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

**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. 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 DUR activities for improvement.

**Methods:** A retrospective analysis was conducted using fee-for-service and managed care prescription and medical claims for July 2016 – 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. 410 beneficiaries had new starts with long-acting (LA) opioids. An electronic edit was recommended requiring manual prior authorization (PA) for new starts using LA products. 11,375 beneficiaries had all of their opioid prescriptions filled for  $\geq 50$  morphine equivalent daily dosing (MEDD) and 1,771 had all of their fills for  $\geq 90$  MEDD. Recommendations were an electronic edit requiring manual PA for fills with  $\geq 90$  MEDD and educational intervention for providers. 21,646 beneficiaries had new starts for  $> 7$ -days supply and 21,958 (22%) new start prescriptions were for  $> 7$  days. An electronic edit was recommended limiting new starts to 2 initial prescriptions for  $\leq 7$ -days supply. During the first 7 months of this year, 9,781 beneficiaries had concomitant use of opioids and benzodiazepines. Only 27% of the time did the same provider prescribe both products. An electronic edit is being implemented to reject new starts for benzodiazepines resulting in concomitant use. An educational intervention will address on-going concomitant use. Utilization of medication-assisted treatment with buprenorphine/naloxone has increased. After review of current utilization guidelines, some restrictions were removed to increase access.

**Conclusions:** DUR should review performance on CDC recommendations and take appropriate actions where possible.