Alabama Medicaid
Opioid Prescribing/Pharmacy Trends

KELLI LITTLEJOHN NEWMAN, PHARM. D.
DIRECTOR, CLINICAL SERVICES AND SUPPORT
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

Percentage of Members Receiving a Prescription in CY 2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td></td>
<td></td>
<td>2,200</td>
<td>3,400</td>
<td>3,800</td>
<td>4,200</td>
<td>4,600</td>
</tr>
<tr>
<td>13-18</td>
<td></td>
<td></td>
<td>12,000</td>
<td>14,000</td>
<td>15,000</td>
<td>16,000</td>
<td>17,000</td>
</tr>
<tr>
<td>19-44</td>
<td>24,000</td>
<td>25,000</td>
<td>26,000</td>
<td>27,000</td>
<td>28,000</td>
<td>29,000</td>
<td>30,000</td>
</tr>
<tr>
<td>45-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32,000</td>
</tr>
</tbody>
</table>
MEDICAID OPIOID PRESCRIBING TRENDS: FY 2011- FY 2017

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

Percent Change from FY 2011

-30%
-20%
-10%
0%
10%
20%
30%


Avg Daily MMEs
Unique Annual Recipients
Avg Monthly Recipients
Avg Monthly Quantity Dispensed
Trends in Prescribing Sources

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

<table>
<thead>
<tr>
<th>Provider Specialty</th>
<th>Change from 2011-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>-57%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>-50%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>-36%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>-52%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>-49%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>-62%</td>
</tr>
</tbody>
</table>

**Graph:**
- **Dentists and Oral Surgeons**
- **All Others**

- **Change:**
  - **Emergency Room:** -44%
  - **All Others:** +8%
- 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*

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

* CY 2016

* CY 2017
Opioid Pharmacy Claims
2017 versus 2018

Nov/Dec 2017 vs 2018 Total Opioid Claim Count

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2017 Claims</th>
<th>2018 Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-05</td>
<td>796</td>
<td>443</td>
</tr>
<tr>
<td>06-18</td>
<td>6409</td>
<td>4429</td>
</tr>
<tr>
<td>19-20</td>
<td>862</td>
<td>605</td>
</tr>
<tr>
<td>21-64</td>
<td>45918</td>
<td>37919</td>
</tr>
<tr>
<td>65-114</td>
<td>135</td>
<td>133</td>
</tr>
</tbody>
</table>

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

17.4% decrease
Opioid Pharmacy Claims 2017 versus 2018

Nov/Dec 2017 vs 2018 Total Opioid Paid Amount

- 2017: $1,086,728.13
- 2018: $884,247.94

18.6% decrease

Source: Pharmacy Cube
Opioids = AHFS 280808
11/1 - 11/30; 12/1-12/31
### CDC.gov: US State Opioid Prescribing Rates per 100

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>2016</th>
<th>2017</th>
<th>% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alabama</td>
<td>121</td>
<td>107.2</td>
<td>11.4%</td>
</tr>
<tr>
<td>2</td>
<td>Arkansas</td>
<td>114.6</td>
<td>105.4</td>
<td>8.0%</td>
</tr>
<tr>
<td>3</td>
<td>Tennessee</td>
<td>107.5</td>
<td>94.4</td>
<td>12.2%</td>
</tr>
<tr>
<td>4</td>
<td>Mississippi</td>
<td>105.6</td>
<td>92.9</td>
<td>12.0%</td>
</tr>
<tr>
<td>5</td>
<td>Louisiana</td>
<td>98.1</td>
<td>89.5</td>
<td>8.8%</td>
</tr>
</tbody>
</table>
US State Opioid Prescribing Rates per 100
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

“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].
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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-05</td>
<td>429</td>
</tr>
<tr>
<td>06-18</td>
<td>4205</td>
</tr>
<tr>
<td>19-20</td>
<td>564</td>
</tr>
<tr>
<td>21-64</td>
<td>12248</td>
</tr>
<tr>
<td>65-114</td>
<td>27</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-05</td>
<td>$5,819.63</td>
</tr>
<tr>
<td>06-18</td>
<td>$51,209.15</td>
</tr>
<tr>
<td>19-20</td>
<td>$5,859.32</td>
</tr>
<tr>
<td>21-64</td>
<td>$131,217.86</td>
</tr>
<tr>
<td>65-114</td>
<td>$307.05</td>
</tr>
</tbody>
</table>

Source: Pharmacy Cube
Opioids = AHFS 280808
11/1 - 11/30; 12/1-12/31
Opioid Claims Days’ Supply 8-34 Nov/Dec 2018

Source: Pharmacy Cube
Opioids = AHFS 280808
11/1 - 11/30; 12/1-12/31
### Opioid Naïve Overrides

<table>
<thead>
<tr>
<th></th>
<th>Nov-18</th>
<th>Percentage</th>
<th>Dec-18</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>59</td>
<td>37%</td>
<td>73</td>
<td>25%</td>
</tr>
<tr>
<td>Denied</td>
<td>102</td>
<td>63%</td>
<td>216</td>
<td>75%</td>
</tr>
<tr>
<td>Total Requests</td>
<td>161</td>
<td>100%</td>
<td>289</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: HID
## Max Units 2017 vs 2018

### Max Unit Overrides: Hydrocodone/APAP 10-325

<table>
<thead>
<tr>
<th></th>
<th>Nov-17</th>
<th>Percentage</th>
<th>Nov-18</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approved</strong></td>
<td>375</td>
<td>93%</td>
<td>368</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>30</td>
<td>7%</td>
<td>108</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Total Requests</strong></td>
<td>405</td>
<td>100%</td>
<td>476</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Dec-17 vs Dec-18

<table>
<thead>
<tr>
<th></th>
<th>Dec-17</th>
<th>Percentage</th>
<th>Dec-18</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approved</strong></td>
<td>386</td>
<td>92%</td>
<td>334</td>
<td>83%</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>33</td>
<td>8%</td>
<td>67</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Total Requests</strong></td>
<td>419</td>
<td>100%</td>
<td>401</td>
<td>100%</td>
</tr>
</tbody>
</table>

**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

Kelli Littlejohn Newman, Pharm D
Director, Clinical Services and Support
(334) 353-4525
kelli.littlejohn@medicaid.alabama.gov

Clemice Hurst, RPh
Clinical Pharmacist
(334) 353-4593
clemice.hurst@medicaid.alabama.gov

Alexander Jenkins, PharmD
Audit Pharmacist
(334) 353-4584
alexander.jenkins@medicaid.alabama.gov

www.medicaid.alabama.gov