

Montana Medicaid

Drug Abuse Prevention

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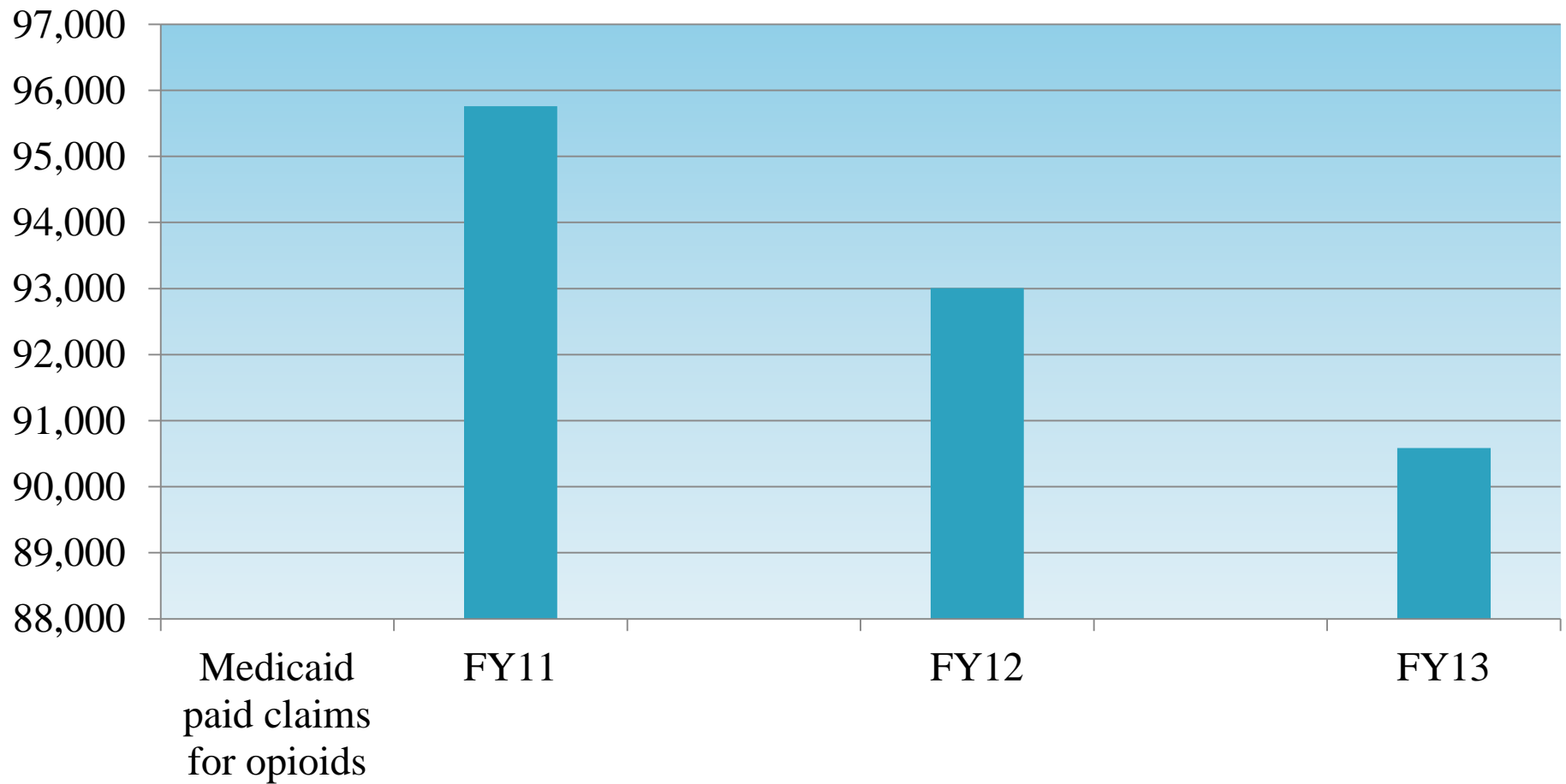
Montana Medicaid

- Health Care Coverage for the aged, blind and disabled, children and others who meet the qualifications
- Population with pain issues, disabled, cancers, migraines, neuropathic pain, fibromyalgia, low back pain, etc.
- Reimburse providers statewide to provide medications
- Study clients' utilization of services and medications

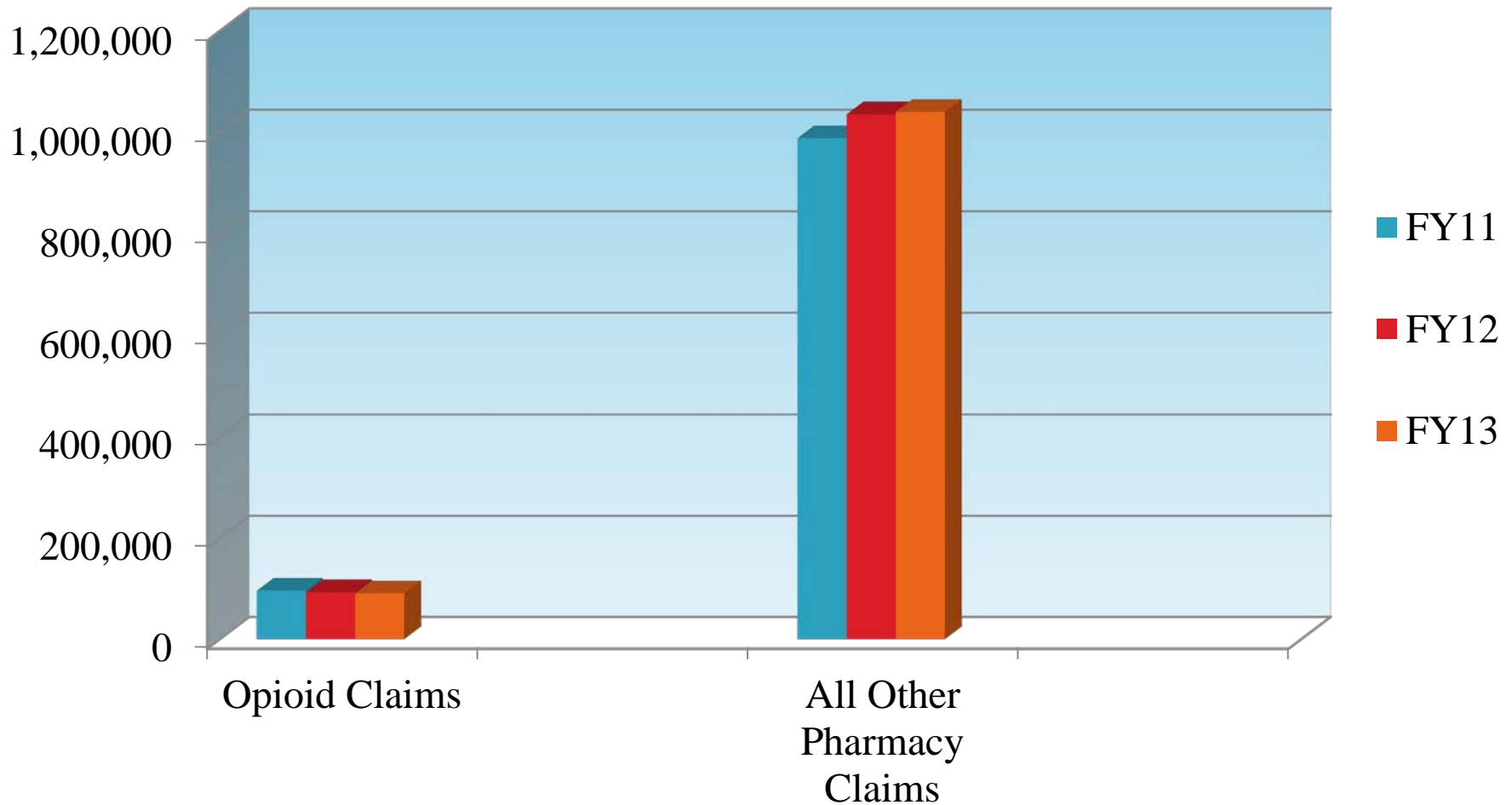
Goals of Medicaid Interventions

- Assure quality of care
- Prevent diversion of controlled substances
- Promote the appropriate use of services
- Assure medically necessary care is provided
- Prevent overdoses
- Protect the public health

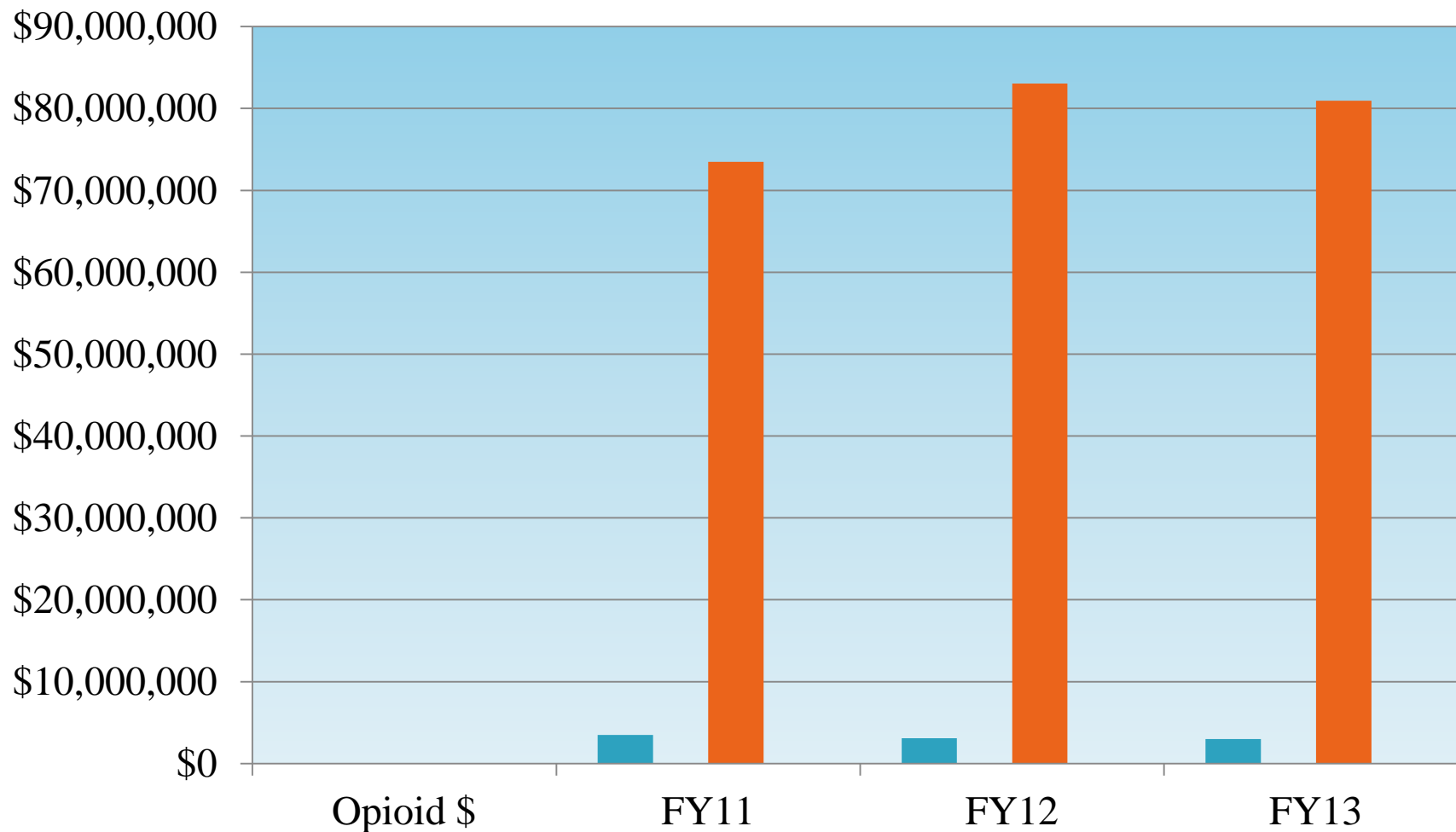
Montana Medicaid Opioid Utilization Claims (one prescription)



Count of Opioid Claims vs All Other Claims



Dollars for Opioid Claims vs. All Other Claims



Activities to prevent drug abuse

- Drug Utilization Review Program (1992)
 - Drug Utilization Review Board (DURB)
 - Retrospective Review
- Prior Authorization Program (1994)
 - Long Acting opioids reviewed
- Point of Sale Pharmacy System (1990's)
 - Prospective Review
- Dispensing Limitations (2003)
 - Early Refill, Quantity Limits for Medications

Additional Interventions

- Pharmacy Case Management (2003)
 - The Prior Authorization Unit referral of client to Case Manager due to improper use of benefits

- Pharmacy Case Management benefit review;
 - Prescription Drug Registry - cash for opioids,
 - Clients utilizing many prescribers to obtain controlled substances
 - Using multiple pharmacies
 - Drug overdose

Pharmacy Case Management

- For client under Pharmacy Case Management
- Intervention
 - Educate providers, according to guidelines, no more than one long acting opioid
 - Educate providers to use contracts for Pain Management patients

Case Management Intervention

Continued

- Additional Intervention:
 - Request prescribers to watch Medicaid clients
 - Request the use of pill counts – verify drugs used as prescribed
 - Request the use of urine drug screens – verify prescribed drugs are seen, no other drugs are seen
 - Highest restriction – “Drug Not Covered” client status holds unless the drug is authorized by one specific prescriber
 - Continual re-review of clients under case management

Team Care

- Implemented Team Care (2004)
 - Reviews those with excessive use of benefits relative to needs
 - Prevents inappropriate use of benefits
 - Prevents fragmented care due to doctor shopping
 - Improve continuity of care
 - Restrict Medicaid client to:
 - One doctor
 - One pharmacy

Additional Intervention

- Preferred Drug List (2005)
- Tamper Resistant Prescription Blanks (2008)
- Formulated a Fraud Tracking and Referral Process (2013)
 - To review recipients for possible fraud:
 - Internal reports
 - Referral from the public
 - Referral from Pharmacy Case Management
 - Internal Professional Review
 - Refer to law enforcement (Division of Criminal Investigation)

Future

- Review our data, look for problems and trends
- Continual review of pharmacy benefit literature
- Constant review of other states best practices
 - List serves
 - Drug Effectiveness Review Program
 - Pharmacy Benefit Meetings
- Using the Drug Utilization Review Board
- Implement interventions as needed

Montana Medicaid Pharmacy Program

Questions & Discussion