



Medicaid Programs That Improve The Safety of Opioid Use

Spotlight on Utah

To minimize overdoses and other harm associated with the misuse of prescription drugs, public and private insurance plans use patient review and restriction (PRR) programs to encourage the safe use of opioids and other controlled substances. Through PRRs, insurers assign patients who are at risk for substance use disorder (SUD) to predesignated pharmacies and prescribers to obtain these drugs. This fact sheet presents key features of Utah's Medicaid fee-for-service (FFS) PRR program that were acquired from a 2015 survey and literature review by The Pew Charitable Trusts. The nationwide survey of Medicaid PRR programs captured information on program characteristics, structures, and trends. Of the 41 states that responded (plus the District of Columbia and Puerto Rico), 38 operate an FFS PRR. For more information on state responses, visit www.pewtrusts.org/PRRreport.

PRR program initiation

PRR programs have been in operation in Medicaid FFS programs in the United States since the early 1970s. Utah's PRR program was launched around 1995.

Designated provider structure for PRRs

PRRs require patients to receive controlled substance prescriptions and related care from designated pharmacies, prescribers, hospitals, and/or other providers, such as dentists or pain management specialists. Patients enrolled in Utah's PRR are assigned to a designated pharmacy and prescriber. The chart below compares Utah's PRR program design with that of other programs.

	Assign patients to a pharmacy only	Assign patients to both a pharmacy and prescriber	Assign patients to a pharmacy, prescriber, and hospital
Number of responding programs (%) n = 38	13 (34%)	17 (45%)	8 (21%)
Utah's PRR		✓	

Criteria used to identify at-risk patients for PRR enrollment*

Programs use specific, predetermined criteria to identify potentially at-risk beneficiaries for enrollment in a PRR. Utah's specific criteria are checked below:

✓	Filling a certain number of controlled substance prescriptions Six or more prescriptions filled for abuse-potential medications in a 12-month period.
	Filling a certain number of other prescriptions
✓	Utilizing a certain number of pharmacies to obtain controlled substances Four or more pharmacies in 12 months.
✓	Visiting a certain number of prescribers to obtain controlled substances Four or more nonaffiliated primary care providers and/or four or more specialists seen outside a normal range of utilization in a 12-month period, and/or three or more nonaffiliated providers prescribing abuse-potential medications in a 12-month period.
✓	Visiting a certain number of emergency rooms Five or more nonemergent emergency department visits in 12 months.
✓	Obtaining a certain number of controlled substances in the same therapeutic class
✓	Referral/recommendation
✓	Other Cash payments and patterns of early refills or attempted early refills for abuse-potential medications; concurrently prescribed abuse-potential medication written by different or nonaffiliated prescribers.

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* With the exception of referrals/recommendations, these criteria are based on use over a specified time period. These time periods may vary between criteria and are specified where known. When publicly available, specific numbers triggering potential identification as at-risk are provided for the listed criteria.

Patients automatically excluded from PRR enrollment

Some beneficiaries with pain that is difficult to manage are typically excluded from PRRs. Based on survey results from the District of Columbia and the 37 states with an FFS PRR, the most common reasons for automatic exclusion were that patients are:

- Receiving treatment for certain types of cancer (15 states).
- In long-term care (14 states).
- In hospice care (13 states).
- In skilled nursing facilities (10 states).

71%

Twenty-seven of the 37 states and DC automatically exclude at least one patient population from PRR enrollment to help ensure that these patients have access to effective pain management. Of these, 63% exclude more than one patient population.

29%

Eleven responding states do not automatically exclude patients, although they may choose to do so after performing a clinical review.

Although Utah does not automatically exclude patients based on specific conditions or settings of care, program staff members review each patient case and will exclude patients from PRR enrollment on a case-by-case basis.

Process for patient notification of PRR enrollment

Sixteen programs (46 percent of those responding*), including Utah's PRR, provide beneficiaries with less than 30 days' notice before PRR enrollment. Specifically, Utah provides 10 days' notice. Fourteen states (40 percent) provide 30 days' notice, and five states (14 percent) provide beneficiaries with more than 30 days' notice before PRR enrollment.

Process for patient appeal of PRR enrollment

Utah and 31 other states (over 86 percent of responding states†) provide beneficiaries with 30 or more days from the time of notification to appeal the decision to enroll them in the FFS PRR program. Specifically, Utah allows beneficiaries 30 days to appeal upon receiving notification of PRR enrollment. Five programs (almost 14 percent) provide beneficiaries with less than 30 days to appeal the decision.

If a Utah beneficiary chooses to appeal, he or she is enrolled in the PRR program during the appeals process. Fifteen percent of states follow this practice.

* These data represent 34 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

† These data represent 36 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

Selection of designated providers

Thirty-six programs (95 percent of responding programs), including Utah's PRR, allow for beneficiary input when selecting providers. Specifically, Utah allows beneficiaries to submit preferences for their primary pharmacies and prescribers.

Drugs managed through the PRR

Forty-seven percent of FFS PRR programs, including Utah's PRR, require patients to receive controlled substances in Drug Enforcement Administration Schedules II-V from designated providers. Alternatively, 45 percent of programs require patients to receive controlled as well as noncontrolled substances identified as frequently subject to misuse or diversion, such as those used to treat HIV, from designated providers. Eight percent of programs require patients to receive only a subset of controlled substance schedules from designated providers.

Additional services offered to PRR enrollees

Forty-seven percent of responding states, including Utah, offer additional services to PRR enrollees, such as general information on SUD, referrals for SUD treatment, referrals to pain specialists, and case management services. Utah offers these services along with providing information on the appropriate use of health care services.

PRR access to state prescription drug monitoring programs

Prescription drug monitoring programs (PDMPs) are state-run electronic databases that monitor dispensed prescriptions for controlled substances in 49 states and DC. Utah's Medicaid staff has access to the PDMP and uses it to identify at-risk beneficiaries and monitor cash transactions, patient address changes, and concurrent prescribing of scheduled, carved-out* drugs and/or drugs prescribed by mental health providers. The chart below compares the Utah FFS Medicaid program's access to the PDMP with that of other programs.

	No access to the PDMP	Access to the PDMP
Number of responding programs (%) n = 38	22 (58%)	16 (42%)
Utah's PRR		✓

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Resulting cost savings in Medicaid

Utah reports that its FFS PRR program resulted in overall cost savings to the Medicaid FFS program of \$1,013,244 in fiscal year 2014-15.

* These are drugs often used for mental health and substance use treatment, as well as psychotropic drugs, that are not included in the Accountable Care Organization contracts with Medicaid. Utah Medicaid pays for these drugs.

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