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.
- Opioid prescription misuse continues to be a major public health concern in the United States.
- Approximately 20% of patients prescribed opioids for chronic pain misuse them, and 12% develop opioid-use disorder (OUD).
- The Centers for Disease Control and Prevention (CDC) estimates that the total economic burden of prescription opioid misuse in the United States is $78 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.
- Patients who take higher doses of opioids or concurrently take benzodiazepines are at an increased risk of overdose.
- To address the opioid epidemic and assist health plans in protecting beneficiaries and optimizing outcomes, a comprehensive clinical program was developed and implemented to clinically evaluate and manage Medicare beneficiaries identified as potential opioid overutilizers.

Methods

- A clinical program was implemented to manage opioid utilization by leveraging retrospective drug utilization reviews (DUR), enhanced case management, and provider outreach to optimize beneficiaries’ risk related to their opioid utilization.
- Clinical pharmacy interventions consisted of:
  - Stepwise outreach to all opioid prescribers and pharmacies to gather pertinent background information, understand diagnoses, and learn about prior therapies
  - Through clinical evaluation of the gathered information
  - Communicating member-specific OUD recommendations to prescribers, including drug utilization, opioid substitution therapy, non-opioid analgesics, and opioid use disorder treatment

Results

- 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 14 consecutive days
  - Multiple opioid prescriptions
  - Multiple opioid pharmacies
  - Members with a history of OUD or with a cancer diagnosis were excluded
  - During the case review process, pharmacists evaluated beneficiary prescription history for:
    - Early refill patterns
    - Concomitant use of potentiators (such as benzodiazepines)
    - History of emergency department prescription fills
    - Alterex pharmacy and/or prescriber use
    - Rapid opioid dose escalation
    - Nonuse utilization

Discussion

- The intervention group saw a reduction in the average number of opioid prescriptions 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-prescribing pharmacies per member decreased by 25% 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 prescriptions and pharmacies per member during the evaluation period.
- About 20% of the beneficiaries in the intervention group 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 29%.
- For members who experienced a decrease in the number of days of concurrent benzodiazepine use, the non-intervention group experienced a 2% reduction while the intervention group decreased by nearly double (48%).

Limitations

- The overall impact for the clinical program may be underestimated due to the following reasons:
  - Prescription changes between intervened and non-intervened members may have contributed to improvement in the non-intervention group.
  - Recording individual outcomes of potential risk-benefit stories 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 data.

References