A fact sheet from THE PEW CHARITABLE TRUSTS | Aug 2016

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

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 Tennessee'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. Tennessee's PRR program was launched in 2005.

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 Tennessee's PRR are assigned to a designated pharmacy. The chart below compares Tennessee'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%)
Tennessee'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. Tennessee's specific criteria are checked below:

✓	**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 and three or more prescribers to obtain multiple controlled substance prescriptions over a 90-day period; multiple prescribers or pharmacies to obtain prescriptions that are not medically necessary; failure to control pharmacy overutilization activity while already enrolled.
✓	**Visiting a certain number of prescribers to obtain controlled substances** See above for additional details.
✓	**Visiting a certain number of emergency rooms** Frequent use of the emergency room in nonemergency situations in order to obtain prescription drugs.
	Obtaining a certain number of controlled substances in the same therapeutic class
✓	**Referral/recommendation**

Continued on the next page

* 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 **Presenting drug-seeking behaviors** Frequent treatment for diagnoses which are highly susceptible to abuse; treatment by several physicians for the same diagnosis; used buprenorphine/naloxone for office-based opioid addiction treatment within the previous six months.
✓	**Misuse of drugs or services** Receiving multiple controlled substance prescriptions over a 90-day period that were filled at one or more targeted pharmacies* and written by two or more prescribers; filled at two or more targeted pharmacies and written by one or more prescribers; filled at one or more targeted pharmacies and written by one or more targeted prescribers†; or filled at two or more pharmacies and written during three or more emergency room visits. Receiving controlled substances in excess of the maximum recommended dose; obtaining the same or similar drugs on the same day or at frequent intervals; receiving combinations of drugs which act synergistically or belong to the same class.
	Involved in potentially fraudulent or abusive activities Forging or altering drug prescriptions; selling TennCare paid prescription drugs; trading, swapping, or selling a TennCare card; failing to promptly report the loss or theft of a TennCare card; forging or altering a TennCare card; knowingly providing false, incomplete, inaccurate, or erroneous information to provider(s) in order to receive covered services for which the member is ineligible; permitting the use of a TennCare card by anyone other than the member to whom the card is assigned in order to receive, or attempt to receive, services; identified by the Office of the Inspector General as having been convicted of fraud or a drug-related offense; been arrested for fraud or a drug-related offense.

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).

---

* Targeted pharmacies are defined as pharmacies that are either outside of Tennessee, have received controlled substance violations with the Tennessee Board of Pharmacy, are outliers in their dispensing of controlled substances compared to other pharmacies, or have filled controlled substance prescriptions for patients enrolled in a PRR program after being notified of the enrollment.

† Targeted prescribers are defined as prescribers who are ranked as the top prescriber of controlled substances based on multiple factors, including but not limited to: the percentage of controlled substances, the percentage of short-acting opioids, the percentage of long-acting opioids, the average morphine-equivalent daily dose, and the percentage of rejected claims compared to other prescribers.

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.

Tennessee automatically excludes patients receiving cancer treatment, those in hospice, and minors from PRR enrollment.

Process for patient notification of PRR enrollment

Tennessee 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

Tennessee 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, Tennessee allows beneficiaries 45 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 Tennessee 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

Tennessee and one other state (5 percent of those responding) choose beneficiaries' most frequently visited pharmacies, with the option for beneficiaries to change selections under limited circumstances. Alternatively, 36 programs (95 percent) allow for beneficiary input when selecting providers.

* 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 Tennessee'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 Tennessee, 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, Tennessee 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. Tennessee's Medicaid staff has access to the PDMP and uses it to monitor cash transactions. The chart below compares the Tennessee 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%)
Tennessee's PRR		✓

Resulting health outcomes in Medicaid

Tennessee's Medicaid program evaluated patients who were enrolled in the PRR program during the fourth quarter of 2010. An assessment of controlled substance use, which was measured immediately prior to and at least six months after PRR enrollment, demonstrated a 51 percent decrease in pharmacies visited, a 33 percent decrease in prescribers visited, and a 46 percent decrease in the number of paid prescriptions among those enrolled in the PRR (n = 96).

Contact: Erin Davis, communications **Email:** edavis@pewtrusts.org **Project website:** pewtrusts.org/prescription-drug-abuse