

METHADONE USE IN MISSISSIPPI MEDICAID PROGRAM

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BACKGROUND

April 23, 2015, the Pew Charitable Trust released a report titled, “Most States List Deadly Methadone as a Preferred Drug“. In the report, the following comments were made about the use of methadone.

Methadone overdoses kill about 5,000 people every year, six times as many as in the late 1990s, when it was prescribed almost exclusively for use in hospitals and addiction clinics where it is tightly controlled. It is four times as likely to cause an overdose death as oxycodone, and more than twice as likely as morphine. In addition, experts say it is the most addictive of all opiates. Yet as many as 33 states make it easy for doctors to prescribe the pain medicine to Medicaid patients, no questions asked. In those states, methadone is listed as a “preferred drug,” meaning Medicaid will cover its costs without any red tape. If a drug is not on a preferred list, doctors must explain why they are prescribing it before the prescription can be filled and paid for by Medicaid.

In 2013, North Carolina became the first state to remove methadone from its preferred drug list, according to research by the Academy of Pain Medicine. The District of Columbia and at least 16 other states took similar actions. Arkansas, Georgia, Kansas, Minnesota, Missouri, Montana, Nevada, New Hampshire, New York, Oregon, Rhode Island, South Carolina, Tennessee, Texas, West Virginia and Wyoming no longer list methadone as a preferred long-acting analgesic.

Washington state, which has the third-highest methadone death rate in the country after Maine and Utah, decided not to take the pain medicine off its preferred list. The committee decided “it was not the drug’s problem, it was the prescribers’ problem,” said Dr. Charissa Fotinos, deputy chief medical officer for the Washington State Health Care Authority, which administers Medicaid. Instead, the committee decided to write warning letters to the top 20 prescribers of the drug and visit their offices to educate them on the long-acting opiate’s tricky pharmacology.

During the May 7, 2015 meeting of the Division of Medicaid (DOM) Drug Utilization Review (DUR) Board the Pew Report was shared with the board. A motion was made and passed unanimously that the MS-DUR provide information about use of methadone during the last year and present the information to the Board for review of methadone utilization and to determine if any changes are needed.

METHODS

A retrospective analysis was conducted using Mississippi Medicaid fee-for-service and coordinated care pharmacy claims for the period January 2014 through March 2015. All methadone claims were extracted and pharmacies and prescribers were identified.

RESULTS

Table 1 shows the number of beneficiaries receiving methadone prescriptions and the total number of methadone prescriptions for each Medicaid pharmacy program for 2014 and the first three months of 2015. If the first three months of 2015 are representative of the actual trend in use for the year, Medicaid will see an overall increase of 47% in methadone prescriptions. There are significant differences among the pharmacy plans with respect to average number of methadone prescriptions per beneficiary and in the projected increase in methadone use. Projected increases in use were 20% for FFS, 84% for Magnolia, and 34% for UHC.

TABLE 1: Number of Beneficiaries and Prescription Claims by Pharmacy Program (January 2014 - March 2015)												
	FFS			Magnolia			United Health Care			TOTAL MEDICAID		
	Unique Benes	# RX Claims	Claims / Bene	Unique Benes	# RX Claims	Claims / Bene	Unique Benes	# RX Claims	Claims / Bene	Unique Benes	# RX Claims	Claims / Bene
2014	96	287	3.0	63	435	6.9	154	619	4.0	313	1341	4.3
Q1 2015	46	86		87	200		87	207		220	493	
Est. 2015		344			800			828			1972	

Table 2 shows the number of beneficiaries being prescribed methadone by the type of prescriber. Based on NPI data, 23 MDs were identified as specializing in pain management (MD-Pain), 1 of the MD-IMs was identified as working in addiction and 3 other MDs were identified as working in pain although it was not their major area of specialization. 6 of these prescribers were identified as having practice addresses at UMMC. None of these prescribers had practice addresses that would indicate affiliation with a methadone clinic in Jackson or the surrounding states.

TABLE 2: Number of Beneficiaries and Pharmacy Claims by Provider Type (January 2014 - March 2015)			
Provider Type	# Prescribers	# Benes	# RX Claims
MD-Anesth	20	59	154
MD-Card	2	2	14
MD-EM	2	2	2
MD-FP	27	56	284
MD-GP	1	1	1
MD-Gastro	2	3	4
MD-Hem/Onc	10	22	39
MD-Hospit	1	1	1
MD-ID	1	1	8
MD-IM	19	30	116
MD-Neur	4	40	203
MD-OB/GYN	2	3	3
MD-Other	6	8	33
MD-Pain	23	97	289
MD-Ped	17	19	35
MD-Psych	1	1	1
MD-Surg	1	1	1
NP	11	49	157
NP-FM	28	113	384
NP-Ped	1	1	1
PA	3	10	33
Prov-Other	11	19	60

Table 3 shows the number of methadone prescriptions filled by city. NOTE: some cities have been combined as metropolitan areas. The greatest number of methadone prescription fills occurred along the coast and in the delta:

- 245 - Gulfport / Biloxi / D'Iberville / Ocean Springs area
- 230 – Greenville / Leland area
- 181 – Moss Point / Pascagoula / Gautier area
- 123 – Meridian

The only methadone clinic in Mississippi is located in Jackson. However, the Jackson / Byram / Clinton area only had 46 methadone prescription fills. Based on the provider types, it appears that most methadone use in Mississippi is for pain management and not for drug abuse.

**TABLE 3: Number of Claims for Methadone by City of Pharmacy Where Filled
(January 2014 - March 2015)**

Pharmacy City	Number of Claims	Pharmacy City	Number of Claims
AL - RED BAY	1	MS - LIBERTY	6
MS - AMORY	1	MS - LUCEDALE	56
MS - BALDWYN	3	MS - MAGNOLIA	6
MS - BATESVILLE	4	MS - MCCOMB	90
MS - BEAUMONT	2	MS - MENDENHALL	17
MS - BELZONI	4	MS - MERIDIAN	123
MS - BILOXI / GULFPORT / D'IBERVILLE / OCEAN SPRINGS	245	MS - MONTICELLO	2
MS - BOONEVILLE	1	MS - MOSS POINT / PASCAGOULA / GAUTIER	181
MS - BRANDON / PEARL	48	MS - NETTLETON	5
MS - BROOKHAVEN	28	MS - OXFORD	4
MS - CALEDONIA	1	MS - PASS CHRISTIAN / WAVELAND	14
MS - CLARKSDALE	14	MS - PETAL	27
MS - CLEVELAND	13	MS - PICAYUNE	22
MS - COLLINSVILLE	1	MS - PONTOTOC	19
MS - COLUMBIA	45	MS - POPLARVILLE	17
MS - COLUMBUS	14	MS - PRENTISS	3
MS - CORINTH	8	MS - PURVIS	2
MS - DECATUR	1	MS - QUITMAN	34
MS - DIBERVILLE	12	MS - RICHTON	3
MS - ELLISVILLE	30	MS - RIDGELAND	13
MS - ENTERPRISE	14	MS - RIPLEY	4
MS - EUPORA	1	MS - RULEVILLE	15
MS - FLORA	3	MS - SEMINARY	2
MS - FLOWOOD	15	MS - SENATOBIA / COLDWATER	8
MS - FULTON	4	MS - SHELBY	1
MS - GREENVILLE / LELAND	230	MS - STARKVILLE	15
MS - GREENWOOD	60	MS - TERRY	3
MS - GRENADA	17	MS - TUNICA	3
MS - HATTIESBURG	67	MS - TUPELO / SALTILLO	21
MS - HERNANDO	1	MS - TYLERTOWN	4
MS - HOLLY SPRINGS	1	MS - UNION	5
MS - HORN LAKE / OLIVE BRANCH / SOUTHAVEN	26	MS - VANCLEAVE	27
MS - INDIANOLA	9	MS - VICKSBURG	6
MS - IUKA	3	MS - WAYNESBORO	3
MS - JACKSON / BYRAM / CLINTON	46	MS - WEST POINT	5
MS - KILN	16	MS - WIGGINS	20
MS - LAUREL	23	MS - WINONA	5
MS - LEAKESVILLE	3	TN - MEMPHIS	26

Table 4 shows the number of methadone prescriptions written by city of the prescriber. NOTE: some cities have been combined as metropolitan areas. The greatest number of methadone prescriptions were written by prescribers on the coast and in the delta. Meridian was the only other city with a high number of prescriptions written and filled. Jackson and Hattiesburg had a high number of prescriptions written even though they were not exceptionally high on the number of prescriptions filled.

- 460 - Gulfport / Biloxi / D'Iberville / Ocean Springs area
- 253 – Greenville
- 173 – Jackson
- 123 – Hattiesburg
- 117 – Meridian

The distribution of where methadone prescriptions are written and where they are filled indicates that beneficiaries are traveling to see physicians who write methadone prescriptions.

TABLE 4: Number of Claims for Methadone by City of Prescriber Writing Prescription (January 2014 - March 2015)			
Prescriber City	Number of Claims	Prescriber City	Number of Claims
AL - BIRMINGHAM	9	MS - HATTIESBURG	123
AL - HUNTSVILLE	1	MS - INDIANOLA	1
AL - MOBILE	24	MS - IUKA	2
AL - TUSCALOOSA	1	MS - JACKSON	173
AR - LAKE VILLAGE	1	MS - LAUREL	57
LA - BAKER	12	MS - LUCEDALE	1
LA - SLIDELL	7	MS - MCCOMB	100
MS - BATESVILLE	9	MS - MENDENHALL	3
MS - BENTON	3	MS - MERIDIAN	117
MS - BILOXI / GULFPORT / D'IBERVILLE / OCEAN SPRINGS	460	MS - MOSS POINT / PASCAGOULA	87
MS - BOONEVILLE	3	MS - OXFORD	5
MS - BROOKHAVEN	8	MS - PETAL	1
MS - BYRAM	43	MS - QUITMAN	92
MS - CENTREVILLE	6	MS - SOUTHAVEN	8
MS - CLARKSDALE	16	MS - STARKVILLE	18
MS - COLDWATER	3	MS - SUMRALL	1
MS - COLUMBIA	7	MS - TUPELO	13
MS - CORINTH	10	MS - VICKSBURG	2
MS - DREW	1	MS - WEST POINT	4
MS - FLOWOOD	17	TN - BARTLETT	5
MS - GREENVILLE	253	TN - CORDOVA	3
MS - GREENWOOD	37	TN - GERMANTOWN	4
MS - GRENADA	1	TN - MEMPHIS	38
MS - HAMILTON	1	TN - NASHVILLE	18
		OTHER STATES	10

Currently in the UPDL, methadone is a preferred product with a quantity limit of 62 tablets per 31 days (a dosing limit) but no cumulative quantity limit over time.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl) ^{NK} KADIAN (morphine) MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)	Minimum Age Limit • 18 years – Xartemis XR, Zohydro ER Quantity Limits Applicable quantity limit per rolling days • 31 tablets/31 days – Avinza, Exalgo ER, Hysingla ER, Ultram ER, Ryzolt, Conzip ER • 62 tablets/31 days – Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, Oxycotin, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on same agent in the past 105 days

Based on these finding, MS-DUR makes the following recommendations and requests additional input from the board:

1. The DUR Board requests that the P&T Committee considers changing methadone from preferred to non-preferred due to beneficiary safety concerns..
2. The DUR Board request MSDUR continue to perform analysis and educational interventions.