



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Pharmacy Lock In Program



Presentation to: NAMPI 2013

Presented by: Toni L. Prine, RPh, Deputy Inspector General

Date: August 20, 2013



Mission

The Georgia Department of Community Health

We will provide access to affordable, quality health care to Georgians through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Objectives

- Prevalence of Prescription Overdose
- Implementation of Prescription Drug Monitoring Programs
- Criteria of Pharmacy Lock-In
- Calculating Cost Savings or Avoidance

Prescription Overdose

In 2008, there were 14,800 prescription painkiller deaths.⁴

For every **1** death there are...



10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

<http://www.cdc.gov/homeandrecreationalafety/rxbrief/>

Impact

12,375,000

Prescription Overdose

- 2010 marked the 11th consecutive year of an increase in fatal prescription overdose deaths
- 74% of drug deaths were accidental
- 17% were suicides

By the Numbers

- 15,000**- the number of people that die every year from prescription painkiller overdose
- 1 in 20**- In 2010, in the United States 1 in 20 people age 12 and over reported using a prescription painkiller for non medical reasons
- 1 month**- In 2010 enough prescription painkillers were prescribed to medicate every American adult around the clock for a month

Who is at Risk

- People who obtain multiple controlled substance prescriptions from multiple providers—a practice known as “doctor shopping”
- People who take high daily dosages of prescription painkillers
- Those who misuse multiple abuse-prone prescription drugs
- Low-income people and those living in rural areas
 - People on Medicaid are prescribed painkillers at twice the rate of non-Medicaid patients **and are at six times the risk of prescription painkillers overdose.**
- Individuals with mental illness
- Those with a history of substance abuse

Recent Trends

- Growing epidemic for women
- 400% increase in deaths in women since 1999
- Nearly 48,000 women died from prescription overdose from 1999-2010
- Women more likely to be on medications for mental health including antidepressants and anxiolytics

Commonly abused prescriptions

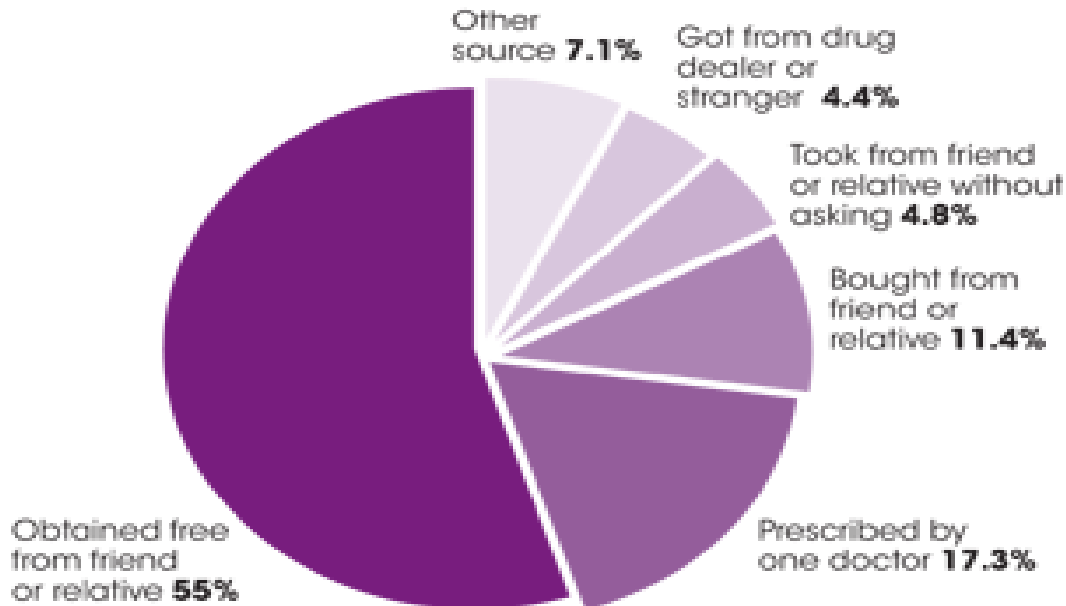
Opioids

Benzodiazepines

Amphetamine
like drugs

Where are the drugs coming from?

People who abuse prescription painkillers get drugs from a variety of sources⁷



<http://www.cdc.gov/homeandrecreationalafety/rxbrief/>

A Question of Responsibility

What are we doing as State Medicaid Agencies to stem the dramatic increases in prescription drug abuse?

Prescription Drug
Monitoring
Programs

Patient review and
restriction programs

Health care provider
accountability

Laws to prevent
prescription drug
abuse and diversion

Better access to
substance abuse
treatment

<http://www.cdc.gov/homeandrecreationalafety/rxbrief/>

Prescription Drug Monitoring Program (PDMP)



According to the Alliance of States with Prescription Monitoring Programs, currently 48 States and one territory either have operational PMPs or have passed legislation to implement.

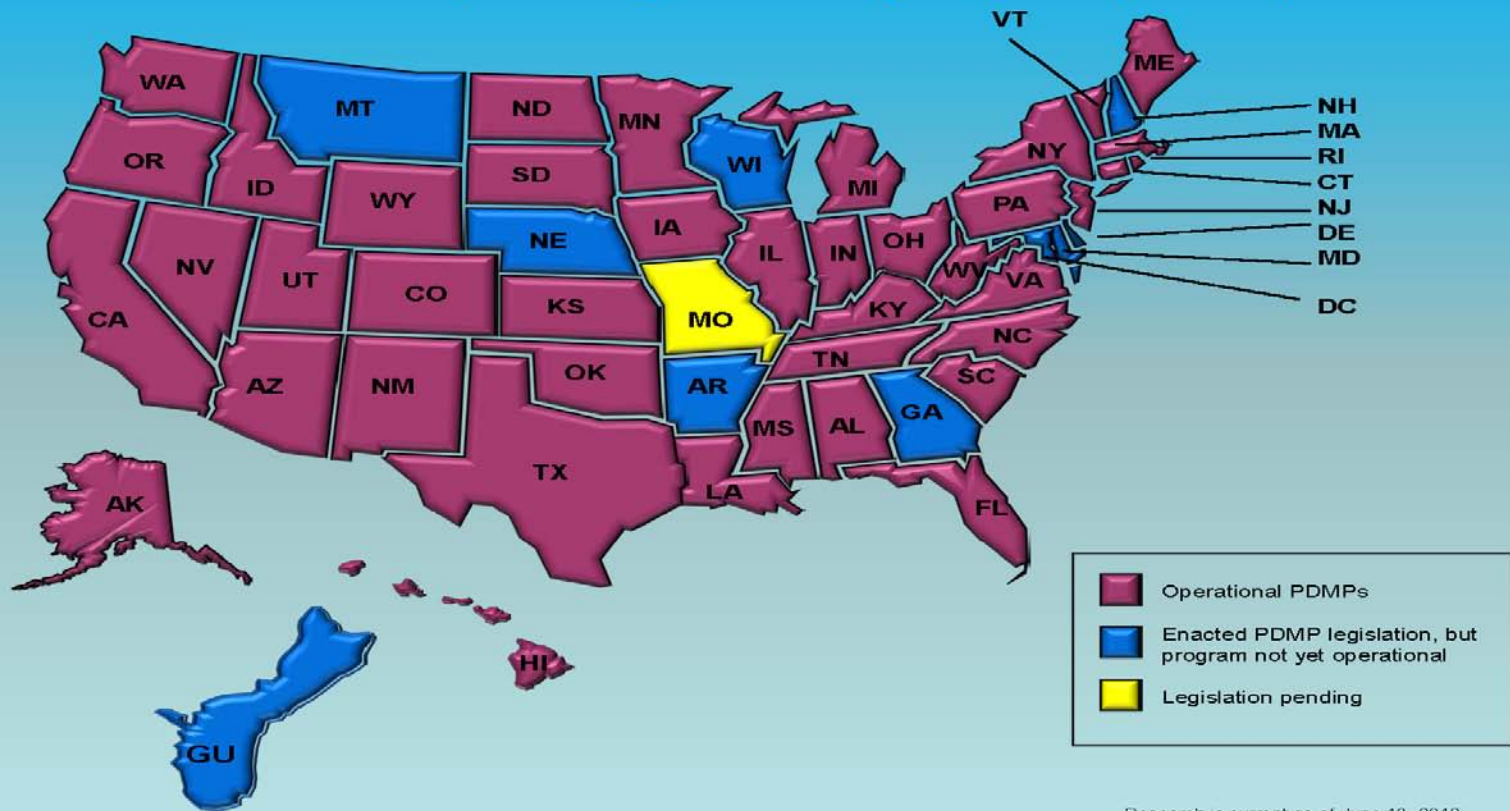
(www.pmpalliance.org)

PDMP - MAP



Alliance of States with Prescription Monitoring Programs

Status of Prescription Drug Monitoring Programs (PDMPs)



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Elements of a Lock-In Program

- A Pharmacy Lock-In program is designed to
 - prevent members from obtaining excessive quantities of prescribed drugs through visits to multiple physicians and multiple pharmacies
 - to help control duplicate and inappropriate drug therapies.
- Contains predefined criteria that patients must meet in order to be placed in the Lock-In Program.
- Two year Lock-In period
 - Following the two year period, patients are reviewed every 6 months for emerging patterns indicating abuse.
- One pharmacy monitors the number of physicians and prescriptions that the member is filling and intervenes if necessary.

Criteria for Lock-In Program

- Drug therapy must correlate with primary or secondary diagnosis.
- The member has filled prescriptions at more than *two* pharmacies per month or more than *five* per year.
- The member is receiving greater than *five* therapeutic agents per month, if more suspect poly-pharmacy.
- The member is receiving more than *three* controlled substances per month.
- Number of prescriptions for controlled substances exceeds 10% of total number of prescriptions.

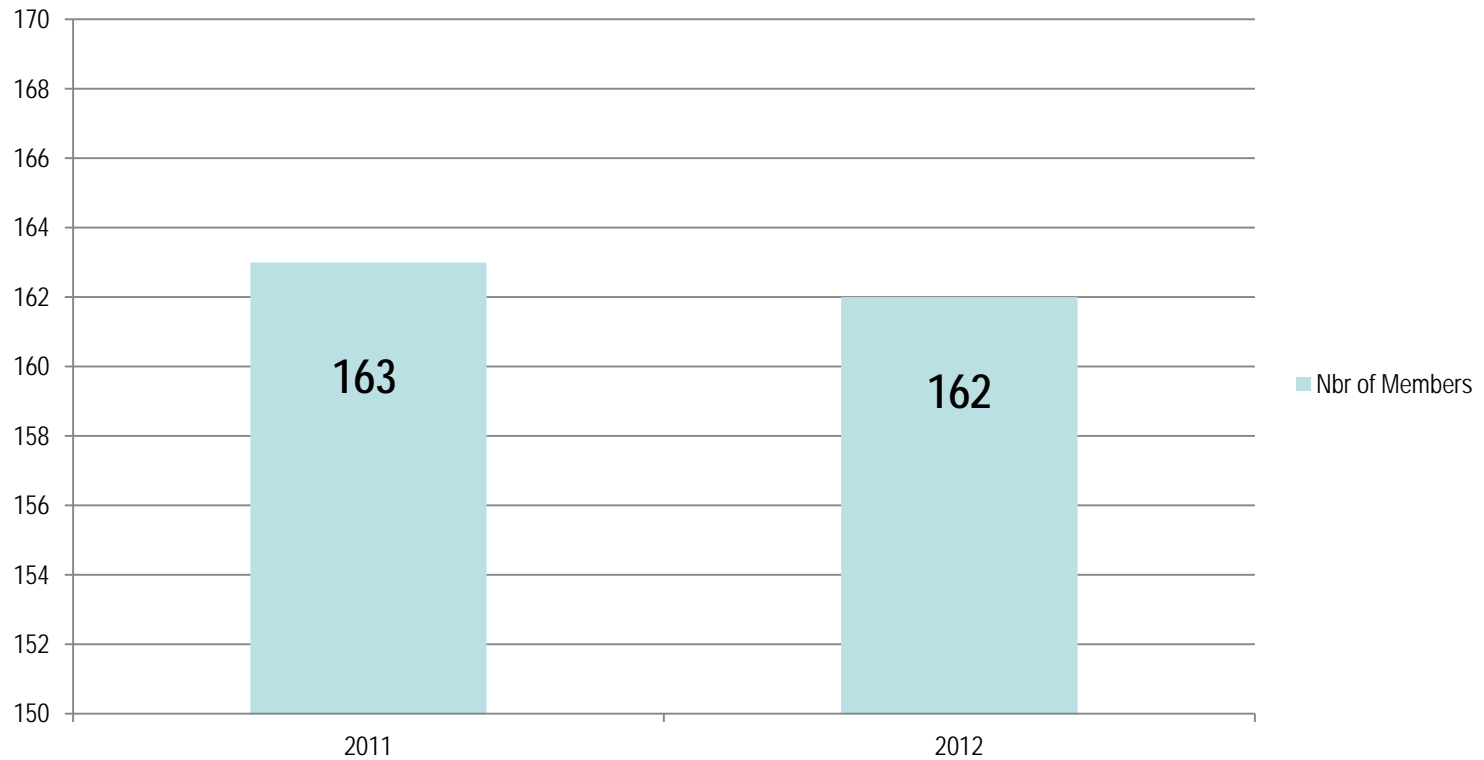
Criteria Continued

- The member is receiving duplicate therapy from different physicians.
- A member has been seen in Hospital Emergency Room greater than *two* times per year. If greater, the recorded diagnosis should be consistent with an emergency medical condition.
- The member is receiving prescriptions from more than *two* physicians per month.
- The member has a recent diagnosis of narcotic poisoning or drug abuse on file.



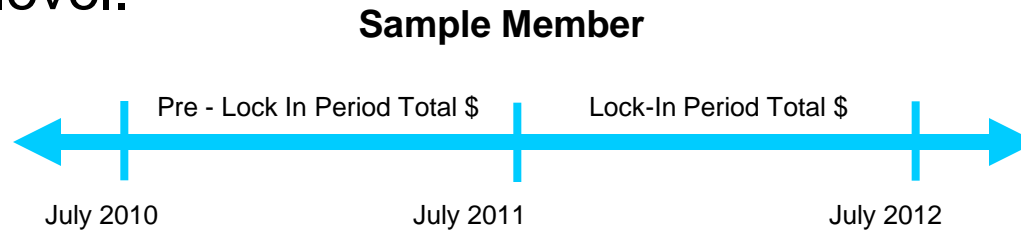
Lock-In Members

Nbr of Members per FY



Lock-In Cost Savings Methodology

- Savings from the Lock-In Program were calculated per member for the full **2011** timeframe.
- Each member's total pharmacy costs were summed over their first 12-month Lock-In period as well as the 12 months prior.
- Overall savings per member was then calculated and summarized for the full program timeframe as well as the annual level.



$$\text{Total Savings/Member} = \text{Pre-Lock-In Total \$} - \text{Lock-In Total \$}$$

GA Medicaid Lock-In Program Savings

Total Lock-In Program Savings for SFY11 & SFY12

Pre Lock-In Period Total	\$1,754,133.55
Lock-In Period Total	<u>\$1,338,844.52</u>
Estimated Savings	\$ 415,289.03

Conclusion

- Prevalence of Prescription Overdose
- Implementation of Prescription Drug Monitoring Programs
- Criteria of Pharmacy Lock-In
- Calculating Cost Savings or Avoidance

Contact Information

Toni L. Prine, RPh
Deputy Inspector General
Office of Inspector General
Georgia Department of Community Health
404-463-7487
tprine@dch.ga.gov

