



Medicaid Programs That Improve The Safety of Opioid Use

Spotlight on Virginia

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 Virginia'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. Virginia's PRR program was launched in 1983.

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 Virginia's PRR are assigned to a designated pharmacy, physician, or both. The chart below compares Virginia'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%)
Virginia'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. Virginia's specific criteria are checked below:

✓	Filling a certain number of controlled substance prescriptions More than 12 psychotropic prescriptions, 12 analgesic prescriptions, or 12 prescriptions for controlled drugs with potential for abuse in a three-month period.
✓	Filling a certain number of other prescriptions Two occurrences of having prescriptions for the same drugs filled two or more times on the same or a subsequent day; more than 24 prescriptions in a three-month period; two or more drugs, duplicative in nature or potentially addictive (even within acceptable therapeutic levels), dispensed by more than one pharmacy or prescribed by more than one practitioner for a period exceeding four weeks.
✓	Utilizing a certain number of pharmacies to obtain controlled substances Three or more prescribers and three or more dispensing pharmacies in a three-month period; two or more drugs, duplicative in nature or potentially addictive (even within acceptable therapeutic levels), dispensed by more than one pharmacy or prescribed by more than one practitioner for a period exceeding four weeks.
✓	Visiting a certain number of prescribers to obtain controlled substances Three or more prescribers and three or more dispensing pharmacies in a three-month period; two or more drugs, duplicative in nature or potentially addictive (even within acceptable therapeutic levels), dispensed by more than one pharmacy or prescribed by more than one practitioner for a period exceeding four weeks; three or more different physicians of the same specialty in a three-month period for treatment of the same or similar conditions; two or more occurrences of seeing two or more physicians of the same specialty on the same or a subsequent day for the same/similar diagnosis.
✓	Visiting a certain number of emergency rooms Three or more emergency room visits for nonemergency care during a three-month period.

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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.

✓	<p>Obtaining a certain number of controlled substances in the same therapeutic class</p> <p>Exceeding the maximum therapeutic dosage of the same drug or multiple drugs in the same therapeutic class, which have been prescribed by two or more practitioners, for a period exceeding four weeks.</p>
✓	<p>Referral/recommendation</p> <p>One or more providers recommend PRR restriction for medical management services because the recipient has demonstrated inappropriate utilization practices.</p>
✓	<p>Other</p> <p>Duplicative, excessive, or contraindicated utilization of medications, medical supplies, or appliances dispensed by or prescribed by more than one provider for the time period specified by the program; a pattern of noncompliance that is inconsistent with sound fiscal or medical practices; any documented occurrences of using the eligibility card to obtain drugs under false pretenses, which includes, but is not limited to, the purchase or attempt to purchase drugs via a forged or altered prescription; any documented occurrences of card sharing; any documented occurrences of alteration of the recipient's eligibility card; duplicative, excessive, or contraindicated utilization of medications, medical supplies, or appliances dispensed by or prescribed by more than one provider for the time period specified by Virginia's health care department; duplicative, excessive, or contraindicated utilization of medical visits, procedures, or diagnostic tests from more than one provider for the time period specified by Virginia's health care department.</p>

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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.

Virginia automatically excludes patients in hospice, long-term care, and skilled nursing facilities, as well as patients with Institution for Mental Disease waivers and enrolled in a managed care organization.

Process for patient notification of PRR enrollment

Virginia 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

Virginia 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, Virginia 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 Virginia beneficiary chooses to appeal, he or she is not enrolled in the PRR program during the appeals process. Fifty-three percent of states follow this practice.

Selection of designated providers

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

* 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.

Drugs managed through the PRR

Forty-five percent of FFS PRR programs, including Virginia'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

Forty-seven percent of responding states, including Virginia, 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, Virginia offers case management 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 the District of Columbia. Virginia'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 Virginia 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%)
Virginia's PRR	✓	

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