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THE EFFECT OF PRESCRIPTION MONITORING PROGRAM CASH PRESCRIPTIONS ON OPIOID DOCTOR SHOPPING MEASURES

Background: The state Prescription Monitoring Program (PMP) collects data on all controlled substances prescribed within the state. The PMP is accessible to providers and pharmacies across the state as a measure to combat abuse of controlled substances such as prescription opioids. In addition to claims data, state Medicaid implemented an agreement to receive PMP data for all beneficiaries. The objectives of this project were to conduct a descriptive review of cash payments for controlled substances and to assess how cash paid opioid prescriptions impact performance on the Pharmacy Quality Alliance (PQA) Doctor Shopping quality measure for prescription opioids.

Methods: A retrospective analysis was conducted using Medicaid pharmacy claims linked with PMP data for the period July 1st, 2015-June 30th, 2016. The PQA measure for “Multiple Prescribers and Multiple Pharmacies” among opioid users was calculated according to the measure specifications with and without the inclusion of cash prescriptions from the PMP.

Results: A total of 13,574 Medicaid beneficiaries were present in the PMP data accounting for approximately 76,000 prescriptions for controlled substances paid for with cash. The most commonly prescribed cash-paid prescriptions include acetaminophen-hydrocodone, alprazolam, tramadol, and oxycodone. The total number of individuals flagged by the PQA Doctor Shopping measure increased slightly from 3,033 (8.95%) to 3,071 (9.05%) upon inclusion of cash prescriptions ($p < 0.001$). Similarly, the average number of unique pharmacies and physicians visited by Medicaid beneficiaries increased slightly from 5.36 to 5.43 ($p < 0.001$) upon inclusion of cash prescriptions.

Conclusions: Inclusion of cash prescriptions results in a slight increase in cases identified as doctor shopping. Although the difference was statistically significant, the increased percentage and actual number of beneficiaries may not be meaningful from a drug utilization review perspective. Identifying beneficiaries using cash to pay for narcotics should improve efforts to identify beneficiaries at high risk of abuse or diversion.