A retrospective analysis was conducted using fee-for-service and Medicaid’s (DOM)DUR activities for improvement. Objectives included identifying CDC recommendations that could be addressed through DUR activities, evaluating performance on these recommendations, and determining possible Mississippi Division of Medicaid’s (DOM)DUR activities for improvement.

**BACKGROUND**

The Office of Inspector General’s 2016 Work Plan included a focus on how Drug Utilization Review (DUR) programs address opioid misuse in Medicaid beneficiaries. In March, 2016, the CDC released their Guidelines for Prescribing Opioids for Chronic Pain. The Office of Inspector General’s 2016 Work Plan included a focus on how DUR programs address opioid misuse in Medicaid beneficiaries. In March, 2016, the CDC released their Guidelines for Prescribing Opioids for Chronic Pain.

**OBJECTIVES**

Objectives included identifying CDC recommendations that could be addressed through DUR activities, evaluating performance on these recommendations, and determining possible Mississippi Division of Medicaid’s (DOM)DUR activities for improvement.

**METHODOLOGY**

A retrospective analysis was conducted using fee-for-service and managed care prescription and medical claims for July 2015 – June 2016. Results were presented to the DUR Board for discussion and recommendations. Beneficiaries with cancer diagnoses were excluded.

**RESULTS**

Five CDC recommendations were examined to determine new DUR actions needed.

**CDC Recommendation: When opioids are started, clinicians should prescribe the lowest effective dosage.**

- Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalent (MME)/day and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.
- 6,464 beneficiaries had at least 1 cumulative opioid dose of ≥ 90 MME/day.
- An electronic edit requiring a manual PA for fills with ≥ 90 MDEO is being implemented.
- Educational interventions for providers are underway.

**CDC Recommendation: Long-term opioid use often begins with treatment of acute pain.**

- When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
- 21,646 (22.3%) beneficiaries had new starts for > 7-days supply.
- An electronic edit is being implemented requiring new starts to 2 initial prescriptions for ≥ 7-days supply.

**CONCLUSIONS**

DUR recommended actions should improve appropriate prescribing of opioids and enhance treatment for opioid use disorders.