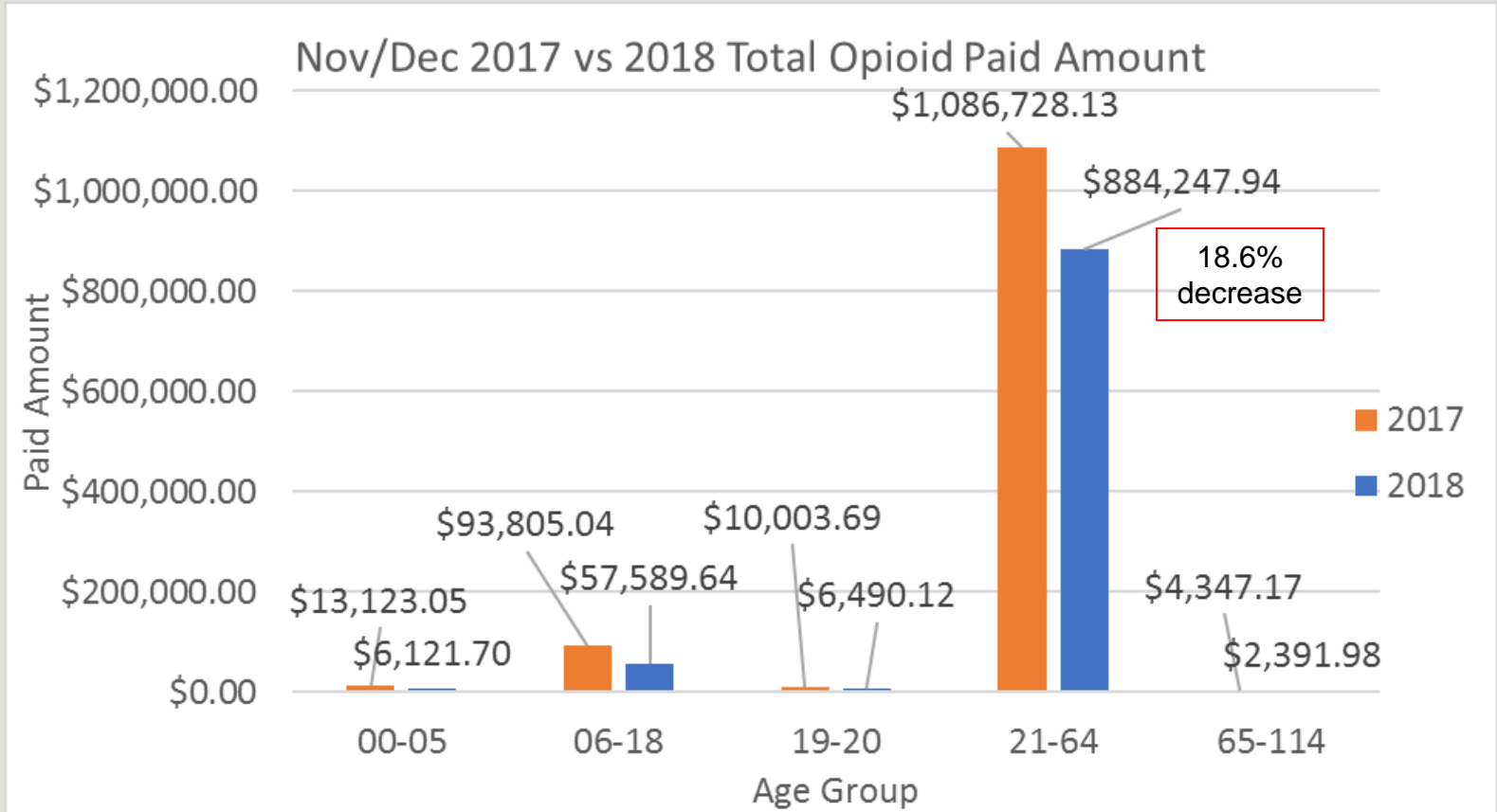
Source: Pharmacy Cube
Opioids = AHFS 280808
11/1 - 11/30; 12/1-12/31

US State Opioid Prescribing Rates per 100
https://www.cdc.gov/drugoverdose/maps/rxstate2017.html

CDC.gov: US State Opioid Prescribing Rates per 100

Rank	State	2016	2017	% Decrease
1	Alabama	121	107.2	11.4%
2	Arkansas	114.6	105.4	8.0%
3	Tennessee	107.5	94.4	12.2%
4	Mississippi	105.6	92.9	12.0%
5	Louisiana	98.1	89.5	8.8%

US State Opioid Prescribing Rates per 100
https://www.cdc.gov/drugoverdose/maps/rxstate2017.html
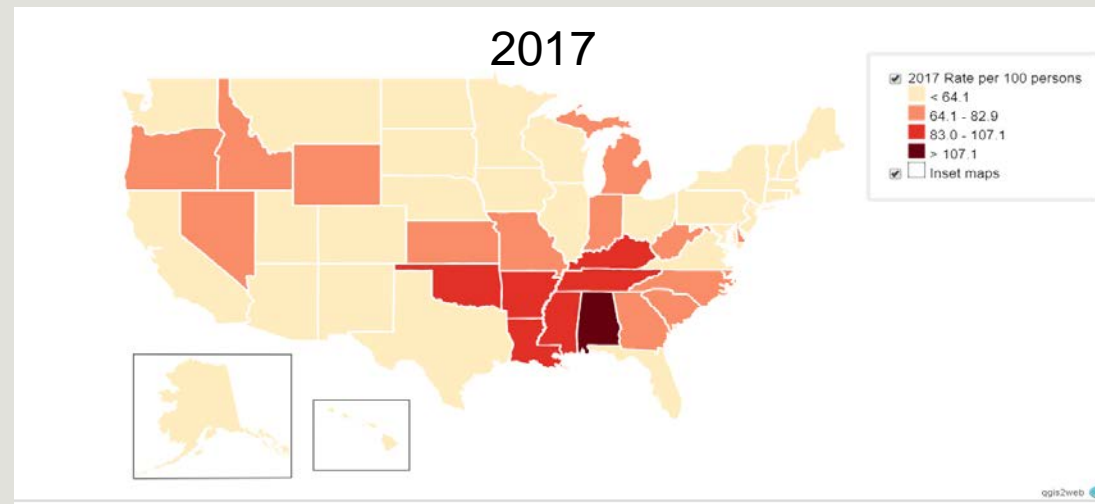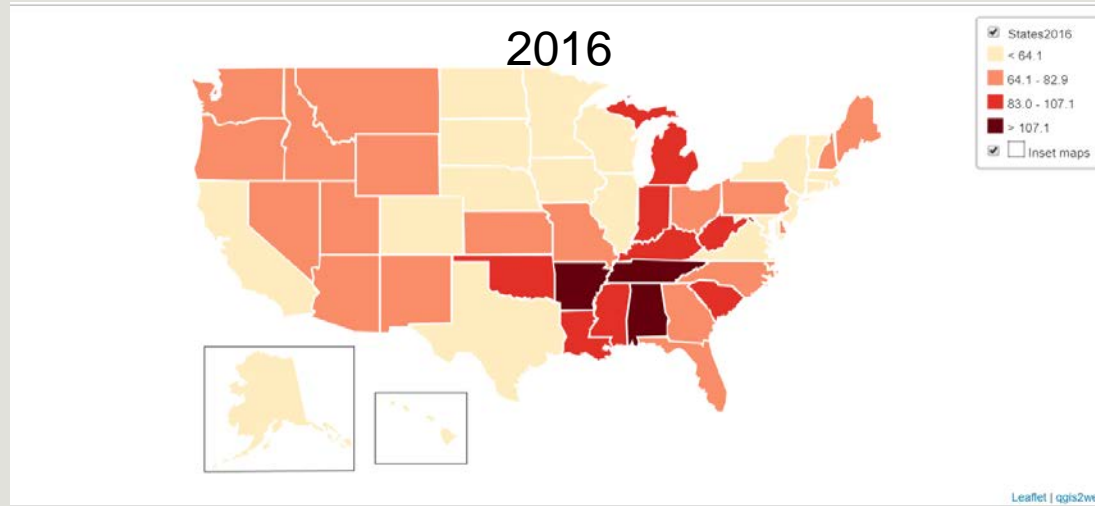
Alabama Medicaid Agency
Effect of Opioid Dependency on Avg Annual Claims Cost Per Member
FY 2016
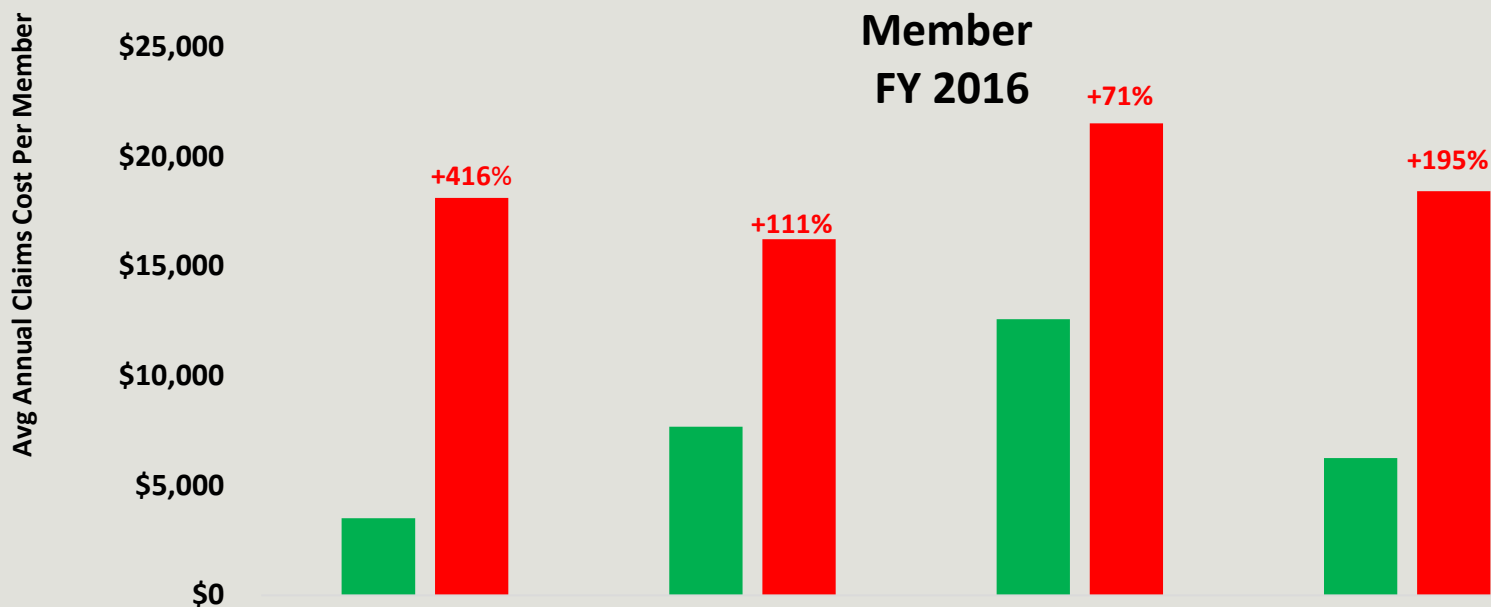
Age Group	13-18	19-44	45-64	Overall
% Members Diagnosed	.08%	5.0%	5.3%	2.4%
Number of Members	106	3,168	2,267	5,441

Legend: ■ Diagnosis Not Present ■ Diagnosis Present

Percentage labels on chart: +416%, +111%, +71%, +195%

Members Excluded: 1) Not eligible the entire year, 2) PlanFirst (family planning only) at any time during the year, 3) Ever had cancer diagnosis, 4) Ever had sickle cell anemia diagnosis, 5) Mothers giving birth during the year, 6) dually eligible for Medicare/Medicaid at any time during the year and 7) age 65 and older. Total cohort after exclusions of 232,166 members.

Probability of Continued Opioid Usage Among Naïve Patients Based on Number of Days Supply in Initial Opioid Prescription
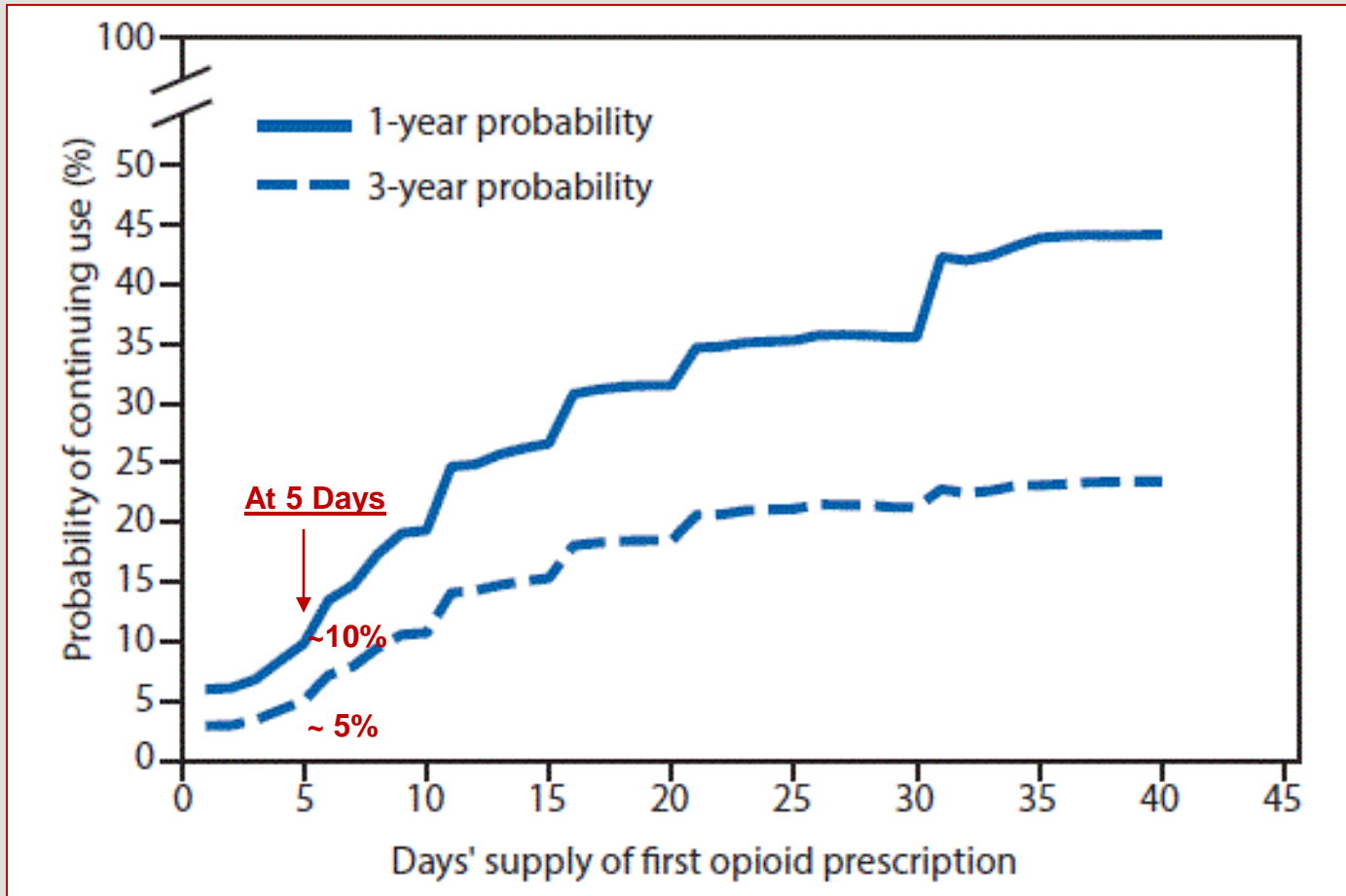
Source: Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015 Centers for Disease Control and Prevention

"Legitimate opioid use before high school graduation is independently associated with a **33% increase in the risk of future opioid misuse** after high school. This association is concentrated among individuals who have **little to no history of drug use** and…**strong disapproval of illegal drug use** at baseline."

- Monitoring the Future Study National Survey Results on Drug Use, January 2017

Morphine Milligram Equivalents (MMEs)

MMEs: Daily morphine milligram equivalents, also called **morphine equivalent daily dose** (MEDD), are used to assess comparative potency of opioids, but not to convert a particular opioid dosage from one product to another.

The calculation to determine MMEs includes drug strength, quantity, days supply and a defined conversion factor unique to each drug.

- Medicaid is currently using FDB calculation for MMEs [CDC,2014].

Morphine Milligram Equivalents (MMEs)

Defined MME Conversion Factor
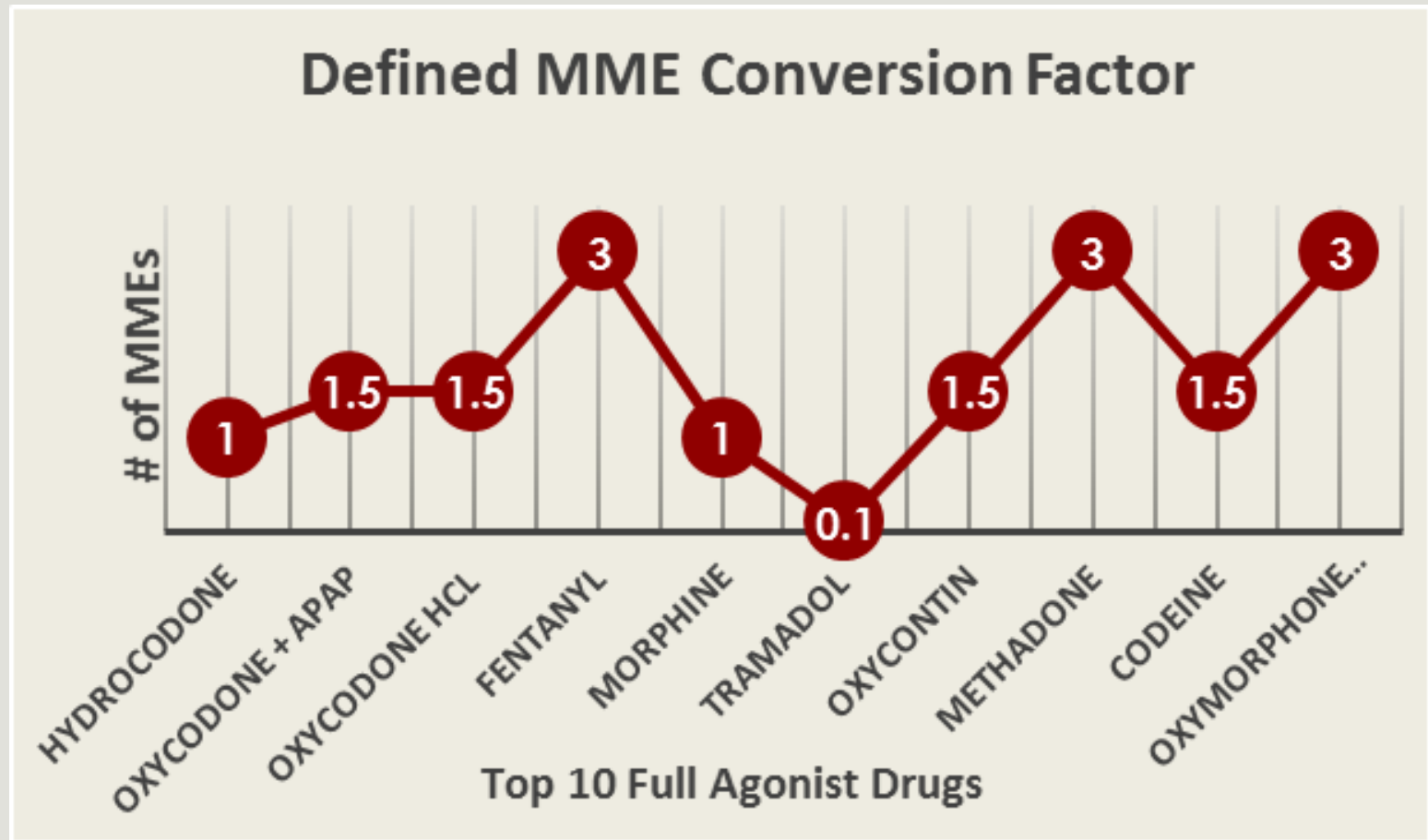
AMA covers methadone for pain. Medication Assisted Treatment [MAT] is covered by the Alabama Department of Mental Health.

Alabama BME Requirements:
Risk and Abuse Mitigation Strategies (eff 3/9/17)

ALABAMA STATE BOARD OF MEDICAL EXAMINERS RULES & REGULATIONS
540-X-4-.09 Risk and Abuse Mitigation Strategies by Prescribing Physicians

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases.

The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages.

Alabama BME Requirements:
Risk and Abuse Mitigation Strategies
(effective 3/9/17)

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

(a) Pill counts;
(b) Urine drug screening;
(c) PDMP checks;
(d) Consideration of abuse-deterrent medications;
(e) Monitoring the patient for aberrant behavior;
(f) Providing a patient with opiate risk education prior to prescribing controlled substances; and
(g) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

Alabama BME Requirements:
Risk and Abuse Mitigation Strategies

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP):

    (a) For controlled substance prescriptions totaling 30 MME or less per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice.

    b) When prescribing a patient controlled substances of more than 30 MME per day, physicians shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.

    (c) Physicians shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

Alabama BME Requirements:
Risk and Abuse Mitigation Strategies
(effective 3/9/17)

(4) Exemptions: The Board's PDMP requirements do not apply to physicians writing controlled substance prescriptions for:

  (a) Nursing home patients;

  (b) Hospice patients, where the prescription indicates hospice on the physical prescription;

  (c) When treating a patient for active, malignant pain; or

  (d) Intra-operative patient care.

(5) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, physicians should reconsider a patient's existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.
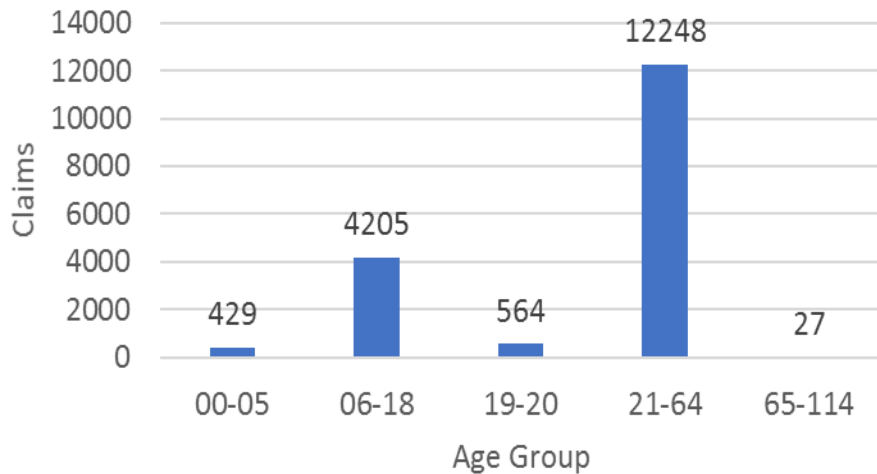
Short Acting Opiate Limits
for Treatment Naïve Patients

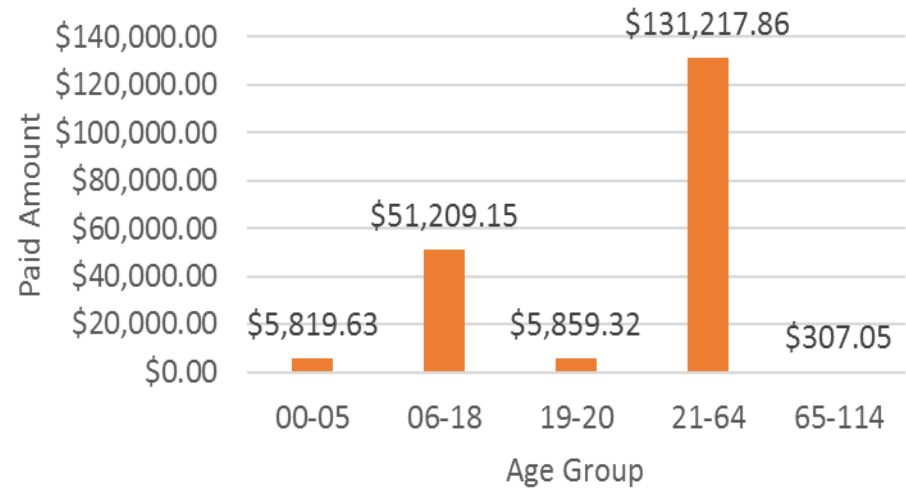Days' supply edit implemented 11/1/18 for short-acting opiates:

- Treatment-naïve patients (no opioid claims hx in past 6m/180d)
- Maximum 7ds for adults/5ds for children (ages 18y and younger)
- Maximum 50 MME/day (one prescription)
- Oncologists excluded
- LTC and Hospice recipients excluded; children included
- "Refills" within 30 days will not count toward 5rx limit for adults
- Overrides available for medical necessity

Opioid Claims Days' Supply 1-7 Nov/Dec 2018

Nov/Dec 2018 DS 1-7 Opioid Claim Count

Age Group	Claims
00-05	429
06-18	4205
19-20	564
21-64	12248
65-114	27

Nov/Dec 2018 Opioids with DS 1-7 Paid Amount

Age Group	Paid Amount
00-05	$5,819.63
06-18	$51,209.15
19-20	$5,859.32
21-64	$131,217.86
65-114	$307.05

Souce: Pharmacy Cube	
Opioids = AHFS 280808	
11/1 - 11/30; 12/1-12/31	

Opioid Claims Days' Supply 8-34 Nov/Dec 2018
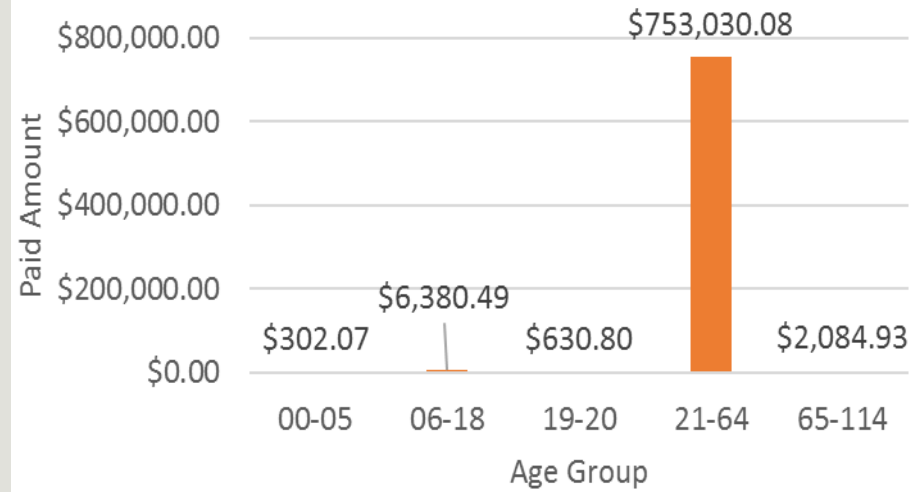

Nov/Dec 2018 DS 8-34 Opioid Claim Count
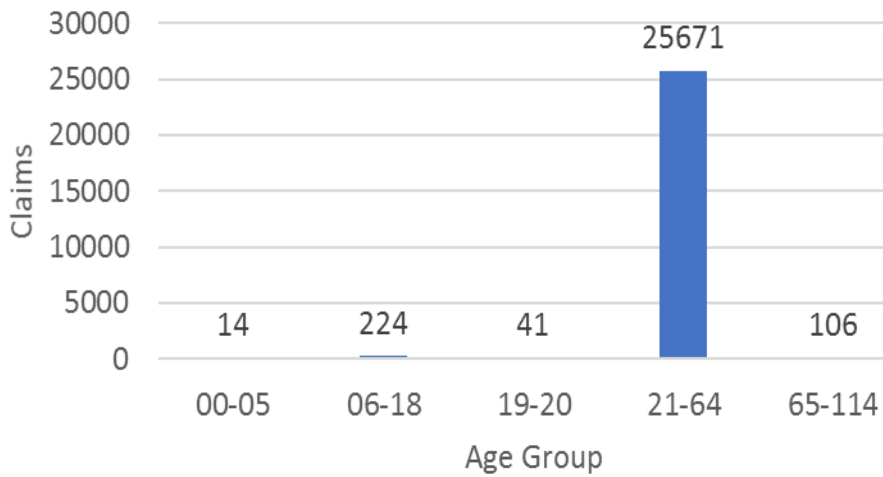
Nov/Dec 2018 Opioids DS 8-34 Paid Amount

Souce: Pharmacy Cube	
Opioids = AHFS 280808	
11/1 - 11/30; 12/1-12/31	

Opioid Naïve Overrides

	Opioid Naïve Overrides				
	Nov-18	**Percentage**		**Dec-18**	**Percentage**
Approved	59	37%		73	25%
Denied	102	63%		216	75%
Total Requests	161	100%		289	100%
Source: HID					

Max Units 2017 vs 2018

		Max Unit Overrides: Hydrocodone/APAP 10-325			
	Nov-17	**Percentage**		**Nov-18**	**Percentage**
Approved	375	93%		368	77%
Denied	30	7%		108	23%
Total Requests	405	100%		476	100%
	Dec-17	**Percentage**		**Dec-18**	**Percentage**
Approved	386	92%		334	83%
Denied	33	8%		67	17%
Total Requests	419	100%		401	100%

Source: HID

MME Cumulative Edit

- Calculate the daily MME for a patient and deny claims that exceed a certain threshold

- Phased in with higher MME, gradually decrease
  - 250MME, phase down by 50MME Q4months

- Oncologists excluded

- LTC and Hospice excluded, children included

- Overrides available for medical necessity

- Extensive training

Estimated implementation: Phase in informational Spring 2019, hard edit beginning Summer 2019

Other Pharmacy Updates

Ingredient Duplication Edit (*July 2, 2018*)

- New edit reviews claims history for possible ingredient duplication

- Concurrent use of same active ingredient by DIFFERENT prescribers

- Different strengths by SAME prescriber will not hit edit

- Edit requires manual override/Form 409

- Drugs implemented:
  - Pregabalin (ex Lyrica)
  - Gabapentin (ex Neurontin)

Contact Info

Health Information Designs (PAs)

(800) 748-0130

Myers & Stauffer (AAC)

(800) 591-1183

DXC (formally HPE/EDS) Claims Processing

(800) 456-1242

RECIPIENT HOTLINE

(800) 362-1504

FRAUD Hotline

(866) 452-4930

Pharmacy Services
(334) 242-5050

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