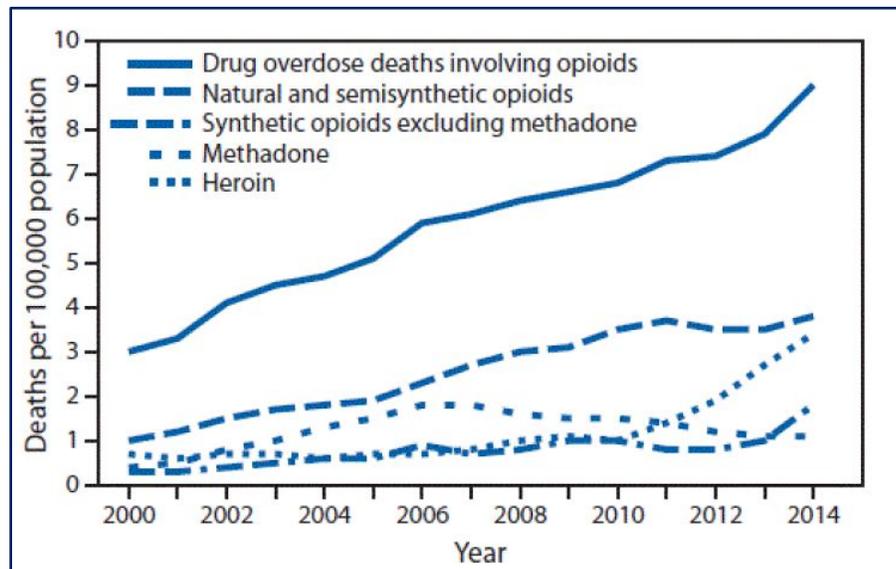


OPIOID OVERUSE AND ABUSE: HIGH MORPHINE EQUIVALENT DAILY DOSING (MEDD) AND DOCTOR SHOPPING EDUCATIONAL INITIATIVES

BACKGROUND

Reports from the Center for Disease Control and Prevention (CDC), the Drug Abuse Warning Network and the National Poison Data System have illustrated that over the last two decades the country has seen a disturbing increase in opioid misuse and abuse.^{1,2,3,4} The sale of prescription opioid drugs have increased four-fold between 1999-2010.² As shown in the figure below, overdose deaths involving opioid medications have increased steadily for more than a decade and now exceed deaths involving heroin and cocaine combined.⁵



The Office of Inspector General (OIG) of the Department of Health and Human Services recommends that states implement steps addressing opioid misuse and diversion. Highlighted in the box below, the OIG's 2016 Work Plan will focus on state actions taken through drug utilization

¹ Centers for Disease Control and Prevention. CDC's top ten: 5 health achievements in 2013 and 5 health threats in 2014 (December 17, 2013). <http://blogs.cdc.gov/cdcworksforyou24-7/2013/12/cdc%e2%80%99s-top-ten-5-health-achievements-in-2013-and-5-health-threats-in-2014/> (accessed 2014 Feb 10).

² Centers for Disease Control and Prevention. Overdose deaths involving prescription opioids among Medicaid enrollees - Washington, 2004-2007. *MMWR*. 2009; 58:1171-5.

³ Budnitz DS, Pollock DA, Weidenbach KN et al. National surveillance of emergency department visits for outpatient adverse drug events. *JAMA*. 2006; 296:1858-66.

⁴ Hall AJ, Logan JE, Toblin RL et al. Patterns of abuse among unintentional pharmaceutical overdose fatalities. *JAMA*. 2008; 300:2613-20.

⁵ Centers for Disease Control and Prevention. Increase in drug and opioid deaths - United States, 2000 - 2014. *MMWR*. 2016; 64:1378-82.

review (DUR) programs to address opioid misuse and abuse in state Medicaid.⁶ Efforts are directed to protect “an expanding Medicaid program from fraud, waste, and abuse.”

➤ **REVISED States’ actions based on Medicaid drug utilization reviews**

We will review the education and enforcement actions that States have taken on the basis of information generated by their drug utilization review (DUR) programs related to inappropriate dispensing and potential abuse of prescription drugs, including opiates. We also will review State oversight of and coordination with MCOs’ DUR programs and any resulting actions related to inappropriate dispensing of opiates.

The Drug Enforcement Agency (DEA) has also expressed concerns about opioid abuse and has become more aggressive in their enforcement of the Controlled Substances Act. Traditionally, the DEA focused on abuses amongst independent pharmacies, but have recently increased their scrutiny and enforcement to large pharmacy chains, long term care providers, and drug wholesalers.⁷

In December 2015, the Center for Medicare and Medicaid Services (CMS) sent information to state agencies (Appendix B) announcing updates in the Adult and Child Core Set quality measures. In response to concerns about opioid abuse and overdose, CMS announced the inclusion of the Pharmacy Quality Alliance (PQA) quality measures focused on opioid prescriptions from multiple providers and high dose opioid use (see Table 1).

TABLE 1: Opioid Quality Measures Added to the CMS Adult Core Measurement Sets for 2016	
Measure Sponsor: Measure Name	Measure Description
PQA: Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer: Opioid High Dosage	The proportion (XX out of 1,000) of individuals without cancer receiving a daily dosage of opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.
PQA: Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer: Multiple prescribers and multiple pharmacies	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.
PQA: Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer: Multiple-provider, high dosage	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.

⁶ OIG Work Plan 2016, p 31. <http://oig.hhs.gov/reports-and-publications/archives/workplan/2016/oig-work-plan-2016.pdf>

⁷ Keast SL, Nesser N, Farmer K (2015) Strategies aimed at controlling misuse and abuse of opioid prescription medications in a state Medicaid program: a policymaker’s perspective, The American Journal of Drug and Alcohol Abuse, 41:1, 1-6, DOI: 10.3109/00952990.2014.988339. Available at: <http://dx.doi.org/10.3109/00952990.2014.988339>

During the February 2014 DUR Board Meeting the board recommended and approved an educational intervention program to be implemented by MS-DUR based on the quality measures that were being developed by PQA. For the previous 18 months, MS-DUR conducted an analysis of the monthly mailings notifying providers about beneficiaries receiving prescriptions from four or more unique prescribers. The previous educational activity was directed at notifying prescribers when suspected doctor/pharmacy shopping was occurring. This intervention primarily addressed possible abuse and safety problems that could occur from lack of coordination among prescribers. When the intervention was implemented, the maximum morphine equivalent daily dose (MEDD) component was not included due to uncertainty within the PQA workgroup about the specific criteria for maximum daily doses.

The Mississippi Prescription Drug Monitoring Program (MPMP) was established to help providers, professional boards, and drug enforcement agencies track prescriptions for opioids and other controlled substances. The Board of Medical Licensure required all physicians to be enrolled in the MPMP by December 2013. Last year, the Board of Pharmacy required all pharmacists to be enrolled by December 2015. Providers can use the MPMP to identify potentially inappropriate use by patients when they are considering writing a prescription or when they are requested to fill a prescription for an opiate. Although physicians and pharmacists are required to register, utilization review of Medicaid claims still indicates not all providers are using the MPMP system to detect potential overdose or abuse.

As PQA has finalized their opiate related quality measures and CMS has added the measures to the Adult Core Set, MS-DUR proposes a revised educational intervention to address concerns about safety and the potentials for abuse.

The Opioid High Dosage measure addresses higher than recommended daily doses of opioids for an extended period of time. The outlier to the first measure in Table 1 would occur when a beneficiary without cancer received a daily dosage of opioids greater than 120mg MEDD for 90 consecutive days or longer. Long-term use of opioids at high doses can contribute to the likelihood of overdose, a major safety concern and extended use at high doses can increase the risk of addiction and subsequent abuse.

The Multiple Prescriber and Multiple Pharmacy measure address the concept of “doctor shopping.” The outlier to the second measure in Table 1 would occur when a beneficiary without cancer received prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies. Obtaining prescriptions for opiates from multiple prescribers and utilizing multiple pharmacies is an indicator of potential abuse, especially when the geographical locations of the prescribers and/or pharmacies does not reflect a reasonable utilization pattern. Even when abuse is not occurring, use of multiple prescribers represents a potential safety problem due to the potential for uncoordinated care and an increased risk of overdose.

The combined measure using high dosage and multiple providers is a strong indicator of potential abuse and/or a significant safety problem. The outlier to the third measure in Table 1 would occur when a beneficiary without cancer received a daily dosage of opioids greater than 120mg MEDD

for 90 consecutive days or longer AND the beneficiary received prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.

Exceptions occurring to any of these quality measure concepts are a serious concern. Providers need to be informed when exceptions to these quality measures occur in order to alert them to potential coordination of care issues resulting from multiple providers being involved and increased safety concerns due to high dosages and the potential for addiction/abuse. An important part of the educational intervention needs to be encouraging appropriate use of the MPMP database.

RECOMMENDATIONS:

In order to more completely address the new Adult Core measures, MS-DUR proposes the following recommendations for the DUR Board:

1. MS-DUR initiates an educational intervention based on the Opioid High Dosage measure. Each month beneficiaries filling an opioid prescription during the previous month will be identified if they exceed the criteria in the first measure during a six-month look back period. ALL prescribers and pharmacies involved in the prescriptions contributing to the exception will be notified.
2. MS-DUR initiates an education intervention based on the Multiple Prescriber and Multiple Pharmacy measure. Each month beneficiaries filling an opioid prescription during the previous month will be identified if they exceed the criteria in the second measure during a six-month look back period. ALL prescribers and pharmacies involved in the prescriptions contributing to the exception will be notified.
3. MS-DUR will conduct a quarterly analysis based on the combined Opioid High Dosage and Multiple Prescriber/Pharmacy measure. Beneficiaries will be identified who exceed the criteria in the third measure and a report will be provided to Medicaid Program Integrity for further investigation and evaluation for DOM consideration for lock-in.