Addressing Prescription Drug Abuse

Allan Coukell
Senior Director, Drugs and Medical Devices
The Pew Charitable Trust
Outline

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

Other States

PDMP Database

Pharmacy

Rx
Rx
Rx

HIE

Public Health
Law Enforcement

Clinical User

login

proactive reports
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
Methadone as a Pain Therapy

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

Note:
- Methadone deaths may include events from its use for pain and addiction treatment.

Source: Centers for Disease Control and Prevention
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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
Thank You. Questions?

Allan Coukell
Senior Director, Drugs and Medical Devices
The Pew Charitable Trusts
acoukell@pewtrusts.org
202-540-6392

Cynthia Reilly
Director, Prescription Drug Abuse Project
The Pew Charitable Trusts
creilly@pewtrusts.org
202-540-6916