

**ISPOR ABSTRACT – Health Care Use & Policy Studies (HP) – Drug Use (DU)**

**Authors:**

Verma D<sup>1</sup>, Banahan BF III<sup>1</sup>, Hardwick SP<sup>2</sup>, Clark JP<sup>2</sup>

<sup>1</sup> Center for Pharmaceutical Marketing and Management, University of Mississippi, University, MS, USA

<sup>2</sup> Mississippi Division of Medicaid, Jackson, MS, USA

**DEVELOPING ALGORITHMS FOR IDENTIFYING BENEFICIARIES WITH HIGHER THAN EXPECTED UTILIZATION OF OPIOIDS ANALGESICS**

**OBJECTIVES:**

Considerable attention is given to managing opioid use in order to avoid addiction and possible diversion problems. A Pharmacy Quality Alliance workgroup has been working on a pharmacy quality measure where morphine equivalent dosing would be used to identify potential problem cases. The objective of this study was to evaluate the criteria being discussed by in this potential measure in Mississippi Medicaid.

**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+, and they did not have any claims with diagnoses of sickle cell anaemia or cancer, were not dual eligible or in long term care. Morphine Equivalent Dose (MED) values were calculated for all prescriptions. Cut-off values of 120mg and 100mg MED were examined with sensitivity analysis for number of days at or above the cut-off.

**RESULTS:**

1.37% and 2.24% of the beneficiaries received prescriptions for opioids >100mg MED for ≥60 and 30≥ consecutive days. 1.72% and 2.70% of the beneficiaries were found to receive prescriptions of opioids >120mg MED for ≥60 and 30≥ consecutive days. Approximately, 1.77% of beneficiaries having an opioids prescription claims are consuming an MED greater than 120mg for more than 31 days indicating issues with their opioid consumption pattern. 12.5% of beneficiaries having >100mg MED for 30+ consecutive days were doctor shopping (using 4+ pharmacies and 4+ prescribers).

**CONCLUSIONS:**

Beneficiaries with high MED are at risk of becoming abusers, if they are not already. Use of MED limits in drug utilization review is a good method for identifying beneficiaries at risk of becoming abusers. Combining doctor shopping with high MED can be used to identify potential abusers for intervention.

*Statement to be included on poster*

**Acknowledgement:** 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 Mississippi Division of Medicaid or the University of Mississippi.