Department of Health and Human Services
Division of Medical Assistance

NORTH CAROLINA MEDICAID CONTROLLED SUBSTANCES TASK FORCE

Minutes

April 12, 2010

The North Carolina Medicaid Controlled Substances Task Force met on Monday, April 12, 2010, at 3:00 p.m. in room 297 of the Kirby Building.

Agencies represented: DMA, DMA-PI, DMH/DD/SAS, DMA-BH, Five County MHA, Governor's Institute, CCNC, Project Lazarus, NCCN, DPH, DMH/DD/SAS-CSRS, SBI, Community Pharmacy, QEHO, NCBoP, PharmD candidates, HP, Project Lazarus, Pain Specialists, CCNC/AccessCare, Community Care, SHP, and NCAP

The meeting was called to order. Participants introduced themselves.

The minutes from the Controlled Substances Task Force meeting held on December 7, 2009 were reviewed. No changes or corrections were noted. Participants unanimously approved the minutes. Concern was voiced about approving controlled substances lock-in criteria at the last meeting which are noted in the December minutes. There was a question regarding how the minutes could be approved when the criteria from the last meeting was changed. The response was that at the last meeting, a request was made to look at other scenarios for potential lock-in criteria and share the results with the participants. Based on feedback from participants who reviewed the additional scenarios, discussions in DMA and Mental Health the criteria were revised. The request to approve the minutes is simply to verify the contents of the minutes, as related to discussions at the last meeting.

The revised lock-in criteria are as follows:

<u>Targeted Medication Lock-In Program</u>
A clinical subgroup was formed that consisted of physicians and pharmacists involved with the Controlled Substances Task Force. The original criteria discussed at the December 2009 meeting has changed. The clinical subgroup reviewed report summaries regarding the revised lock-in criteria and commented on the following Targeted Medication Lock-in criteria:

NC Medicaid recipients will be "Locked-In" to **one prescriber and one pharmacy for controlled substances** if one or more of the following criteria are met:

1. Recipients who have at least <u>ONE</u> of the following
    a. Benzodiazepines: > 6 claims in 2 consecutive months
    b. Opiates: > 6 claims in 2 consecutive months

2. Prescriptions for opiates and/or benzodiazepines from > 3 prescribers in 2 consecutive months

3. Referral from a provider, DMA or CCNC.

Recipients are locked in for one year.

Comments from participants regarding Lock-in:

Concern from previous meeting was that initial criteria were too restrictive. Therefore, skeletal muscle relaxants, stimulants and tramadol were removed. The reports were altered to look at opiates and benzodiazepines primarily. Based on feedback from the subcommittee and discussions in DMA and Mental Health the criteria were revised.

DMA is looking into placing quantity limits on some of the other drugs previously listed in the criteria to address some of the high units. The Preferred Drug List may have some impact as well.

DMA is working with a vendor to rank the recipients based on severity of inappropriate use. They would then take the top 200-300 and lock those recipients in. The recipients would get letters containing appeal rights. The recipients are allowed to select the pharmacy and prescriber of their choice per the NC Administrative Code (10A NCAC 22F .0704). Knowing that some prescribers are not preferable, DMA will monitor activities after initiating lock-in. DMA will work with SBI and regulatory Boards to refer prescribers when necessary. Goal today is to approve the criteria so DMA can move forward with implementation.

Concern was voiced regarding lock-in to one prescriber. Previously there were more drugs included in the criteria and possibly more prescribers who were treating recipients. The proposed criteria will lock recipients in to the selected pharmacy and prescriber for opiates and benzodiazepines only.

Concern was voiced with accommodating recipient needs for prescriptions when emergency situation arises. It was noted that DMA envisions a back-up prescriber and possibly a back-up pharmacy.

DMA is exploring ability to use AVRS to alert providers that the recipient is locked-in when the provider calls to verify eligibility. Additionally, NC Administrative Code requires that the recipients receive a card showing that they are locked-in.

There was a discussion regarding how to handle recipients who are co-managed. This is routine versus an acute episode. Good team work is already in place in many instances and would like for this to remain intact. Response was that this may be another instance where the recipient would have an emergency prescriber on the file.

Question posed by member--could DMA have a lock into a prescriber for each drug class--a prescriber for the opiates and a prescriber for the benzos. It was noted that this was possible with technology.

DMA will have the capability for a back-up prescriber and possibly back-up pharmacy. FORM program allows for specialty pharmacy so we have the ability to use this option.

Concern was voiced over not treating addictive illness and assessing risk and managing the addictive illness. It was suggested that we keep treatment as a horizon or goal until we have infrastructure to handle addictive illness. Addictive illness is not addressed in the system and member would like this issue to stay in the picture.

Was asked how policy would change if locked into 2 prescribers. Terminology for policy would need to be compliant with the Code. Could allow an emergency prescriber or back-up prescriber. It was mentioned that the Code states “provided the recipient’s physician can refer the recipient to other

physicians as medically necessary." There was a discussion that this is what would allow us to have a secondary prescriber file.

A task force member mentioned that with the recipient count identified in the criteria, the likelihood that any one physician will get one of these recipients is slight. May add a benefit and force communication between physicians providing care to coordinate prescribing.

Question regarding where most recipients reside that accepted to criteria 2. DMA will look at county breakdown for recipients who accepted to Criteria 2.

Will the number locked-in change from month to month? It was explained that the first month, with the assistance of a vendor, DMA would lock-in the top recipients and add recipients to the lock-in program each month. There are approximately 3100 recipients who appear to meet one of the criteria.

It was noted by a member that this is a good start and has been replicated in other states. Some states more stringent.

The current FORM program was explained briefly--these recipients were noted as "opt-in" in the summary of data.

While units are not part of the criteria, an action item from the last meeting was to also show units. It was explained that a recipient may be locked-in due to high units by DMA referral. Also, this may generate referrals to Boards or SBI for prescribers.

The goal is to implement the lock-in program by July 15. Need to post for a 30 day comment period. This meeting is critical to get a vote. None opposed to criteria.

Will review and reassess program to see if it is working at some time in the future. Possibly at one year to evaluate: Does the criteria need to be tweaked? Is it effective in managing these patients? Is it driving expenses up in another area?

Change to Policy will be communicated to the providers through the public comment period, Medicaid bulletin and pharmacy bulletin.

Approximately 20% of prescribers are using the CSRS. It was noted that this is a high national rate. The NCBoP has put information in the Newsletter for pharmacists regarding using the CSRS. Medicaid has reminded providers in the Medicaid newsletter and bulletin and sent out emails to the DUR Board. May be able to add CSRS information to letters to physicians when locking in a recipient. Less than 5% of pharmacies are not reporting into the CSRS and in general don't know who they are. Occasional glitches occur with electronic problems or transmission problems with brief outages.

Next meeting set for June 7th.

The meeting was adjourned at 4:30 p.m.

Action items:

- Look at county breakdown for recipients who accepted to Criteria 2.