



DUR Capsules



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West Virginia Medicaid Lock-In Program

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Background

Improper utilization of medical services can be detrimental to patients' health. In addition, improper utilization of services by Medicaid recipients has the potential to result in a misuse and waste of Medicaid funds. The West Virginia Medicaid Pharmacy Program requires that members with prescription drug utilization meeting specified criteria obtain their prescription drugs from one pharmacy. Such Lock-In Programs provide for improved coordination of care for patients being prescribed controlled substances from multiple providers, resulting in less frequent dispensing of these controlled substances at pharmacies.

Improper Use of Controlled Substances

The concern for overuse of opiates and other controlled substances arises in part from the recent sharp increase in opiate use and abuse. Drug diversion, especially the diversion of pain medications, has proven to be a rising problem for state and local law enforcement. The National Drug Threat Assessment report states that opioid pain relievers are the most commonly diverted drugs.¹ Increased access to these medications has resulted in increased abuse. From 2002 to 2006 there was a 98 percent increase in the number of deaths related to prescription opioids.¹ Pain relievers are not the only drugs being diverted. Benzodiazepines and antipsychotics have also been reported to be involved in diversion.

Improper use of these medications leads to an increase in health care expenditure. There is an increase in cost due the number of prescriptions filled, and an increase cost associated with more frequent physician, emergency department (ED), and rehabilitation center visits. A 2008 report by the Drug Abuse Warning Network (DAWN) estimated that 1 million ED visits were a result of improper use of prescription and over-the-counter medication.¹ Opioid and benzodiazepine use accounted for over half of those visits. The Centers for Medicare and Medicaid Services (CMS) has collaborated with States to implement ways to more closely monitor the prescribing and dispensing of controlled substances. These programs identify overuse of controlled substances among Medicaid recipients in an attempt to prevent "doctor shopping" and frequent filling of controlled substance prescriptions.

Lock-In Programs

One method for monitoring overutilization of prescription drugs is a recipient "lock-in" program. As a part of this program, Medicaid has the ability to identify frequent users of prescription controlled substances and restrict the recipient to one physician, one pharmacy, and/or one hospital for medical needs for a certain period of time. Currently, thirty states have incorporated a lock-in

program as their method for preventing fraud and abuse of Medicaid healthcare services; however there is variation in this approach.

For example, while many states identify patients based on drug utilization review (DUR), Arkansas, North Dakota, and Vermont base their decision to enroll recipients on provider referrals.^{2,3,4} These recommendations may also be based on overall use of healthcare services, and not just the use of controlled substances. States such as Iowa, and Nebraska include restriction to one hospital, along with a single pharmacy and a single physician, and Idaho includes excessive ED use as criteria for locking in a patient.^{5,6,7} The length of time a patient is locked in varies from state-to-state and can be anywhere from 12 months to a lifetime, such as in New Jersey where having a criminal history with regards to controlled substance prescriptions can warrant a long-term lock in.⁸ In most cases patients have the option to appeal the restriction and provisions exist to allow patients to seek medical care elsewhere in the case of an emergency or provider referral.

West Virginia Pharmacy Lock-In Program

The West Virginia Department of Health and Human Resources, gives the Retrospective DUR Committee the authority to review Medicaid member drug utilization profiles to determine if controlled substances are being used at a frequency that may be harmful or not medically necessary. The goal of the program is to improve coordination of care for members who are at risk for adverse effects due to overuse of prescription controlled substances. Inappropriate use can be classified as frequent use of multiple controlled substances, use of multiple prescribing physicians or pharmacies, and overlapping prescription drugs within the same drug class.⁹ Patients with HIV or cancer are excluded from this program.¹⁰ A series of warning letters is sent to the physician and the patient stating that continued overutilization of controlled substances may result in the member being restricted to a single pharmacy provider.⁹

If the lock-in criteria are met (Table 1), and the prescribing pattern does not change related to the warning letters, then the member is asked to select a single pharmacy for future controlled substance prescriptions.⁹ The chosen pharmacy's participation is voluntary. The pharmacists at these locations are asked to use their professional judgment when filling controlled substances for the member.⁹ Members that are discharged from a substance abuse program, or while receiving substance abuse treatment with suboxone, will be locked into a single pharmacy provider.⁹

Lock-In Criteria

Members who meet the criteria are locked in for a 12 month period, at the end of which the Retrospective DUR Committee reviews member profiles to determine if the lock-in should continue for another 12 month period.

The controlled substances that will be reviewed by the Retrospective DUR Committee include:¹⁰

- a) Opiates
- b) Benzodiazepines
- c) Stimulants
- d) Tramadol
- e) Carisoprodol

Table 1: Lock-In Program Criteria for Qualified Beneficiaries¹⁰

| Classification | Definition |
|--|---|
| Suboxone Therapy | Therapy in the past 30 days |
| Doctor Shopper | ≥ 6 claims for any agent, or combination of agents listed above, from ≥ 3 prescribers filled at ≥ 2 pharmacies in the past 60 days |
| Overutilization | ≥ 6 claims for ≥ 3 different agents listed above in the past 60 days |
| Multiple Prescribers | ≥ 3 prescribers for the agents, or combination of agents listed above, in the past 60 days |
| Use with a History of Dependence | Any use in the past 60 days with at least 2 occurrences of a medical claim for substance abuse or dependence in the past 720 days |
| Use with a History of Poisoning/Overdose | Any use in the past 60 days with at least 1 occurrence of a medical claim for opiate/benzodiazepine poisoning (overdose) in the past 720 days |
| Overfilling | Filling of > 6 claims for the agents, or any combinations of the agents listed above, in the past 60 days |
| Overutilization of Drugs with Abuse Potential | > 15 claims in the past 60 days for all controlled substances listed above combined |
| Use of Drugs of Abuse | Therapy in the past 60 days with any drugs of abuse. Members will be flagged based on the following criteria: <ul style="list-style-type: none"> i. Use of 5-9 different agents ii. Use of 10-14 different agents iii. Use of 15-19 different agents iv. Use of 20-24 agents v. Use of ≥ 25 different agents |

Cost-Savings

While this program aims to prevent misuse and overutilization of controlled substances by members, there is also a cost savings benefit for Medicaid. An outcomes assessment of the West Virginia Lock-In Program intervention over a 6-month baseline and 6-month post-intervention period was performed by Xerox for the Retrospective Drug Utilization Committee. The average per member per month cost savings amounted to \$48.04 which yielded an overall savings of \$264,883 over a 6-month period.¹¹

Conclusion

In an effort to improve patient coordination of care, curb drug diversion, and reduce misuse and waste of Medicaid services, many states have implemented a Lock-In Program. West Virginia has employed a method that locks in frequent controlled substance users into a single pharmacy, and this system has already resulted in significant cost savings in a relatively short amount of time.

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