

Report to the Office of the Legislative Fiscal Analyst

Restricting Initial Prescriptions For Short-Acting Opiates

Prepared by the Division of Medicaid and Health Financing

December 15, 2017



EXECUTIVE SUMMARY

This report is submitted in response to intent language from the 2017 General Session, Senate Bill 7, Item 38, which states:

The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by December 15, 2017 on the October 2016 policy change to restrict initial prescriptions for short acting opiates. The report should include at a minimum the results of the first 12 months and detail the financial impacts as well as the impacts to the supply of opiates.

The Division implemented the policy change to restrict initial oral prescriptions for oral short-acting opiates to a 7-day supply starting on October 1, 2016. This policy applies to the Medicaid fee-for-service (FFS) recipients. Ninety (90) oral short-acting opiates (SAOs) were identified for inclusion in this program.

The results of the program are very promising. The average days supplied for a SAO claim went from 18.3 days to 7.1 days. That resulted in approximately 28,205 days of SAO that were not supplied. Based on that information, it is estimated that the program saved \$88,506.

Introduction

Utah Medicaid had a Drug Utilization Review Board (DURB) meeting on July 7th, 2016 to discuss this issue. The DURB voted to recommend Medicaid limit the initial fill of oral SAOs to no more than a 7-day supply for naive patients who are not already taking SAOs. If these patients need to continue on the SAOs for longer than 7 days, the prescribing provider must provide clinical justification to obtain a prior authorization. A goal of the limitation is to prevent the development of chronic opioid use in the patients.

The recommendation for a restriction was implemented on October 1st, 2016 and included ninety (90) oral SAOs (45 different SAOs with multiple strengths). As part of the efforts to inform Medicaid providers regarding this change, the following information was included in the October 2016 Medicaid Information Bulletin:

Initial Prescriptions for Short Acting Opiates Restricted

Effective October 1, 2016, Utah Medicaid will restrict the initial fill of short acting opiates to no more than a 7-day supply. When a claim for a short acting opiate is submitted to Utah Medicaid, the pharmacy claims processing system will determine whether the member has had a prescription for the same medication in the previous 60 days. If the member has not had a claim for the same medication in the previous 60 days, the system will treat the claim as an initial fill and allow no more than a 7-day supply. If a claim has been filled for the member for the same medication in the previous 60 days, then the claims processing system will allow the claim to process for up to a 30-day supply; however, the claim will be subject to all limitations and restrictions including, but not limited to, early refills and quantity limits.

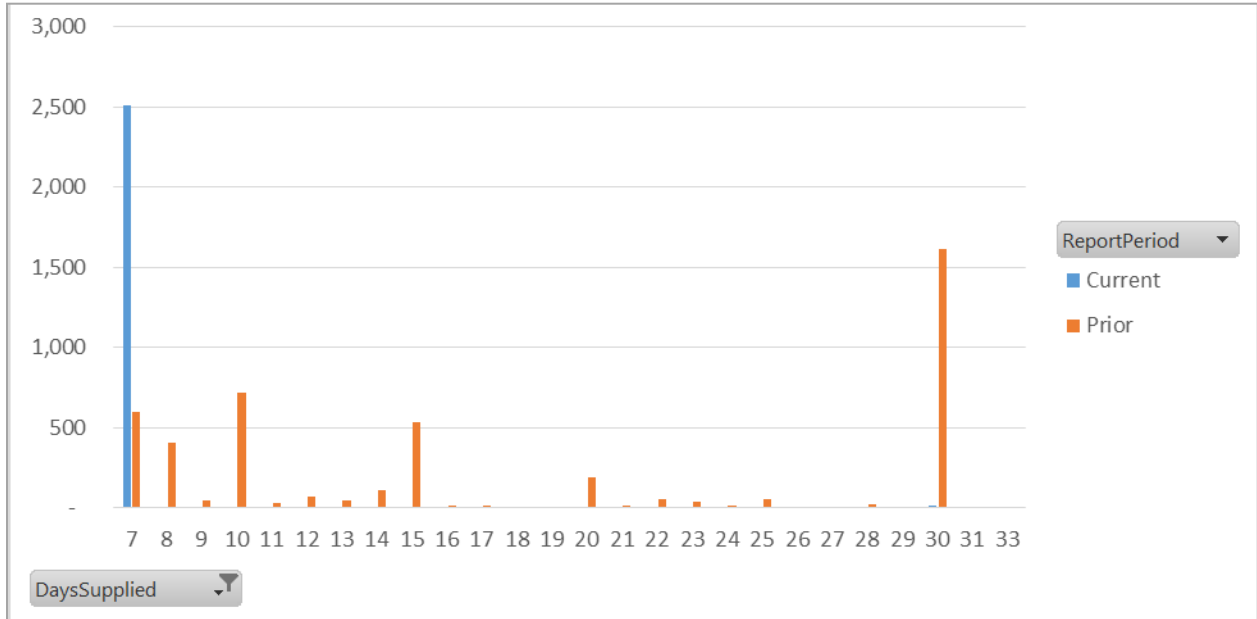
Analysis

Review of claims data demonstrated a striking decrease in the number of claims for more than a 7-day supply of a SAO. The information below shows a comparison of the change in days supplied per prescription paid in the year prior to the new policy's implementation and in the year following the implementation. The periods are Federal fiscal year 2016 (10/1/2015 to 9/30/2016) and Federal fiscal year 2017 (10/1/2016 to 9/30/2017). Each claim noted had no SAO claim immediately following the initial (naïve) claim.

Days Supplied Group	Period	Count	Days Supplied	Percent Diff to Prior Period
7	FFY16	597	4,179	
	FFY17	2,513	17,591	321%
8-29	FFY16	2,370	31,012	
	FFY17	11	148	-100%
30+	FFY16	1,618	48,547	
	FFY17	13	390	-99%

Table 1 compares the claims paid by days supplied over the two periods. The outcome of the policy change is impressive.

Table 1



The policy change dramatically decreased the average days supplied per prescription from 18.3 days to 7.1 days. The estimated days not supplied as a result of this policy is 28,205. This resulted in an approximately \$88,506 in savings.

The number of distinct Medicaid members who received a new oral SAO prescription and had no additional fills are as follows:

Time Period	Distinct Members
FFY 2016	3,855
FFY 2017	2,330
% Change	39.6%