

THE EFFECT OF PRESCRIPTION MONITORING PROGRAM FOR CASH PRESCRIPTIONS ON PHARMACY QUALITY ALLIANCE'S (PQA) MEASURE FOR USE OF OPIOIDS USE FROM MULTIPLE PROVIDERS

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BACKGROUND

The Mississippi 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. PMP review can help prevent “provider shopping” by opioid abusers, and can help reduce the frequency of opioid overprescribing. The availability of the PMP data can provide a unique insight into prescriptions paid for with cash, which cannot be tracked using other forms of administrative claims databases.

OBJECTIVES

This project’s aim was to conduct a descriptive review of the PMP data, and to assess the impact of the availability of cash prescriptions on the PQA quality measure for “Use of opioids from multiple providers or at high dosage in persons without cancer”.

METHODOLOGY

A retrospective analysis was conducted using Mississippi Division of Medicaid’s pharmacy claims, linked with Mississippi PMP data for the period extending from July 1st, 2015 through June 30th, 2016.

Prescriptions paid for in cash, obtained from the PMP records, were matched to their corresponding Medicaid beneficiaries and added to their respective Medicaid prescription records.

A descriptive analysis of the cash claims found in the PMP data was conducted. The PQA measure was calculated according to the measure specifications, both with and without the inclusion of cash prescriptions from PMP data.

RESULTS

A total of 13,574 Medicaid beneficiaries were present in the PMP data, accounting for approximately 76,000 prescriptions for controlled substances paid in cash. Demographics consisted of 73% female, 48% African Americans, and an average age of 34.7 years.

The most commonly prescribed cash prescription was a combination of acetaminophen and hydrocodone, accounting for 33% of all cash prescriptions. Other common cash prescriptions included alprazolam, tramadol, oxycodone, and carisoprodol.

Table 1: Most Commonly Prescribed Cash Prescriptions

Drugs Prescribed	Frequency	Percent
Acetaminophen-hydrocodone	25187	33.22
Alprazolam	6429	8.48
Tramadol	4914	6.48
Acetaminophen-oxycodone	4761	6.28
Carisoprodol	4004	5.28
Phentermine	2509	3.31
Zolpidem	2482	3.27
Clonazepam	2436	3.21
Oxycodone	2274	3.00
Buprenorphine	2235	2.95
Buprenorphine-naloxone	2192	2.89

Out of the 33,000 eligible individuals, the total number of individuals flagged by the PQA multiple providers measure increased significantly 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 significantly from 5.36 to 5.43 ($p < 0.001$) upon inclusion of cash prescriptions.

Table 2: Demographics & the Opioid Provider Shopping Measure

Characteristic	N (%)
Gender	
Female	25,410 (74.89)
Male	8,522 (25.11)
Race	
Caucasian	17,791 (52.43)
African American	13,486 (39.74)
Hispanic	11 (0.34)
American Indian	49 (0.14)
Other	2,492 (7.34)
Age	
18 to 44 years	17,440 (53.29)
45 to 64 years	14,991 (45.850)
65 years and older	298 (0.91)
Provider shopping measure*	
Without PMP data	3,033 (8.95)
With PMP data	3,071 (9.05)
Total number of pharmacies & physicians visited*	
Without PMP data (Mean [SD])	5.36 [3.1]
With PMP data (Mean [SD])	5.43 [3.1]

Note: * indicates that the measure was significantly different

CONCLUSIONS

Inclusion of cash prescriptions results in a slight increase in cases identified as multiple provider shopping. Although the difference was statistically significant, the increased percentage and actual number of beneficiaries may not be meaningful from a quality measure perspective. However, the additional beneficiaries identified using cash payments for narcotics can improve efforts to identify beneficiaries at high risk of abuse or diversion.

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