

## HIGH DOSE OPIOID PRESCRIBING TREND JANUARY 2016 – AUGUST 2017 (FFS and CCOs)

### BACKGROUND

In March of 2016, the Centers for Disease Control (CDC) released the final version of their Guidelines for Prescribing Opioids for Chronic Pain.<sup>1</sup> During the April 2016 DUR Board meeting, a summary of these recommendations and the claims data regarding how opioid prescribing for Mississippi Division of Medicaid (DOM) beneficiaries aligned with applicable CDC recommendations was presented. The following CDC recommendation addressed the prescribing of opioids with high morphine equivalent daily (MEDD) doses.

*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 increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.*

In response to the data presented and the above CDC recommendation, the DUR Board made the following recommendation related to MEDD doses for opioid prescriptions:

*Individual prescriptions for opioids with an MEDD of  $\geq 90$  must require a manual PA with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.*

In September of 2016 MS-DUR began monthly educational mailings directed at prescribers who had beneficiaries filling opioid prescriptions for  $\geq 90$  MEDD during the prior month. This educational initiative mailing was done in advance to allow awareness and time to address this issue prior to implementation.

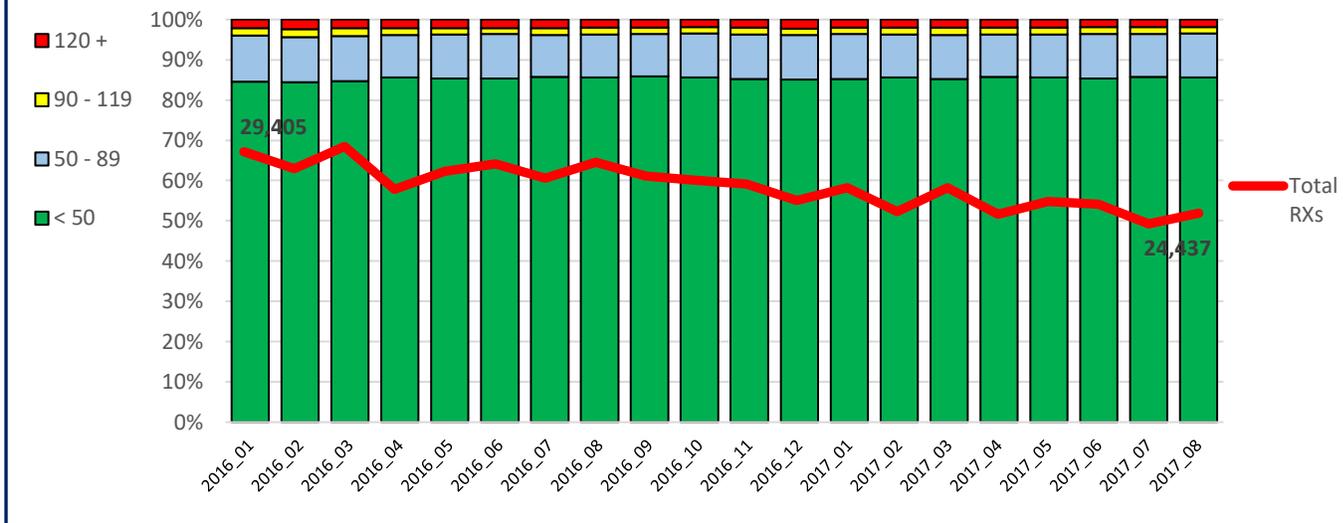
### METHODOLOGY AND RESULTS

In order to evaluate the impact of this educational initiative on the prescribing of opioids with high MEDD levels, MS-DUR conducted a retrospective analysis of all opioid prescriptions filled by beneficiaries between January 2016 and August 2017. Beneficiaries with diagnoses of malignant cancer were excluded from the analysis. Table 1 shows the percentage of opioid prescriptions filled each month with MEDD  $< 50$ ; 50 – 89; 90 – 119; and  $\geq 120$ .

---

<sup>1</sup> CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.  
<http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>.

**Figure 1: MEDD Level of Prescriptions Filled Each Month  
(FFS and CCOs)**



In January 2016, only 4 % of beneficiaries had prescriptions for  $\geq 90$  MEDD (1.8% of prescriptions had MEDD levels of 90 – 119 and 2.2% had MEDD levels of  $\geq 120$ ). This compares to 1.6% and 1.9%, respectively, (3% overall) reduction in total opioids prescriptions  $\geq 90$  MEDD in August 2017. Although there has been a slight reduction in the percentage of opioid prescriptions with high MEDD levels, the implementation of an electronic PA procedure can further reduce these numbers. It may be beneficial in the future for the DUR Board to review the data for opioid prescriptions between 50 and  $< 90$  MEED as the CDC guidelines recommended “caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day.”

Although the percentage of high dose opioid prescriptions has remained fairly stable, the overall number of opioid prescriptions has dropped from 29,405 in January 2016 to 24,437 prescriptions (16.89%) in August 2017. This may indicate that the national and state focus on the opioid crisis may have impacted providers prescribing practices of opioids.