

THE
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Addressing Prescription Drug Abuse

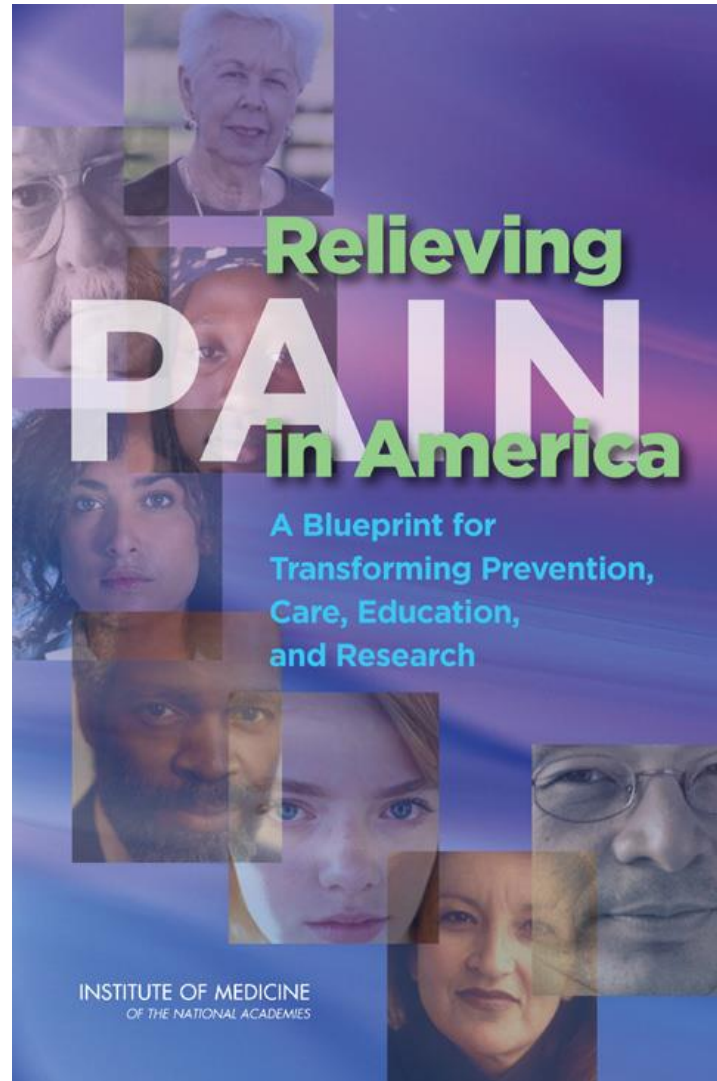
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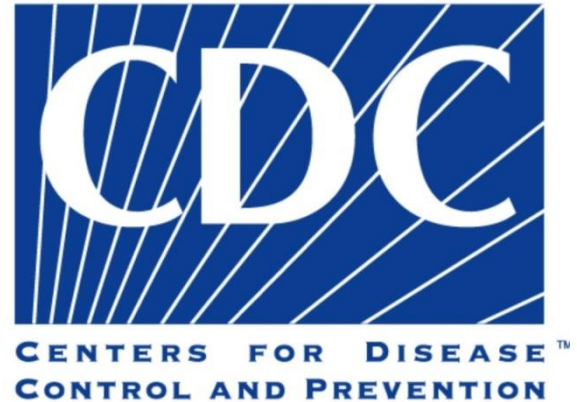
Outline



1. Prescription Drug Monitoring Programs
2. Federal policy landscape
 - including patient review and restriction programs (PRRs)
3. Other

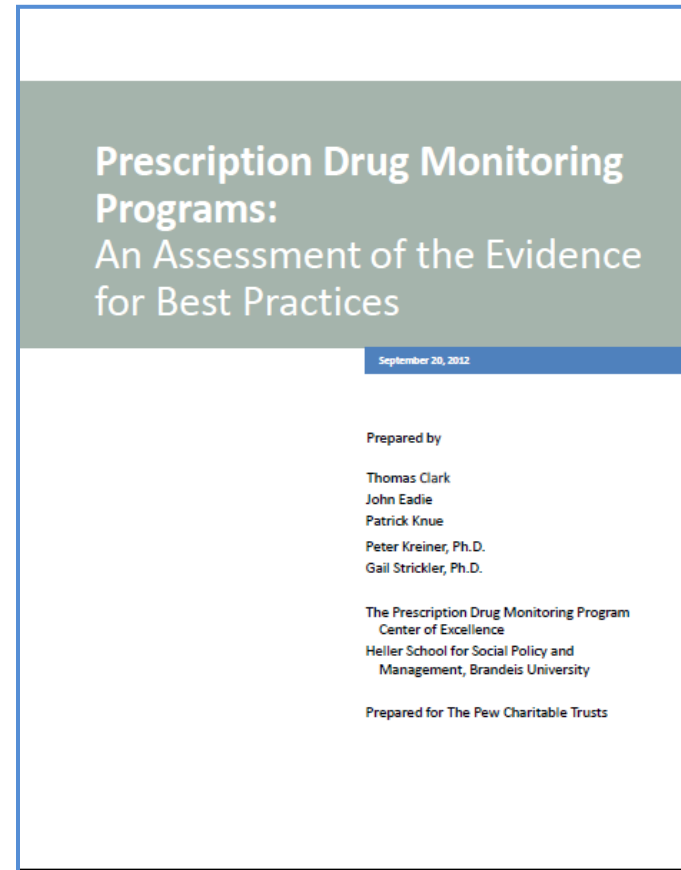
Rx Abuse, Pain Control and Medical Practice



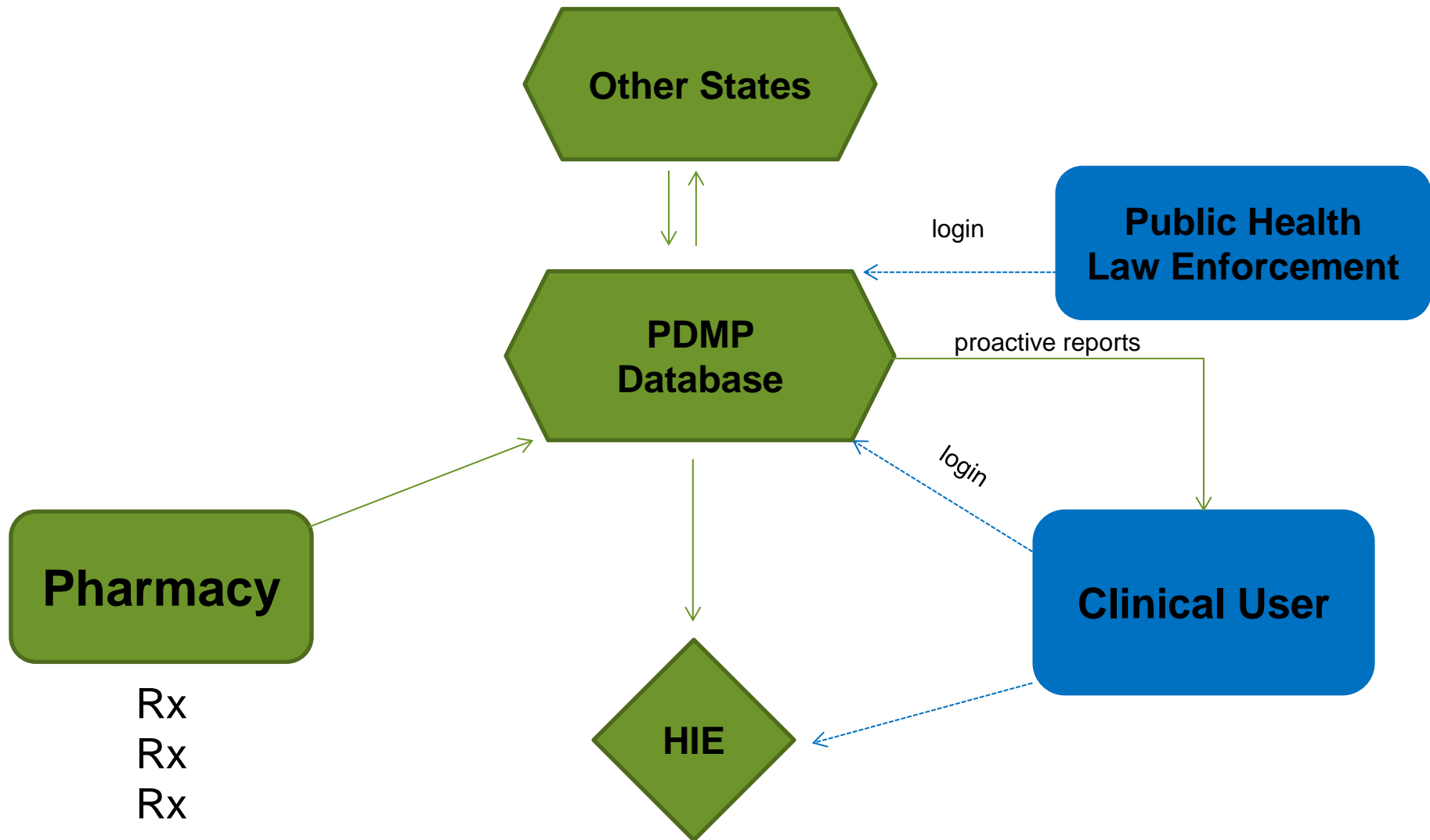


Prescription Drug Monitoring Programs (PDMPs)

- Data collection and quality
- Data linking and analysis
- User access and reports
- User recruitment, utilization and education
- Inter-organizational best practices



PDMP



PDMP Changes 2012- 2014

- Data from PDMP Training and Technical Assistance Center at Brandeis University

Results from TTAC's 2014 National Survey States with PDMP Legislation Enacted

- 49 states and 1 territory have enacted legislation to authorize PDMP

Results from TTAC's 2014 National Survey Data Transmission to PDMP in 7 Days or Fewer

- 45 states transmit data to the PDMP in 7 or fewer days

Results from TTAC's National Surveys Engaged in Providing Unsolicited PDMP Data 2012 vs 2014

- In 2012, 18 PDMPs provided unsolicited PDMP data
- In 2014, 28 PDMPs provide unsolicited PDMP data

Results from TTAC's National Surveys Mandatory PDMP Utilization 2012 vs 2014

- In 2012, 13 PDMPs required use
- In 2014, 22 PDMPs require use

Results from TTAC's National Surveys Allow Delegate Access 2012 vs 2014

- In 2012, 12 PDMPs allowed delegation
- In 2014, 36 PDMPs allow delegation

Results from TTAC's 2014 National Survey Engaged in Interstate Operability

- In 2014, 29 PDMPs were engaged in interstate operability

Results from TTAC's 2014 National Survey Health Information Exchange Integration

- In 2014, 8 PDMPs have HIE integration

Results from TTAC's 2014 National Survey Stable (non-grant) Funding



- In 2014, 32 PDMPs report having stable, non-grant funding

Patient Review and Restriction Programs (PRRs)



Patient Review and Restriction Programs (PRRs)



- Payer identifies a patient receiving multiple opioids from multiple prescribers
- Patient is asked to commit to a single pharmacy and/or physician to obtain controlled substance prescriptions

PRR: Washington state example



- Enrollment criteria (in 2014). Any 2 of the following within 3 months:
 - Prescriptions: 10 or more; receiving controlled substances or prescription from ≥ 2 prescribers
 - Prescribers: ≥ 4
 - Pharmacies: ≥ 4
 - Other: Similar services from ≥ 2 providers on same day; ≥ 10 office visits; ≥ 2 ED visits; at-risk fraudulent behavior
- Initial enrollment: 2 years

PRRs: Impact in WA

- Medicaid randomized controlled trial (2007-2008)
 - n = 503
 - 188 deferred for enrollment for 12 months
 - Restricted patients to one doctor, one pharmacy, and one ED
- Total Medicaid costs reduced \$4284/person/year
 - Intervention decreased 10 percent compared to 10 percent increase in deferred group
 - ED costs reduced \$660/person/year
 - Physician costs reduced \$696/person/year
 - Narcotics pills dispensed decreased 6 percent for intervention versus 35 percent increase for deferred group
- Patients in both groups reported similar health status and there was no difference in mortality rates

Patient Review and Restriction Programs



- Evidence of their effectiveness has led to adoption in commercial plans and state Medicaid programs
- PRRs are not currently permitted in Medicare Part D

Principles for PRR Legislation

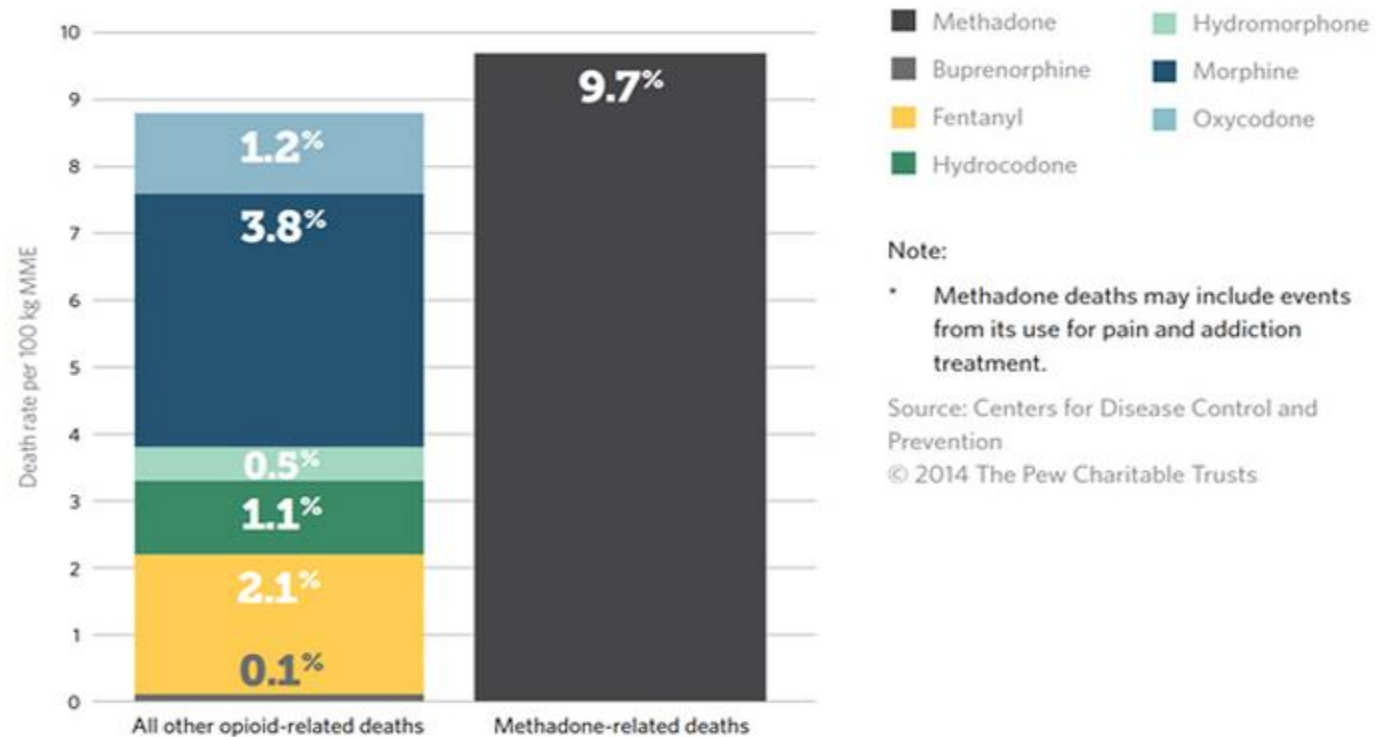
- Reduce inappropriate use while ensuring access for those with legitimate medical needs
- Add value beyond tools currently available to Part D plans
- Provide clinically meaningful interventions that improve patient- and population level outcomes

Other:



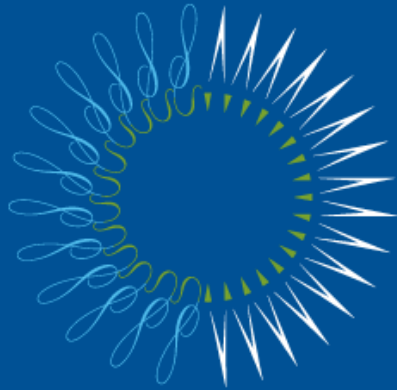
Methadone as a Pain Therapy

Figure 1
Single-drug Related Deaths by Type of Opioid in 13 States,
2009 (n = 748)*



Methadone as a Pain Therapy (cont'd)

- CDC, FDA, and professional associations recommend against the use of methadone as a first-line pain therapy
- Methadone remains on the Preferred Drug List of most state Medicaid programs
- State Medicaid program should reassess this use



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Thank You. Questions?

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