

Prevention of Abuse and Deaths Related to Prescription Opioids

Pharmacy Q & A

Washington State continues to see a rise in unintentional deaths related to prescription opioids. As a growing public health issue we all must take responsibility in helping to decrease abuse and deaths related to prescription opioids.

Q. Can pharmacies accept cash from a Medicaid client for covered medications?

A. No. The general rule is that providers cannot accept cash from a client for covered services, including medications (WAC 388-502-0160, Billing the Client). The difficulty is when a customer presents themselves as private pay/no insurance coverage. If your system indicates that the client was a DSHS client previously, check the POS system to verify if the client is still eligible. Sometimes clients will tell the pharmacy that “they are no longer covered by a medical coupon, so they are going to pay cash for their drugs.”

Another method to check eligibility is through WAMED eligibility system. This eligibility system will not only tell you if the client is on managed care, but it will tell you if the client is on restriction and the specific providers the client is restricted to.

Q. What is the Patient Review and Coordination (PRC) program?

A. The Patient Review and Coordination (PRC) program is a health and safety program for both fee-for-services and managed care clients who need help in using services appropriately. The majority of clients over-utilize services inappropriately. It is a federal requirement of all Medicaid programs to have a restriction program. Clients are restricted to specific providers: both HRSA and the plans do restrict the PRC client to one provider and one pharmacy. HRSA and the plans may also restrict their PRC clients to other provider types, such as the hospital for non-emergent care, narcotic prescriber, dentist.

Q. How do I know if a client is enrolled in the PRC program?

A. 1. On the client’s coupon (and eventually on the client’s ID swipe card), it will state “Client on Review” above the client signature line and there will also be three XXX’s in the “Restriction” Column.

If you have access to WAMED to check eligibility, it does indicate if the client is on restriction and if you scroll further down the screen, it will list which providers the client is restricted to.

2. When the client is placed in the PRC program, the client will receive a letter from HRSA/the MC plan informing them that they have been restricted under the PRC program and which providers they have been restricted/assigned to. All the client’s providers whom they have been assigned to or restricted will receive a copy of the letter.

3. If you receive a copy as the assigned/restricted pharmacy for a PRC client, you should flag your system that the client is on restriction and who they are restricted to. The client is initially restricted for 24 months and subsequent restriction periods (if they continue to be non-compliant) are 3 years and then 6 years periods from then on.

4. Clients do have the option to change their restricted/assigned providers after 12 months. Sometimes, a provider will dismiss a client before the 12 months are up, so the client will have to be reassigned. All the client’s providers whom they have been assigned to or restricted will get a “cc” of the letter.

Q. What if the client goes to a pharmacy they are not assigned to?

- A.** 1. PRC restriction edits takes precedence over all POS system edits. Pharmacies cannot over-ride the PRC restriction edits. If the pharmacy calls the PRC line and asks for a “one day segment change”, in order to process the pharmacy claim, there must be a legitimate reason why the client can’t go to their assigned pharmacy, such as they “are visiting from out of town” or needing a “24Hour pharmacy for a night prescription”. Note: If the night prescription was for a narcotic from the ER and the program manager checks that the client has a history of frequent ER use or the client recently filled a narcotic prescription, then generally the request for a one day segment will be denied.

Under POS, it does indicate the client is under restriction, but it doesn’t tell you the client’s assigned/restricted pharmacy.

2. Under Molina, if the client goes to a non-assigned pharmacy, the claim will be denied for “non-match pharmacy” or the prescription is written by a non-assigned prescriber, then the claim will be denied for “non-match provider or provider not covered”.

3. Other health care plans have edits in their system to deny a non-assigned pharmacy for their PRC client.

Q. What if I am processing a prescription and the client is not assigned to my pharmacy and is insisting on paying cash for the medication?

- A.** 1. Tell the client that you cannot continue to process their prescription, because they are on restriction and assigned to another pharmacy. They need to go to their assigned pharmacy.
2. Tell the client since the medication is a covered medication under their coupon, then you cannot accept cash.
3. If the client’s behavior escalates, because they cannot get their prescription filled and causes disruption, follow your internal security protocols or call the local law enforcement. You can also ban the client from your store if their behavior is inappropriate and disruptive according to your store protocols.
4. Check with WSPA regarding improving your store’s security protocols.

Q. What are some resources available to the pharmacy, so they can help clients and empower clients to help themselves?

- A.** ▶ HRSA Website links to Pharmacy: PRC Website
- ▶ Managed Care Plan’s Website
- ▶ HRSA’s Narcotic Review + Q&A fact sheet

Q. What is the Narcotic Review Program+ (NRP+)?

- A.** The Narcotic Review Program+ (NRP+) was launched by the Department of Social and Health Services Health and Recovery Services Administration in September 2009 in response to the growing problem of prescription opioid abuse in our state. Fee-for-Service Medicaid clients receiving high doses of opioids are reviewed to verify the medical need for the exception doses. NRP screening and review only applies to clients with chronic non-cancer pain.

Q. Why is HRSA requiring this narcotic review for some clients?

- A.** Washington State is in the top 10 states in the nation for opioid prescription-related deaths. Washington State’s death data indicates that over 53% percent of Washington’s unintentional deaths related to prescription opioids are Medicaid clients. HRSA has incorporated an evidence-based, medical necessity approach to high-dose opioid prescriptions and adjunct therapies.

Q. How does NRP+ work?

A. Authorization of all opioid prescriptions is required for clients in NRP+. HRSA will ask prescribers for additional information to verify the dose of opioids that is medically necessary. The goal of NRP+ is to collaborate with prescribers to reduce misuse of opioids and to improve the quality of life of the client.

Q. What is the NRP+ Process?

A. The NRP+ process has these features

- Clients to be selected for review are those with non-cancer pain receiving high doses of opioid.
- Each opioid prescription for these clients requires authorization as long as the client is in the NRP+ program
- Prescribers of these clients will be sent a 12-month narcotic profile and asked to review and verify that their prescription is appropriate and should be filled
- Prescribers will also be sent a form that can be used to provide medical justification for the high-dose prescription
- Taper plans may be discussed with the prescriber when appropriate
- Chart reviews and face-to-face evaluations by the University of Washington Medicine Center for Pain Relief may be provided
- HRSA may suggest referrals for mental health and or chemical dependency assessment and treatment as necessary
- Medications will not be discontinued unless proven not medically necessary or unsafe

Q. How can pharmacies help prevent the abuse and misuse of prescription drugs, especially opioids, anti-psychotics, and other stimulants?

A. Pharmacies can play a key role in preventing drug abuse and misuse. It is the pharmacies who often are the first to see a trend of escalating drug doses or high narcotic prescriptions from specific providers: clients having different opioid prescriptions from different prescribers; clients paying hundreds and thousands of dollars for opioids; forged prescriptions; excessive dosages of prescription opioids. These should be a red flag to a pharmacy. Check with the prescriber or with DSHS or the plan to verify prescription or voice your concerns. These efforts can help in preventing drug abuse and misues.

Q. Does the pharmacy need to confirm with the prescriber the legitimacy of a narcotic prescription that was submitted electronically?

A. Schedule III, IV, and V controlled substance prescriptions that have been electronically created and electronically signed by an authorized practitioner, and then transmitted to the pharmacy must be treated as an oral prescription. That means the pharmacist must call the authorized prescriber to verify the authenticity of each Schedule II-V controlled substance prescription. The pharmacist must further document on the prescription who verified the prescription and promptly file the prescription to satisfy the DEA requirements of 21 CFR § 1306. Other options for Schedule III-V drugs include the physician printing the controlled substance prescription, signing it, and either faxing or sending to the patient. Reference: DEA Frequently Asked Questions: www.deadivision.usdoj.gov/faq/general.htm#fax_rx35.

Q. What are some red flags to watch for in regards to the potential misuse or abuse of opioid prescriptions?

A. Be alert to:

- Excessive amounts
- Large doses
- Long duration
- Cash payments
- Demanding brand name
- Polypharmacy
- Unknown prescriber (out of the area, i.e. client's prescriber is in Yakima and the client lives in Marysville)
- Altered prescriptions
- Client's behavior is suspicious;
 - Client has a glazed look and appears high
 - Client acts nervous about filling prescriptions
 - When engaged about their condition, client is unable to reference any real diagnosis or what their pain condition is

Pharmacy Fact Sheet - Use of Prescription Opioid

- Levels of non-medical use and abuse of prescriptions for controlled substances are at higher levels than illicit drugs.
- The leading cause of unintentional injury deaths is due to poisoning with over 90% related to drug overdoses. Drug overdoses surpass traffic accident fatalities.
- There were 346 Medicaid client deaths related to prescription opioids in 2007
- 53% of the unintentional deaths related to prescription opioids involved Medicaid clients.
- 15 children deaths (age 15 to 19) were related to prescription opioids.
- Narcotic diversion has a high street value. As an example: oxycontin \$1/mg (80mg tab = \$80), percocet 5mg: \$5-10/tab, dilaudid 4mg: \$40/tab, methadone \$1/mg (\$5/tab)
- The average maximum number of narcotic prescriptions per month per Medicaid client was 12.
- A DSHS study found that Medicaid clients are obtaining prescriptions from multiple prescribers for both controlled substances and mental health drugs and with back pain and depression being the top diagnosis.