



Prescription Opioid Use in the Medicaid Population



Medicaid and CHIP Payment and Access Commission
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The Opioid Epidemic

- Drug overdose, led by opioid overdose, is the leading cause of accidental death in the United States
- Between 1999 and 2010
 - 86% increase in the number of deaths involving an overdose of prescription opioid painkillers;
 - 34% increase in the number of heroin overdose deaths
- An estimated \$53 to \$72 billion is spent each year in the United States on medical and substance abuse treatment costs, lost work productivity, and criminal justice costs due to prescription opioid abuse, dependence, and misuse
- Admissions to treatment for prescription opiates increased 500% from 2000 to 2012

The Medicaid Program is Disproportionately Affected by the Opioid Epidemic

- New York State found that Medicaid enrollees were prescribed painkillers at twice the rate of non-Medicaid patients
- Washington State found that Medicaid patients were at three to six times the risk of prescription painkiller overdose compared to the population as a whole
- Arizona study found that Medicaid paid for more than half of all opioid-related emergency department admissions in the state in 2010

Medicaid Opioid Utilization and Expenditures

Data and Caveats

- Data
 - 2010, 2011 and 2012 Medical Statistical Information System (MSIS) data
 - Dually eligible and partial benefit enrollees excluded
 - Full-year institutionalized enrollees excluded
 - Enrollees with cancer excluded
 - Hawaii, Massachusetts, Nevada, and Pennsylvania excluded due to incomplete encounter data
- Caveats
 - Includes only prescription opioids (not illicit drugs)
 - Prescriptions may not have been filled or taken by enrollee

Medicaid Prescription Opioid Use and FFS Expenditures

- In 2012, the most recent comprehensive Medicaid data available, Medicaid paid for over 34 million claims for opioids
- More than \$500 million (FFS only, before rebates)
- The total number of opioid claims (in both FFS and managed care) decreased between 2010 and 2012, from 35.7 to 34.3 million claims
- Opioid prescriptions as a share of all prescription drug claims also decreased, from 6.5% to 6.1% of all prescription claims.

Characteristics of Opioid Prescription Users

- 15% of Medicaid enrollees had at least one opioid prescription during CY 2012
 - Varies by state: from less than 10% to almost one quarter of beneficiaries with any opioid during the year
- 35% of Medicaid enrollees who qualified on the basis of a disability had at least one opioid prescription; 13% of other enrollees
- Women are more likely to have an opioid prescription than men (19% versus 11%)
- Number of opioid prescriptions increases with age (except nondisabled adults age 21-44 are more likely to use them than nondisabled adults age 45-64)

Medicaid Prescription Opioid Supply

- Seven out of ten Medicaid enrollees with any opioid prescription had an opioid prescription for one or two months in 2012
- Almost half (48%) of opioid prescriptions were for short-term use with a day supply of two weeks or less
- About one-third of opioid prescriptions were for a month's supply (22-31 days)
- 5% were for 32 or more days

Multiple Pharmacy and Doctors Used

- About 5% received prescriptions from five or more prescribers
- About 2% filled them at five or more pharmacies

Medicaid Benefits and Payment Policy

Substance Use Disorder Benefits Vary by State

- Most substance use disorder treatments are optional services under Medicaid state plans
- All states covers naloxone and naltrexone
- Every state covers either buprenorphine on its own or a buprenorphine-naloxone combination
- 32 states cover inpatient detoxification and 34 cover outpatient detoxification
- 24 states cover psychotherapy
- 14 states cover peer support for substance use disorders
- No states pay for 12-step or other similar programs

Other Authorities Providing Additional Substance Use Disorder Treatment Benefits

- *Section 1115 waivers*: at least five Section 1115 demonstrations include a substance use disorder component (CA, DE, KS, LA, MA)
- *Health Homes*: as of April 2016, three Medicaid health home models target individuals with opioid dependency (MD, RI, VT)
- *Delivery System Reform Incentive Payment (DSRIP) Program*: at least three states have DSRIP projects including opioid users (CA, NY, TX)

State Medicaid Policies to Control Opioid Use and Abuse

Patient Review and Restriction (PRR) Programs

- At-risk patients are identified based on criteria such as the number of prescriptions and pharmacies a patient has visited to obtain controlled substance prescriptions
 - Patients identified as at-risk are assigned to predesignated pharmacies or providers
- Timeframes and criteria used to identify patients, and lock-in periods, vary by state
- As of November 2015:
 - 28 state Medicaid programs utilized PRR in both fee for service and managed care
 - 18 states utilized PRR in fee for service only
 - 3 states utilized PRR in managed care only

Quantity Limits

- Quantity limits cap the number of prescriptions/pills that can be prescribed or purchased within a set time period
- Quantity limits may differ for short and long acting opioids
- 5 states do not have quantity limits on short or long acting opioids

Prescription Drug Monitoring Programs (PDMPs)

- Collect data from opioid dispensers to identify both high-volume users and providers with lenient prescribing practices
 - Individuals found to be at risk of opioid abuse are often enrolled in PRRs
 - Providers with lenient prescribing practices can be reported to the appropriate licensing board for review
- Most commonly operated by state boards of pharmacy but may also be operated by state agencies
- All but one state operates a PDMP
- As of December 2014, 31 state Medicaid programs were authorized to access PDMP information from the state

Drug Utilization Review (DUR)

- An ongoing review process of prescribing, dispensing, and using medication for pharmacy compliance that can identify potentially inappropriate prescribing practices
 - Can be operated prospectively or retrospectively
 - When inappropriate practices are identified, the prescribing and treatment team works to modify and improve drug therapy practices
- Most DURs are operated by a contractor, though some are operated by the state or an academic institution
- All states have a DUR program

Additional Medicaid Strategies

- Preferred drug lists (PDLs)
 - Step therapies: require a beneficiary to try one preferred drug to document side effects, treatment failure, and other criteria before prescribing a specific opioid
 - Removing methadone (or other opioids) from PDLs for pain management
- Provider education programs
- Patient education programs

Next Steps

Possible Additional Analyses

- MSIS analysis of use of medication assisted treatments
- MSIS analyses of total utilization and expenditures for enrollees with opioid prescriptions
- MSIS analyses of utilization and outcomes associated with opioids (e.g., death, emergency department and hospitalization encounters with opioid diagnoses, neonatal abstinence syndrome)
- Monitoring of evaluations of opioid monitoring, control, and treatment programs



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