Opioids are those medications which act as pain relievers and include: hydrocodones, oxycodones, morphines, codeines, and related drugs. Currently, more than 3% of adults are using long-term opioid therapy for chronic non-cancerous pain. During the years 1999-2007, almost 124% increase in unintentional overdose deaths in United States was observed due to the increase in the prescription opioid overdoses. Drug-related adverse events have also been found to be higher in people consuming opioids at doses equal to 50 mg/d or more morphine. Study result also suggest that patients consuming 100 mg/d or more opioids dose have 8.9 times more overdose risk than those consuming just 1-20 mg/d of opioids.

METHODS

A retrospective study was done using Mississippi Medicaid claims data for 2013. Beneficiaries were included if enrolled the entire year, had 1 prescription for an opioid in the Center for Disease Control Morphine Milligram Equivalent Table, were age 19+, they did not have any claims with diagnoses of sickle cell anaemia or cancer, and were not dual eligible or in long term care. Morphine Equivalent Dose (MED) values were calculated for all prescriptions. MED values were calculated using the following formula: Submitted Quantity * Morphine Conversion Factor/Supply

Cut-off values of 120 mg and 100 mg MED were examined to identify potential problem cases. The objective of this study was to evaluate the PQA criteria for this potential measure in the Mississippi Medicaid population.

POQA MEASURES

Measure 1 (Opioid High Dosage): The percentage of individuals without cancer receiving a daily dosage of opioids greater than 120 mg morphine equivalent dose (MED) for 90 days or longer

Measure 2 (Multi Prescribers and Multiple Pharmacies): The percentage of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies

Measure 3 (Multi-Provider, High Dosage): The percentage of individuals without cancer receiving prescriptions for opioids greater than 120 mg morphine equivalent dose (MED) for 90 days or longer, who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies

RESULTS

1.37% and 2.24% of the beneficiaries received prescriptions for opioids >120 mg MED for ≥60 and 30+ consecutive days.

1.72% and 2.70% of the beneficiaries were found to receive prescriptions of opioids >100 mg MED for ≥60 and 30+ consecutive days.

Approximately, 1.77% of beneficiaries having an opioid prescription claim are consuming an MED greater than 120 mg for more than 31 days indicating issues with their opioid consumption pattern.

12.5% of beneficiaries having >100 mg MED for ≥60 consecutive days were doctor shopping (using 4+ pharmacies and 4+ prescribers)

CONCLUSION / RECOMMENDATIONS

• Combining doctor shopping with high MED can be used to identify potential abusers for intervention.

• All of these opioid over utilizers were submitted to the Medicaid Program Integrity Bureau for evaluation for the lock-in program.

• A provider education program was initiated where prescribers are notified of patients with high MED use and doctor/pharmacy shopping.

REFERENCES


3. Rawlin, S. F., & Moreland, L., (2013). A provider education program was initiated where prescribers are notified of patients with high MED use and doctor/pharmacy shopping.