Results from a High-Touch, Pharmacist-Led Clinical Program to Reduce Opioid Utilization for At-Risk Beneficiaries

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Background

- The Centers for Medicare & Medicaid Services (CMS) requires Medicare health plans to implement a medication safety program to specifically target and address opioid overutilization.
- Prescription opioid misuse continues to be a major public health concern in the United States.
  - Approximately 21-29% of patients prescribed opioids for chronic pain misuse them, and 8-12% develop an opioid use disorder.[1]
  - The Centers for Disease Control and Prevention (CDC) estimates that the total economic burden of prescription opioid misuse in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.[2]
  - Patients who take higher doses of opioids and/or concurrently take benzodiazepines may be at an increased risk of overdose.[3]
- To address the opioid epidemic and assist health plans in meeting the CMS requirement, Magellan Rx Management (MRx) developed and implemented a pharmacist-led program designed to clinically evaluate and manage Medicare beneficiaries identified as potential opioid overutilizers for a 108,000-life health plan.

Purpose

- To measure the impact of a clinical program designed to evaluate and manage members identified as potential opioid overutilizers.

Methods

- A clinical program was implemented to manage opioid utilization by leveraging retrospective drug utilization reviews (DURs), promoting clinical best practices, implementing enhanced case management, and facilitating improved communication amongst prescribers.

Methods cont.

- The primary target population was identified on a quarterly basis starting July 1, 2017 with a 12-month* lookback period based on the following criteria for opioid overutilization:
  - Daily morphine milligram equivalents (MME) exceeding 120 mg for at least 90 consecutive days*
  - Multiple opioid prescribers
  - Multiple opioid pharmacies
  - Members were also targeted based on additional criteria including concurrent benzodiazepine use
  - Beneficiaries in hospice and/or with a cancer diagnosis were excluded
- During the case review process, pharmacists evaluated prescription history for:
  - Early refill patterns
  - Concomitant use of potentiators (such as benzodiazepines)
  - History of emergency department prescription fills
  - Aberrant pharmacy and/or prescriber use
  - Rapid opioid dose escalation
  - Naloxone utilization
- Clinical pharmacist interventions consisted of:
  - Telephonic outreach to all opioid prescribers and pharmacies to gather pertinent background information, understand diagnoses, and learn about prior therapies
  - Thorough clinical evaluation of the gathered information
  - Communicating member-specific recommendations to prescribers, including down-titration of opioid dosages, minimizing use of potentiators, co-prescribing of naloxone, and utilization of best practices such as use of state prescription drug monitoring program, controlled substance agreements, urine drug screens, and "do not fill until" dates

*During the course of the program the targeting criteria was modified based on revised CMS guidance to perform a 6-month lookback and leverage an average daily MME ≥ 90 mg for identification purposes.

Results

Figure 1. Opioid Members, by Average Daily MME

Avg. Daily MME (mg)	1/1/17-6/30/17	4/1/17-9/30/17	7/1/17-12/31/17	10/1/17-3/31/18
< 30	19,923	20,613	20,467	13,711
30-49.9	7,607	7,506	7,418	5,130
50-89.9	4,761	4,778	4,785	3,250
90-119.9	1,619	1,691	1,637	1,161
120-200	2,054	2,071	2,072	1,379
> 200	2,404	2,383	2,275	1,566
Total	**38,368**	**39,042**	**38,654**	**26,202**

Figure 2. Opioid Members with Average Daily MME ≥ 90mg, by Number of Opioid Prescribers and Pharmacies

# of Prescribers	# of Pharmacies	1/1/17-6/30/17	4/1/17-9/30/17	7/1/17-12/31/17	10/1/17-3/31/18
n ≥ 4	n ≥ 4	334	395	385	242
n = 3	n ≥ 3	88	96	94	66
n = 3	n < 3	571	651	636	402
n < 3	n ≥ 3	327	304	308	218
n < 3	n < 3	4,757	4,698	4,561	3,178
Total		**6,077**	**6,145**	**5,984**	**4,106**

Figure 3. Average Change in Number of Opioid Prescribers and Pharmacies, Per Member

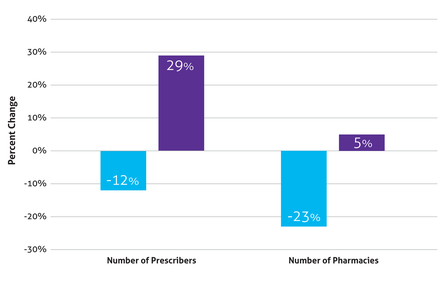


Figure 4. Change in Average Daily MME for Patients Experiencing a Decrease

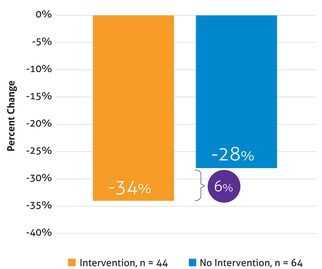
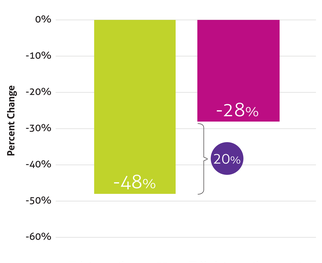


Figure 5. Change in Days of Concurrent Benzodiazepine Use for Patients Experiencing a Decrease



Discussion

- MRx identified 396 beneficiaries who may be at risk for overutilization or other safety issues related to their opioid use.
- During the evaluation period, MRx successfully intervened on 173 beneficiaries.
- The intervention group saw a reduction in the average number of opioid prescribers from 2.6 per member at baseline to 2.3 at the end of the evaluation period, representing a 12% reduction. Similarly, the average number of opioid-dispensing pharmacies per member decreased by 23% from 2.6 to 2.0 during the same time period. The non-intervention group, however, saw an increase in both the average number of prescribers and pharmacies per member during the evaluation period.
- About a quarter of the intervention group (44 beneficiaries) experienced a decrease in their opioid dose from an average daily MME of 139 mg down to 92 mg. This represents a 34% reduction from baseline while a similar subset of the non-intervention group decreased by only 28%.
- For members who experienced a decrease in the number of days of concurrent benzodiazepine utilization, the non-intervention group experienced a 28% reduction while the intervention group decreased by nearly double (48%).

Conclusion

- A pharmacist-led intervention program that relays member-specific clinical recommendations and best practices can help improve opioid management by achieving appropriate titration of opioid doses and minimizing concurrent use of potentiators.
- Retrospective DUR, enhanced case management, and provider outreach are all important tools in reducing beneficiaries' risk related to their opioid utilization.
- Given that prescription opioid misuse remains a serious public health issue, a comprehensive clinical program can help protect beneficiaries and optimize outcomes.

Limitations

- The overall impact for the clinical program may be underestimated due to the following reasons:
  - Prescriber overlap between intervened and non-intervened members may have contributed to improvement in the non-intervention group.
  - A rolling quarterly identification of potential at-risk beneficiaries with a fixed evaluation period for this study may not allow sufficient time for the full impact of the intervention to be reflected in the claims data.

References

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2. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Med Care. 2016;54(10):901-906.
3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.
4. Centers for Medicare & Medicaid Services. Medicare Advantage/Part D Contract and Enrollment Data. June 2018.

Disclosures

- This research was conducted by Magellan Rx Management without external funding.