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Medicaid Programs That Improve The Safety of Opioid Use
Spotlight on Oklahoma

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 Oklahoma'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. Oklahoma's PRR program began operation under the division of pharmacy in 2006.

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 Oklahoma's PRR are assigned to a designated pharmacy and prescriber. The chart below compares Oklahoma'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%)
Oklahoma'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. Oklahoma's specific criteria are checked below; a beneficiary must meet at least three of the criteria:

✓	**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** Increased number of unique pharmacies.
✓	**Visiting a certain number of prescribers to obtain controlled substances** Increased number of prescribers/physicians.
✓	**Visiting a certain number of emergency rooms** Increased number of emergency room visits.
✓	**Obtaining a certain number of controlled substances in the same therapeutic class**
✓	**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** Increased number of days' supply of narcotics, anxiolytics, antidepressants, etc.; increased number of hospital discharges; diagnosis of drug dependency or related diagnosis; information from previous reviews; safety concerns noted in profile; total month supply of at-risk medications; refilling prescriptions before the date; using at-risk drug combinations.

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.

Oklahoma automatically excludes patients who are receiving cancer treatment and those in hospice and long-term care from PRR enrollment.

Process for patient notification of PRR enrollment

Sixteen programs (46 percent of those responding*), including Oklahoma's PRR, provide beneficiaries with less than 30 days' notice before PRR enrollment. Specifically, Oklahoma provides 21 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.

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

Process for patient appeal of PRR enrollment

Five programs (almost 14 percent of those responding*), including Oklahoma's PRR, provide beneficiaries with less than 30 days to appeal the decision to enroll them in the FFS PRR program. Specifically, Oklahoma allows beneficiaries 20 days to appeal upon receiving notification of PRR enrollment. Over 86 percent of PRR programs provide the beneficiary 30 or more days from notification to appeal the decision.

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

Selection of designated providers

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

Drugs managed through the PRR

Forty-five percent of FFS PRR programs, including Oklahoma's PRR, require patients to receive controlled substances in Drug Enforcement Administration Schedules II-V, as well as noncontrolled substances identified as frequently subject to misuse or diversion, such as those used to treat HIV, from designated providers. Alternatively, 47 percent of FFS PRR programs require patients to receive only controlled substances in Schedules II-V 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

Fifty-three percent of responding programs, including Oklahoma's PRR, do not offer additional services to PRR enrollees. Additional services may include general information on SUD, referrals for SUD treatment, referrals to pain specialists, case management services, and information on the appropriate use of health care services. However, Oklahoma will refer patients to physical and/or behavioral health care management services should a patient inquire about assistance.

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* 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 DC. Oklahoma'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 Oklahoma 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%)
Oklahoma's PRR	✓	

Resulting health outcomes in Medicaid

In 2008, Oklahoma's Medicaid PRR reported decreases pre- and post-enrollment in the mean monthly average for narcotic claims (from 2.16 to 1.32), emergency department visits (from 1.26 to 0.81), number of pharmacies visited (from 2.05 to 0.89), and number of prescribers seen (from 2.48 to 1.63) for PRR patients with at least one month of eligibility in both the pre- and post-enrollment periods (n = 52).

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