



Medicaid Programs That Improve The Safety of Opioid Use

Spotlight on New Hampshire

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 New Hampshire'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. New Hampshire's PRR program was launched in 2000.

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 New Hampshire's PRR are assigned to a designated pharmacy. The chart below compares New Hampshire'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%)
New Hampshire'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. New Hampshire's specific criteria are checked below. An individual must meet any three of these criteria to be identified as potentially at-risk.

✓	Filling a certain number of controlled substance prescriptions
	Filling a certain number of other prescriptions
✓	Utilizing a certain number of pharmacies to obtain controlled substances Three or more pharmacies used by a recipient within 90 days; same or similar drug obtained from different pharmacies within two days.
✓	Visiting a certain number of prescribers to obtain controlled substances Three or more physicians prescribing within 90 days.
✓	Visiting a certain number of emergency rooms Two or more emergency room visits within 90 days, or exceeds the emergency room and physician visit service limits as outlined in state regulations.
✓	Obtaining a certain number of controlled substances in the same therapeutic class Three or more medications prescribed from the same drug class within 90 days.
	Referral/recommendation
✓	Other Receiving 100 units per prescription per seven-day supply.

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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.

New Hampshire automatically excludes patients who are in hospice, long-term care, and skilled nursing facilities, and those who are receiving cancer treatment, from PRR enrollment.

Process for patient notification of PRR enrollment

New Hampshire and 13 other states (40 percent of those responding^{*}) provide beneficiaries with 30 days' notice before PRR enrollment. Sixteen programs (46 percent) provide less than 30 days' notice before PRR enrollment, and five states (14 percent) provide beneficiaries with more than 30 days' notice before PRR enrollment.

Process for patient appeal of PRR enrollment

New Hampshire and 31 other states (over 86 percent of responding states[†]) provide beneficiaries with 30 or more days from notification to appeal the decision to enroll them in the FFS PRR program. Specifically, New Hampshire 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 New Hampshire beneficiary chooses to appeal, the beneficiary is not enrolled in the PRR program during the appeals process. Fifty-three 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 those responding), including New Hampshire's, allow for beneficiary input when selecting providers. Specifically, New Hampshire allows beneficiaries to submit pharmacy preferences.

Drugs managed through the PRR

Forty-seven percent of FFS PRR programs, including New Hampshire'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 New Hampshire, 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, New Hampshire offers general information on SUD.

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. New Hampshire's Medicaid staff does not have access to the PDMP. States that do have access may use it to monitor cash transactions and identify at-risk beneficiaries for potential PRR enrollment. The chart below compares the New Hampshire 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%)
New Hampshire's PRR	✓	

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