Indiana Medicaid's Approach to the Opioid Crisis

MDwise Opioid Utilization Management Program

Government Programs Track: March 20, 2018 – 9 am

Wendi Powell, PharmD

Director of Clinical Pharmacy, MDwise

wpowell@mdwise.org

MedImpact 2018 Annual Conference

Agenda

- Discuss goals of the initiative and specific state requirements
- Review MDwise program design and implementation
- Identify partners needed to ensure success of the program
- Examine MDwise results
- Consider further opportunities for opioid utilization management
- Questions and open discussion

Indiana Medicaid Opioid UM Program

Goals of the Initiative and Specific State Requirements

Goals of the Initiative

Address the growing epidemic of opioid abuse, misuse and dependence

Prevent or slow the development of members with substance use disorder

Reduce total number of opioids in the hands of Indiana Medicaid members

Reduce total opioids in circulation within the state

Specific State Requirements

Quantity limits for “new users” of short-acting opioids (SAO)

- Maximum of 60MED (morphine equivalent dosage) per day
- Maximum of 7 days’ supply per dispensing
- Maximum of 14 days’ supply in a 45-day timeframe

Prior authorization on all long-acting opioids (LAO)

Limit members to no more than one SAO and one LAO concurrently

Exceptions granted for cancer, sickle cell disease, palliative care and hospice

Fully implement by 1/1/2017

MDwise Opioid Program Overview

Program Design and Implementation Approach

MDwise Program Design and Preparation

Participation in weekly planning meetings with other MCEs and FSSA for more than 6 months leading up to initial implementation

Investigation into coding capabilities with MedImpact

Calculation of quantity limits for individual SAO

Development of custom PA guideline and associated medication request form (MRF)

Creation of prior authorization files (type 78) for grandfathering

Communication to members, prescribers and pharmacies

MDwise Implementation

Phased approach

- Phase 1 effective 10/17/2016 – limits on new users of SAO
- Phase 2 effective 11/16/2016 – concurrent use edit with 180 days grandfathering
- Phase 3 effective 11/28/2016 – PA on LAO; current utilizers allowed to remain on therapy

Additional edits effective 1/1/2017

- Codeine age edit required age ≥ 18 years
- Meperidine step edit required T/F of two SAO
- Methadone step edit required T/F of two LAO

Renewal criteria added to the PA guideline in early 2017

MDwise Program Challenges

Challenges Faced and Partners Needed to Ensure Success of the Program

Program Challenges

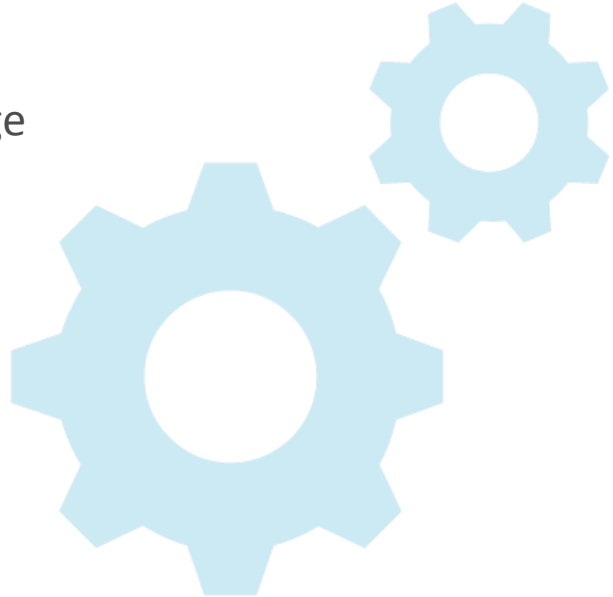
Despite universal criteria, the experience at pharmacy "felt" different depending on the MCE managing coverage

- Internal versus delegated prior authorization
- Medi-Span versus First Databank
- Varying implementation approaches

State-mandated 24 hour PA turnaround time – all medical necessity reviews handled by PA process

Member and provider dissatisfaction

- Communications to dispel misunderstandings and explain criteria in detail
- Education to prompt a change in prescribing habits



Program Challenges

Complexity of claims review and processing due to multiple system edits

Custom PA Guideline required frequent revisions

- Updated with each phase
- Updated as new situations presented themselves (e.g., appeals)
- Revised authorization instructions
  - GPID vs HICL
  - Authorization duration
- Addition of renewal criteria

“False” approvals by type 78

“False” denials at POS

Partners for Success

MedImpact

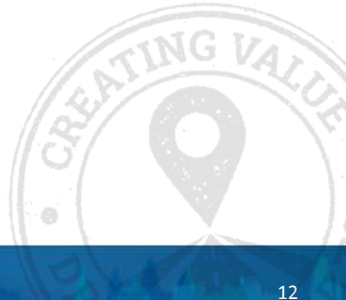
- Client Benefit Analyst
- Clinical Program Manager
- Clinical Review Staff

Other MCEs

MDwise Provider Relations Staff

MDwise Customer Service Staff

Indiana Medicaid (FSSA)



MDwise Results

Goals Accomplished and Data Analysis

MDwise Results

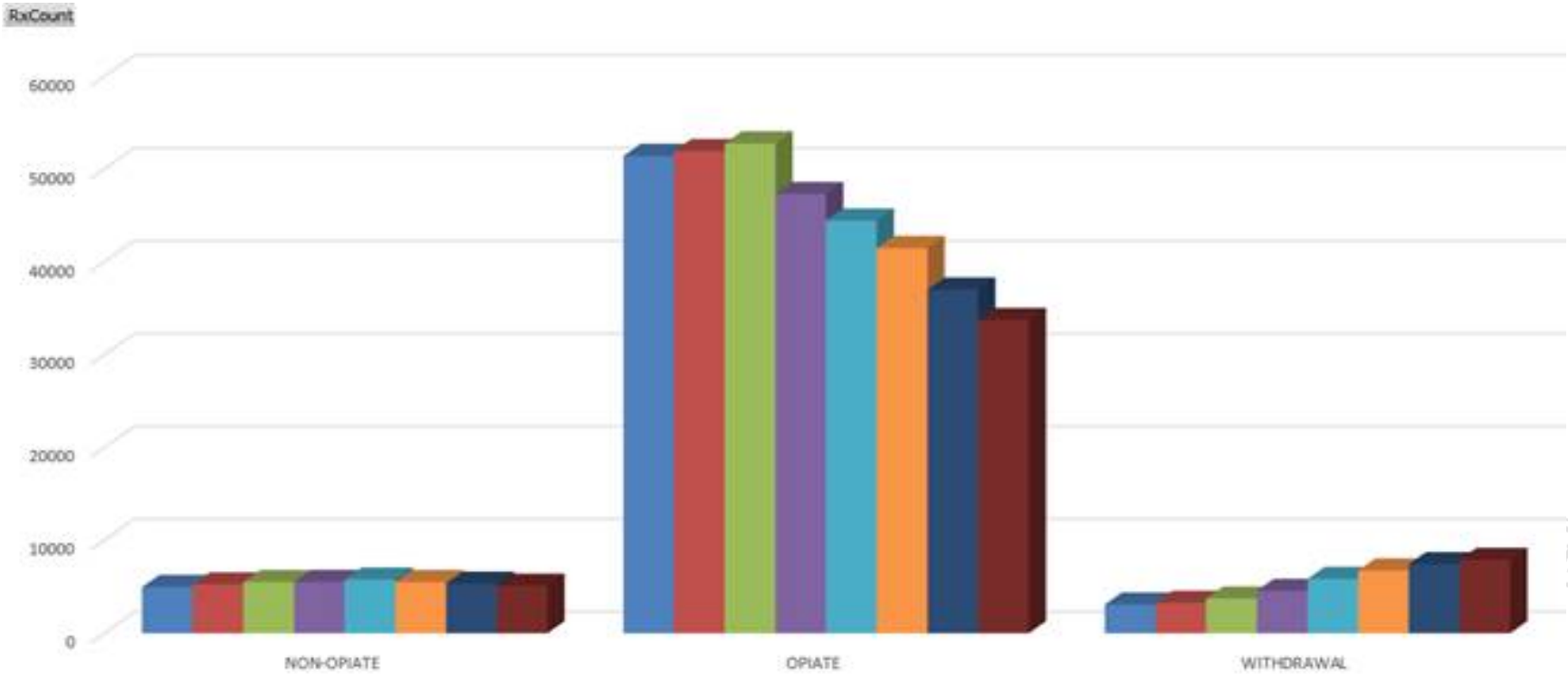
Change in utilization of other medications and treatment modalities

- Non-opioid pharmacologic therapies for pain (e.g., gabapentin, lidocaine)
- Non-pharmacologic therapy (e.g., physical therapy, chiropractor visits)
- Buprenorphine for substance use disorder
- Naloxone

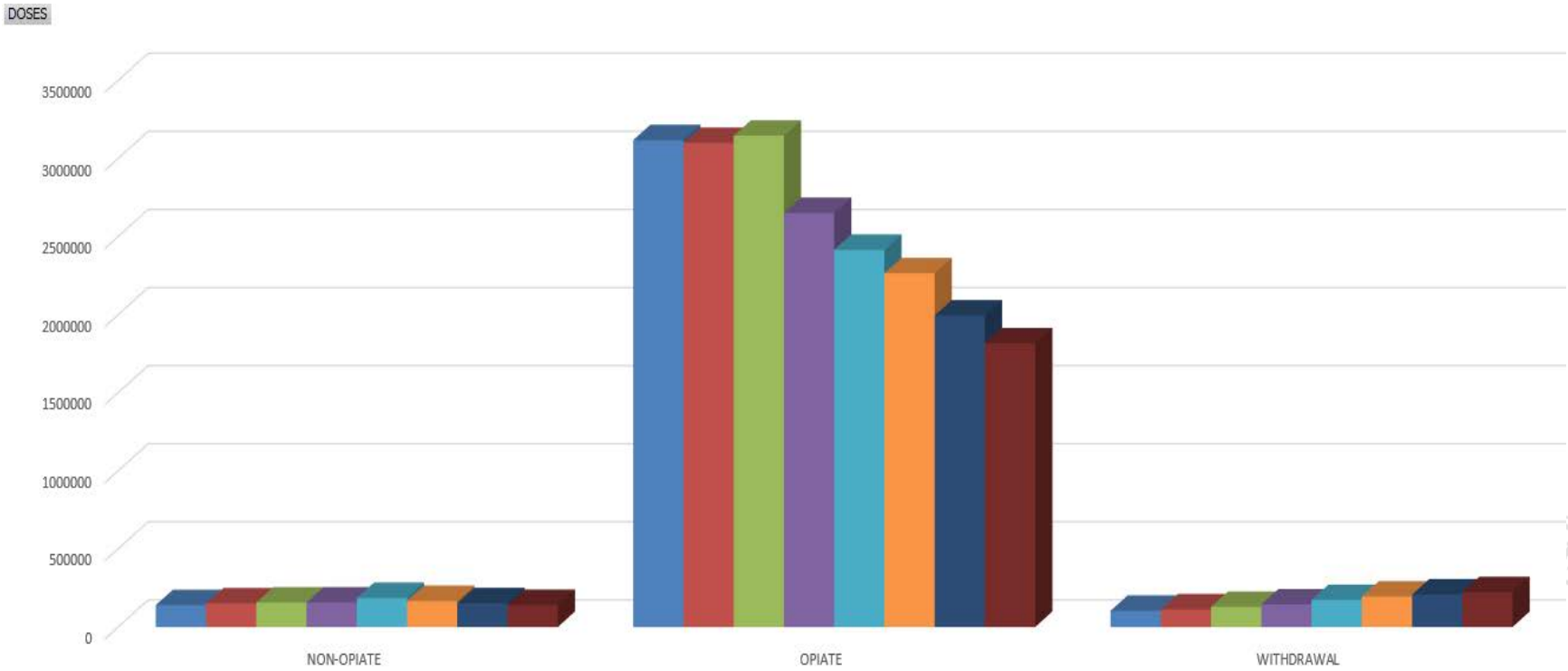
Change in opioid utilization from 1Q2016 to 4Q2017

- Reduction in Rx count, per quarter (51,455 to 33,748)
- Reduction in doses, per quarter (3.1 million to 1.8 million)
- Reduction in paid amount, per quarter ($1.57 million to $927K)

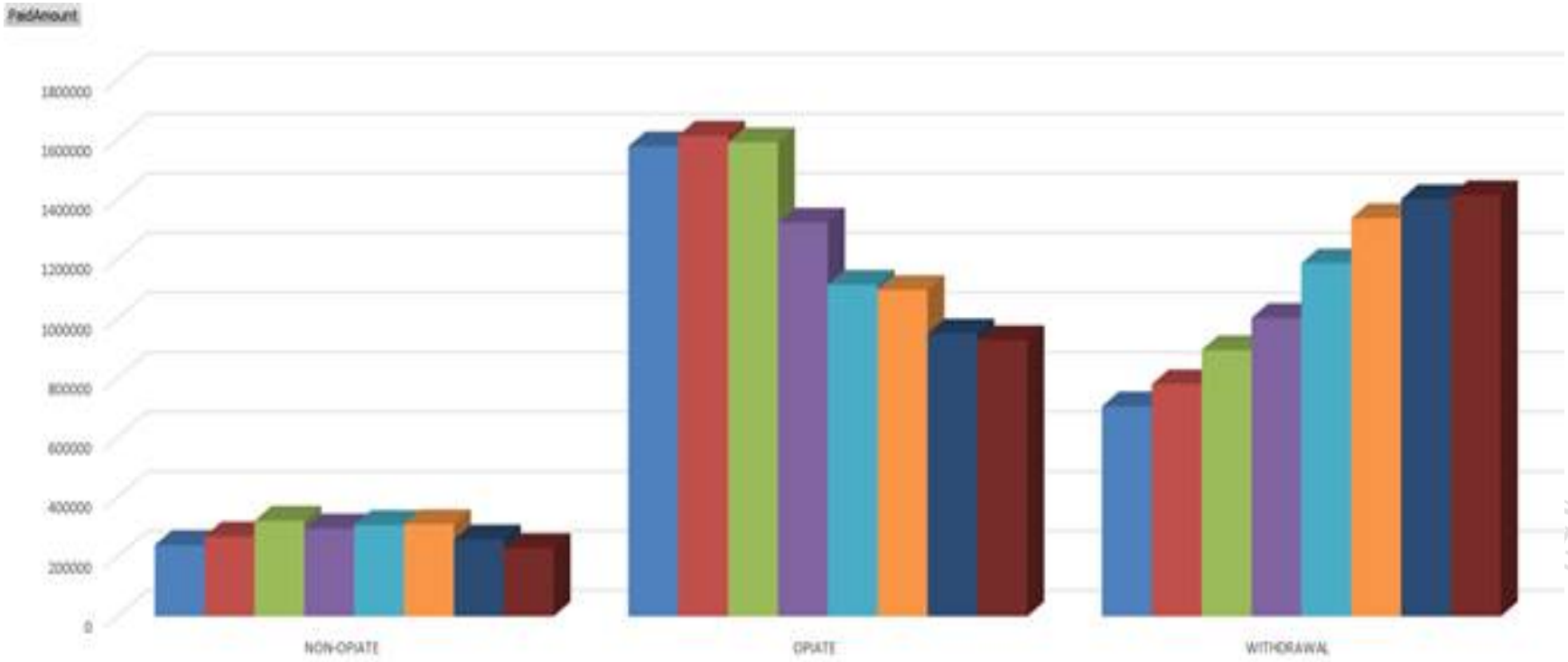
MDwise Results – Rx Count



MDwise Results – Doses



MDwise Results – Paid Amount



Future Opportunities for Opioid UM

Dose Reduction and Concomitant Therapies

Future UM Opportunities

Daily MED reduction

- Initial prescriber mailing
- Planned system edits

Concurrent use of BZDs

- Initial prescriber mailing
- Planned system edits

Opioid potentiating agents
(e.g., gabapentin, pregabalin, carisoprodol)

- UM restrictions due to AAAX law

Takeaways

Significant planning and pre-work prior to implementation

Challenges faced throughout implementation and maintenance required flexibility

Collaboration with key partners crucial to the success of the program

Results demonstrate program goals accomplished

Numerous opportunities for managing opioid use remain

Reminders

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