



Medicaid Programs That Improve The Safety of Opioid Use

Spotlight on Washington

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 Washington'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. Washington's PRR program was launched in 1974.

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 Washington's PRR are assigned to a designated pharmacy, prescriber, and hospital. The chart below compares Washington'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%)
Washington'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. Washington's specific criteria are checked below:

✓	Filling a certain number of controlled substance prescriptions See "Other" for additional details.
✓	Filling a certain number of other prescriptions See "Other" for additional details.
✓	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 Two or more different prescribers for controlled substance prescriptions not located in the same clinic or practice in any one month within a 90-day period; see "Other" for additional details.
✓	Visiting a certain number of emergency rooms Two or more emergency department visits within a 90-day period in the past 12 months; see "Other" for additional details.
✓	Obtaining a certain number of controlled substances in the same therapeutic class See "Other" for additional details.
✓	Referral/recommendation

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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.

Other

If two or more of the following occurred within a 90-day period in the past 12 months: received services from four or more different providers, including physicians, advanced registered nurse practitioners, and physician assistants not located in the same clinic or practice; had prescriptions written by four or more different prescribers not located in the same clinic or practice; received similar services on the same day, not in the same clinic or practice; had 10 or more office visits; had prescriptions filled by four or more different pharmacies; received 10 or more prescriptions.



Within a 90-day period in the past 12 months: exhibited at-risk usage patterns; made repeated and documented efforts to seek health care services that are not medically necessary; was counseled at least once by a health care provider, or a Medicaid or managed care staff member with clinical oversight, about the appropriate use of health care services.

In the past 12 months: used health care services in a manner that is duplicative, excessive, or contraindicated; sought conflicting health care services, drugs, or supplies that are not within acceptable medical practice; enrolled in substance abuse programs such as the programs described under the Alcohol and Drug Abuse Treatment and Support Act.

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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.

Washington does not automatically exclude patients from PRR enrollment.

Process for patient notification of PRR enrollment

Sixteen programs (46 percent of those responding^{*}), including Washington's PRR, provide beneficiaries with less than 30 days' notice before PRR enrollment. Specifically, Washington 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

Washington and 31 other states (over 86 percent of those responding[†]) provide beneficiaries with 30 or more days from notification to appeal the decision to enroll them in the FFS PRR program. Specifically, Washington allows beneficiaries 90 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 Washington beneficiary chooses to appeal, the beneficiary is enrolled in the PRR program during the appeals process if he or she does not appeal within 10 days of notification. Thirty-two percent of states follow this practice.

Selection of designated providers

Thirty-six programs (95 percent of responding programs), including Washington's PRR, allow for beneficiary input when selecting providers. Specifically, Washington allows beneficiaries to submit pharmacy and prescriber preferences.

Drugs managed through the PRR

Forty-seven percent of FFS PRR programs, including Washington'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 Washington, offer additional services to PRR enrollees, such as general information on SUD, referrals for SUD treatment, referrals to pain specialists, and case management services. Specifically, Washington offers general information on SUD and referrals for SUD treatment.

* 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.

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 the District of Columbia. Washington's Medicaid staff has access but is not able to use the PDMP in conjunction with the PRR program due to limited resources. The chart below compares the Washington 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%)
Washington's PRR		✓

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