REVIEW OF STATE MEDICAID PERFORMANCE ON CDC GUIDELINES FOR PRESCRIBING OPIOIDS AND RESULTING DUR RECOMMENDATIONS

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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.

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

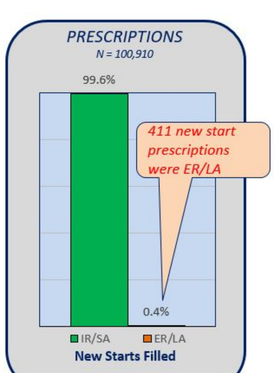
A retrospective analysis was conducted using fee-for-service and managed care prescription and medical claims for July 2015 – June 2016. Results were presented to the DUR Board for discussion and recommendations. Beneficiaries with cancer diagnoses were excluded.

RESULTS

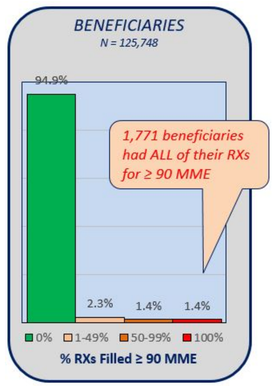
Five CDC recommendations were examined to determine new DUR actions needed.

CDC Recommendation: When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

- 410 beneficiaries had new starts with long-acting (LA) opioids.
- An electronic edit is being implemented requiring manual prior authorization (PA) for new starts using LA products.

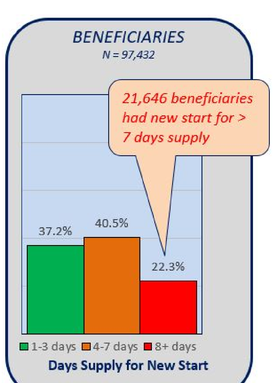


CDC Recommendation: When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram 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 MEDD 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.

CDC Recommendation: Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently.

- During the first 7 months 2016, 9,781 beneficiaries had concomitant use of opioids and benzodiazepines.
- Only 27% of the time did the same provider prescribe both products.

Number of Beneficiaries Filling Opioid and Benzodiazepine Prescriptions
(January - July, 2016 – FFS and CCOs)

		Filled Benzodiazepine Rx	
		No	Yes
Filled Opioid Rx	No	0	7,330 (8.1%)
	Yes	71,370 (78.8%)	11,884 (13.1%)
		Concomitant Use	9,781 (10.8%)

- An electronic edit is being implemented to reject new starts for benzodiazepines/opioids resulting in concomitant use.
- An educational intervention is underway addressing on-going concomitant use.

CDC Recommendation: Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Recommended changes from a September 2016 review of DOM's buprenorphine/naloxone therapy guidelines were:

- Remove 24-month maximum length of coverage and limits on restarts.
- Change maximum daily doses to:
  - Induction and stabilization phase – maximum daily dose of 24 mg/day for up to 2 months
  - Maintenance phase -- maximum daily dose of ≤ 16 mg/day

CONCLUSIONS

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

Acknowledgments and Disclosures

The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the retrospective drug use analysis activities conducted under contract with the Mississippi Division of Medicaid. The views expressed are those of the authors and do not necessarily reflect those of the Mississippi Division of Medicaid or the University of Mississippi.