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BACKGROUND: In July 2005, a legislative action required that the Mississippi Division of Medicaid (DOM) institute a prescription benefit cap to limit the total number of prescriptions a beneficiary could receive each month to 5 (maximum of 2 brand name) for non-long-term care beneficiaries utilizing the fee-for-service (FFS) prescription benefit. An exemption to the benefit limit was allowed for beneficiaries under the age of 21 after medical necessity for additional prescriptions had been determined. At the same time as the prescription benefit limit change, the DOM released a list of medications that could be prescribed in 90-day increments to allow for more prescription fills (i.e., the 90-day fill would only count for 1 prescription “slot” in month 1, freeing up a prescription “slot” in months 2 and 3). The 90-day maintenance list has been updated several times since 2005, with the latest revision on April 1, 2012.

OBJECTIVE: To (a) determine the extent of 90-day maintenance list adoption among prescribers, in particular with beneficiaries consistently reaching the monthly benefit limit of 5 prescriptions at least 5 out of the 6-month study period, and (b) to describe the patient population reaching the prescription benefit limit, including demographics, prescribers, and health conditions.

METHODS: The target sample was identified as beneficiaries reaching the prescription benefit limit at least 5 times during the 6-month study period. Beneficiaries classified as long-term care recipients and Medicare dual eligibles were excluded from the analysis due to differences in monthly prescription benefit limits compared with the rest of the Medicaid population. Prescribers were classified as adopters or nonadopters based on whether they prescribed 90-day supplies of medicines included on the 90-day maintenance list to any Medicaid FFS beneficiary from April 1, 2012, to September 30, 2012.

RESULTS: After excluding long-term care recipients and Medicare dual eligibles, prescription claims were found for a total of 117,977 unique beneficiaries and 11,762 unique prescribers during the study period, representing 362,102 patient-months and 946,881 prescription records. A total of 30,913 (26.20%) beneficiaries reached the prescription benefit limit at least 1 month, with 3,518 (2.98%) beneficiaries reaching the limit ≥5 months during the 6-month study period. Of the prescribers with beneficiaries consistently reaching the prescription benefit limit (n=4,665), only 317 (6.80%) had written a 90-day prescription for those beneficiaries. Surprisingly, there were 2,265 prescribers who had adopted 90-day maintenance prescribing for beneficiaries not reaching the prescription limit but had failed to do so in the beneficiaries consistently reaching the prescription limit.

CONCLUSIONS: Beneficiaries consistently reaching the monthly benefit limit would most benefit from receiving a 90-day prescription of a maintenance medication. While the 90-day maintenance list has helped some beneficiaries receive more monthly medications, the relatively low number of prescribers utilizing the 90-day maintenance list indicates a need for educational outreach to encourage utilization of the list, particularly to those prescribers who have beneficiaries in greatest need of additional prescriptions. Based on this baseline analysis, a follow-up intervention study is underway that seeks to determine the extent of maintenance list adoption following a targeted educational initiative.

SPONSORSHIP: This research was conducted by the University of Mississippi, University, MS, without external funding.

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