

Alaska Medicaid DUR Committee Executive Summary

Informal Meeting March 16, 2018

Friday, March 16, 2018

4601 Business Park Blvd, Building K

Anchorage, Alaska 99503

2:00pm – 4:00pm

Phone 800-315-6338 #24251

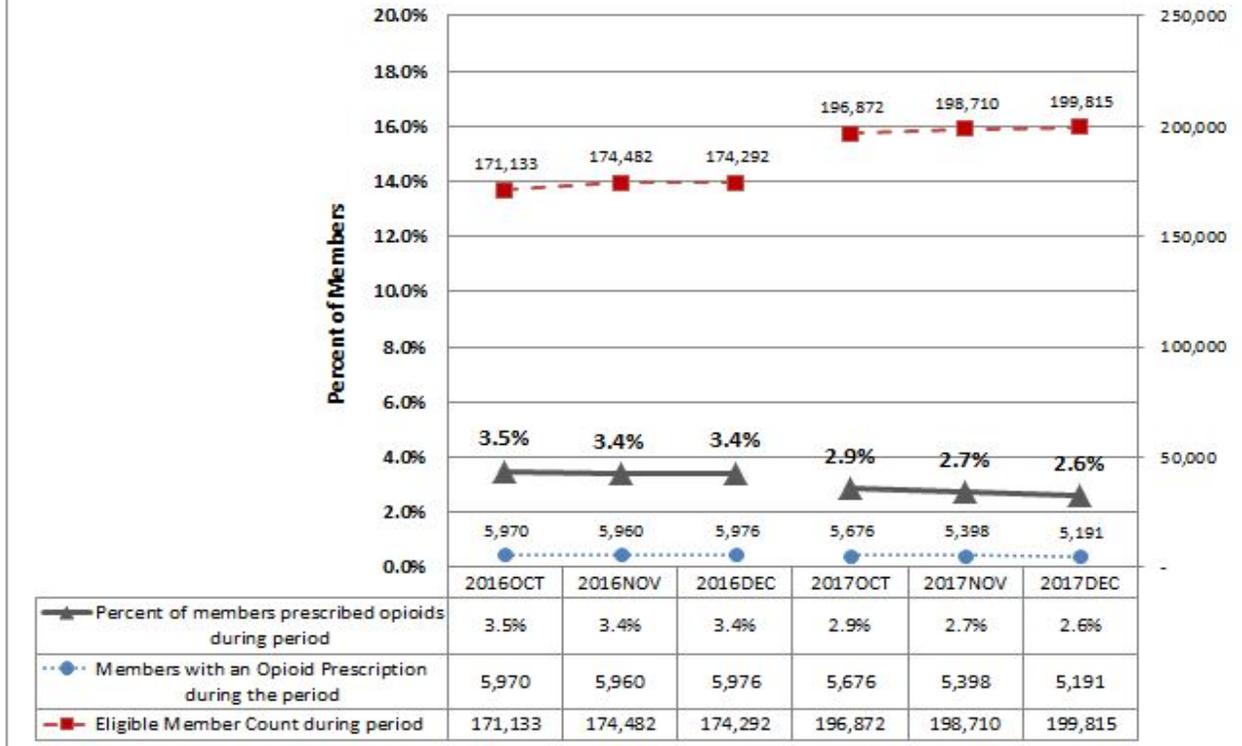
Introduction

Erin Narus presented a status review and presentation for ongoing work regarding Opioid Prescribing Trends and Dental Opioid Prescribing. This meeting was conducted via telephone with no quorum of voting members.

Opioids – Initiatives

- A Bree Collaborative presented by Erin Narus was developed by Washington State which reviews and tracks prescription trends making recommendations to prescribers for opioid use disorders. Available information is located at the website: <http://www.breecollaborative.org/wp-content/uploads/ODU-Treatment-Final-2017.pdf>.

Opioid Prescribing Trends - Alaska Medicaid Percent of Members who Filled an Opioid Prescription during Month



The above table shows the last quarter of 2016 with three month tracking and utilization of opioids compared to same quarter in 2017. Utilization is showing the number of opioid prescriptions during the period decreased by ½ percentage point. The number of Members receiving an opioid during the period of 2016 decreased from 5970 to 5191 in 2017. Eligible members increased from 174,292 at end of year 2016 to 199,815 in 2017. The metrics provide a utilization benchmark in this initiative and it is a critical aspect of this work to track utilization trend results over time.

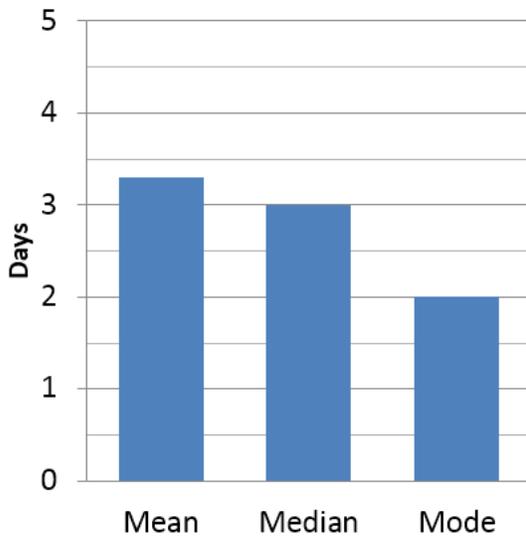
The Bree Collaborative (developed by Dr. Robert Bree Collaborative & AMDG - Washington State Agency Medical Directors' Group) helps educate providers and identifies patients who can benefit and work with care managers. The goal is to assist individuals with opioid use disorders, recommending tapering methods for individuals and finding non-opioid alternatives in pain management within the Alaska Medicaid program of services. In particular it is recommended and necessary to look at additional pain treatment strategies in many procedures including dental procedures, surgeries, and tonsillectomies to minimize use of opioids in these areas.

With regard to dental guidelines you can find postings for the prescribing of opioids for acute pain management in dental pain available

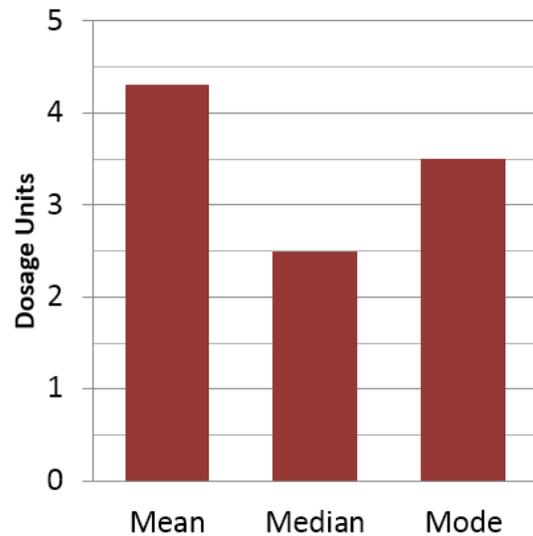
Alaska Medicaid Dental Prescribing

December 2017

Days Supply



Qty Dosage Units Dispensed



Medicaid claims pharmacy data from dental prescribing was tracked and days supply observed. The data presented here from December 2017 looked at baseline information with regard to the number of days supply and quantity dispensed by prescribers enrolled with AK Medicaid. Results showed a mean of 3.3 days, a median of 3 days, and a mode of 2 days supply dispensed. The number of dosage units tracked resulted in a mean of approx. 4.4 units per day, a median of 2.5 units per day, and a mode of 3.5 units dispensed per day.

Looking in comparison of 3 groups which include the American Dental Association (ADA), the Bree Collaborative, and the AMDG from WA dental pain management strategies for post procedural pain management were developed. Of 3 groups one of the hallmarks involved checking and using the PDMP for current use of opioids. This

allows dentists to develop treatment plans and helped to identify ways for effective communication in that area.

Studies point out that 3rd molar (wisdom) tooth extractions are frequently the 1st time patients are exposed to opioids. All 3 groups encourage the use of non-opioid strategy for pediatric populations. With access to online videos for entertainment exploiting the effects of opioids it is good practice to change the conversation around what dangers are involved with opioid use. It is a critical opportunity for dental prescribers to talk about and change the conversation to improve outcome to decrease the opioid utilization.

Acute Post-Procedural Pain Management strategies were identified for the following patient-specific treatment plans:

- **PDMP:** Check PDMP prior to considering prescribing opioids for current use and identification of misuse patterns
- **Non-Pharmacologic Strategies:** e.g., Ice
- **Non-Opioid, Pharmacologic Analgesics:** Medications used first line include NSAIDS and acetaminophen which should be considered first-line pharmacologic strategy when non-pharmacologic strategies may not provide sufficient analgesia for the procedure being performed
- **Opioids:** Minimize risks of respiratory depression and maximize non-opioid analgesics first, used sparingly (0 – 15 tablets), considering age and patients naïve to therapy, and to include use of lowest dosage strength necessary. *If opioid are prescribed the prescriber must ensure the patient and family is educated sufficiently for expectations of the level of pain and step wise approach with non- pharmacologic measures, then pharmacologic measures and lastly opioids are used as necessary.*
- **Concurrent chronic opioids:** Coordinate with pain a management provider prior to developing patient-specific treatment plans and the prescribing of opioids
- **Drug-Drug Interactions/ Drug-Disease Interactions:** Avoid concurrent use with CNS depressants like benzodiazepines and alcohol
- **Educate patient and family:** Educate families prior to procedure, set expectations that consider patient, family, and age specific educational needs; (e.g., dependency, storage, disposal, etc.); use as an opportunity to educate on the dangers of opioids. Patients should be provided a written treatment plan maximizing use of non-opioid strategies

It is proposed this committee consider reasonable, measurable and actionable restrictions on opioid prescriptions to minimize first opioid exposure and use. If Alaska Medicaid chose to move forward on these recommendations and expectations it would make actionable items in setting adjudication rules for dental pain management to limit opioid prescriptions to less than or equal to 3 days. Approximately 36% of patients in DEC 2017 would have exceeded the 3 day limit. Adequate education is available for medical necessity. When looking at Days Supply information above 1/3 exceeded 3 days, but dosage units set limits to 4 per day or 12 per 3 days. Also providing access to longer treatment therapy can be made through a prior authorization request to exceed quantity limits and number of days. The concept needs work with additional provider outreach. Shown in the utilization is evident a significant number never get prescribed opioids, there was a balanced mixture of NSAIDS vs opioids. Regarding CNS analgesics there was a small group of providers to reach out to who have no NSAIDS however there may be a knowledge deficit of what is covered or an awareness of the program reimbursements available for these patients and procedures. Education of non-opioid drug therapy coverage is needed.

To encourage less utilization of opioids the ADA, CDC, other joint webinars online, and from peer to peer assistance the following expectations have been recommended or suggested as a requirement:

Expectation 1: Dentists are encouraged to utilize clinical practice guidelines to develop patient- specific treatment plans to manage acute pain resulting from dental procedures. Dentists are encouraged to maximize use of non-opioid treatment strategies prior to considering opioids.

Expectation 2: Dentists are encouraged to provide a written treatment plan that outlines non-opioid treatment strategies for acute pain management resulting from dental procedures or conditions.

Expectation 3: If opioids are medically necessary, dentists are *encouraged* to maximize non-opioid treatment strategies to spare opioid doses, reserve opioids for breakthrough pain, use lowest dosage unit strength medically necessary and to prescribe ≤ 3 days opioids (no more than 12 dosage units total).

It is expected when opioids are medically necessary that a *requirement* be made to provide Alaska Medicaid members with a written treatment plan that outlines non-opioid pain management strategies which will educate patients on appropriate use, storage, disposal, risk of misuse, dependency, and other dangers of opioids prescribed

Expectation 4: Dentists are encouraged to intervene in assisting patients in accessing care for substance dependency issues; dentists may refer patients needing additional assistance

to the Alaska Medicaid Coordinated Care Initiative which services to connect patients to programs available.

For AMCCI information please refer to the website for more information at <http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx>

The patient needs to be provided tools to provide best choices for home care. The AMCCI Medicaid program for dentists encourages referral for connection to services

Dentists can find resources at the ADA/CDC Webinar available at <https://success.ada.org/en/wellness/improving-opioid-prescribing-webinar>

Look for Peer-to-peer assistance at <http://pcss-o.org>

Motivational interviewing techniques are available at <http://www.cdc.gov/drugoverdose/training>

Ongoing program works:

- Outreach to providers for antifungal stewardship
- Hemophilia drug therapy standards of care from November 2017 meeting notes

Adjournment

Next meeting in April is scheduled at 1:00pm April 20th, 2018.