

Restrictions of Initial Prescriptions for Short- Acting Opioids

PREPARED BY THE DIVISION OF MEDICAID AND HEALTH FINANCING FOR
THE SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE

NOVEMBER 30, 2019

REQUIREMENT FOR REPORT

In its August 20, 2019 meeting, the Social Services Appropriation Subcommittee adopted the following proposal:

We recommend that the DOH report on the following to the Social Services Appropriations Subcommittee by November 30, 2019: (1) reductions in opioids prescribed for FY 2019, (2) actual savings in FY 2019, and (3) projected savings in FY 2020.

EXECUTIVE SUMMARY

Utah Medicaid reduced the potential for misuse and abuse of prescribed opioids by updating policies and aligning them with the Centers for Disease Control's (CDC) Guidelines for Prescribing Opioids for Chronic Pain and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requirements. In FY2019, Utah Medicaid enhanced its existing opioid policy by implementing Morphine Milligram Equivalents (MME) methodology to all opioid claims, applying pharmacy edits to protect vulnerable populations, and addressing the use of dangerous combinations. The robust application of best practice standards in FY2019 was carefully implemented to ensure that member harm was avoided as policy was put into place.

Comparing FY 2019 to FY 2018, the total opioid MME dispensed to Utah Medicaid recipients declined by 28.3%, the average amount of daily opioid MME received per member dropped by 6.7%, and the number of distinct members receiving a prescription for an opioid declined by 14.7%. An overall cost savings of \$1.3 million in total funds was realized from these opioid reductions in FY 2019; however, costs for opioid treatment have increased in the same period. Utah Medicaid projects that savings realized in FY 2019 will continue in FY 2020. However, Utah Medicaid has not estimated additional savings in FY 2020 because it is difficult to anticipate the changes in member and provider behavior in response to planned Utah Medicaid policy changes.

BACKGROUND

Historically opioid policy for Utah Medicaid members focused on individual product quantity limits and day supply limitations. While this policy impacted overall opioid utilization, it did not directly address several specific areas where there is a potential for opioid-related harm: the use of opioids in vulnerable populations, the use of dangerous combinations, and the risks associated with using multiple opioids concurrently.

GOAL

To reduce opioid dependence among Utah Medicaid members.

ACTIONS TAKEN

Over the last several years, Utah Medicaid has made dramatic advances in the specificity of its opioid policy. This report provides a timeline of opioid policy changes, the subsequent impact on opioid utilization, and related cost savings. The policy timeline is specific to the Fee for Service (FFS) program within Utah Medicaid but the results presented report opioid utilization trends and reimbursed cost for both FFS and the Accountable Care Organizations (ACOs). During this time period, Utah Medicaid has reduced the potential for misuse and abuse of prescribed opioids by updating policies and aligning them with the Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain and SUPPORT ACT requirements.

In FY2019 the safety of prescribed opioids was enhanced by the adoption of MME methodology within the pharmacy point of sale system. The MME methodology approximates the “potency” of any opioid relative to morphine. MME is calculated for each individual dispensed opioid product and a cumulative daily MME limit is applied when multiple opioids are prescribed within a 24-hour period. The daily MME limits were applied in combination with all existing quantity limits and first dose fill limits, as described below.

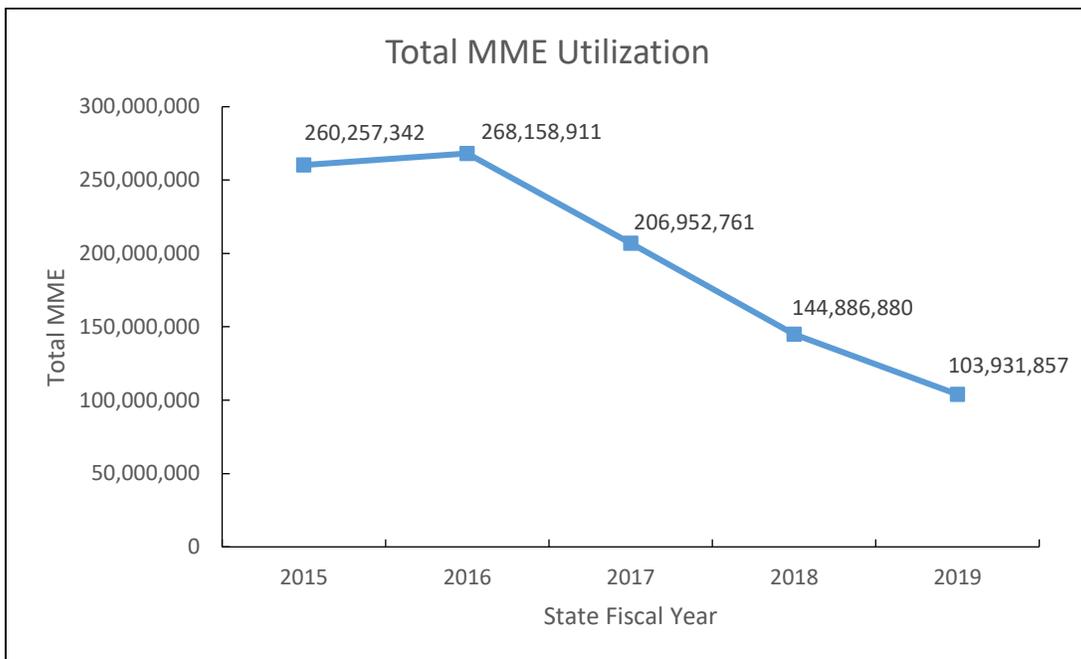
- October 1, 2016 – Established a maximum 7-day initial fill limit on short-acting opioid prescriptions
- July 1, 2018 – Established a maximum 3-day initial fill limit on short-acting opioids for dental prescribers
- January 1, 2019 – Adopted MME and cumulative daily MMEs for adjudication of all opioid claims for the treatment of non-cancer pain (90 daily MME for “opioid naïve”, 180 daily MME for “opioid experienced”); providers must submit a prior authorization request on behalf of members who require opioid doses that exceed the daily MME limits.
- July 1, 2019 – Implemented the following protections:
 - Reduced daily limit to 150 MME for “opioid experienced” members
 - Implemented point of sale restriction on long-acting opioids and benzodiazepine
 - Restricted short-acting opioid quantity limits to 7 days or less for children 18 years of age and younger
- October 1, 2019 – Implemented the following protections:

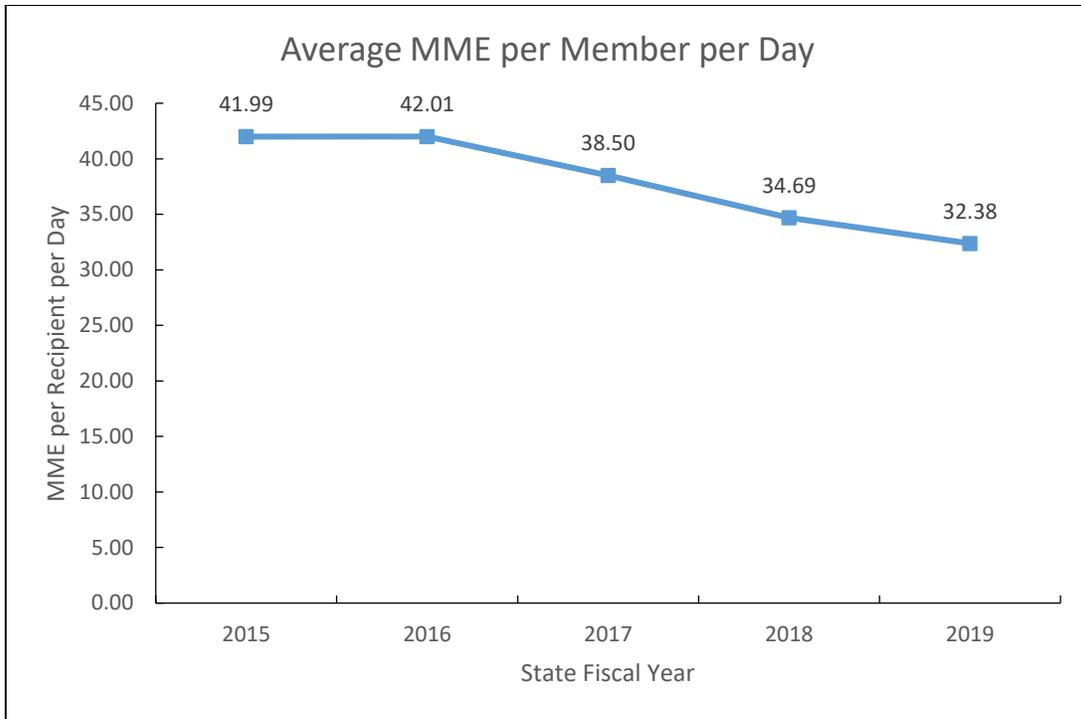
- Implemented a 7-day limit for opioids for women who are pregnant
- Implemented a Drug Utilization Review “hard edit” at the point of sale for concurrent use of short-acting opioids and benzodiazepines; pharmacist must enter an override code, indicating member or provider consultation, to allow the claim to process.

Exceptions to MME and quantity limit remain in place for members with an active cancer pain diagnosis. In addition, providers may submit a prior authorization request on behalf of members who require opioid doses that exceed the daily MME limits.

RESULTS

In FY 2019, Utah Medicaid continued to see declines in total opioids dispensed (-28.3%), the average daily amount of opioid received per members using opioids (-6.7%), and the number of members using opioids (-14.7%). While Utah Medicaid opioid policies have evolved rapidly over the past year, reductions in overall MME and per-member MME suggest that opioid prescribing patterns have been shifting over many years. Thus, both opioid prescribing by Medicaid providers and opioid policy for Medicaid members is aligning with best practice standards.





Fiscal Year	Number of Medicaid Members Using Opioids	Percent Decline (from Previous Year)
2015	52,495	
2016	50,318	4.1%
2017	43,380	13.8%
2018	36,834	15.1%
2019	31,408	14.7%

Medicaid Reimbursements for Pharmacy Opioid Claims					
Fiscal Year	Non-TAM	TAM - Homeless	TAM - Justice Involved	Total Reimbursed	Percent Decline (from Previous Year)
2015	\$8,978,437			\$8,978,437	
2016	\$8,722,813			\$8,722,813	2.8%
2017	\$7,067,951			\$7,067,951	19.0%
2018	\$4,981,098	\$6,949	\$2,204	\$4,990,251	29.4%
2019	\$3,631,054	\$21,222	\$15,322	\$3,667,599	26.5%

NEXT STEPS

In FY2020, Utah Medicaid continues to enhance opioid policy to promote the safe and appropriate use of opioid medications. High dose opioid prescribing is addressed through MME edits. Daily MME for “opioid experienced” individuals will be reduced over time to achieve one common daily MME standard for all Utah Medicaid members. Dangerous combinations, or the mixing of opioids with other prescribed medications, including benzodiazepines, methamphetamines, muscle relaxants, and psychotropic medications, will be monitored and addressed through pharmacy edits and prescriber outreach. Member protections will continue to be applied through prescriber outreach and prior authorization. Members with an active cancer pain diagnosis will continue to be exempted from MME and quantity limitations.

Utah Medicaid projects that savings realized in FY 2019 were not one-time in nature and will continue in FY 2020. Prospective cost savings for these interventions are difficult to estimate, as prescriber and member behavior may independently influence overall impact to opioid utilization. Utah Medicaid has not estimated additional savings for FY 2020 because it is difficult to anticipate the changes in member and provider behavior in response to planned Utah Medicaid policy changes.