Prime Therapeutics Releases Studies on Efforts to Reduce Opioid Abuse, Misuse

Two studies review methods of alerting pharmacists to potential opioid overuse and identifying members using risky combinations

ST. PAUL, MINN. – April 19, 2016 – Two new studies presented this week by pharmacy benefit manager Prime Therapeutics LLC (Prime) at the Academy of Managed Care Pharmacy (AMCP) annual meeting in San Francisco highlight new strategies to address the growing problem of opioid abuse and misuse in the United States.

Opioid abuse and misuse has become a national epidemic. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids. Tools implemented by the Centers for Medicare and Medicaid Services (CMS) and health insurers have helped reduce the number of members identified as over users. However, there remains a significant opportunity to reduce opioid abuse and misuse across the country.

In one study, Prime researchers conducted a pilot program to evaluate the effectiveness of a point-of-sale alert to help pharmacists identify Medicare members who might be at risk of opioid abuse or misuse. The alert identified members using more than 100 milligrams of morphine equivalent dose (MED) per day for at least 60 consecutive days, with three or more prescribers and three or more pharmacies for their opioids. CMS uses its overutilization monitoring system (OMS) to identify members using more than 120 milligrams MED daily for at least 90 consecutive days, with four or more prescribers and four or more pharmacies for their opioids over a 12 month period. A point-of-sale alert could potentially identify abuse or misuse sooner than the CMS OMS.

The pilot implemented the alert in one Medicare plan with approximately 120,000 members for a three month period. During that time, 40 members (three per 10,000) had at least one claim flagged by the alert. Of those, seven had been flagged in the CMS OMS and enrolled in case management. Of the remaining 33 members, 14 (42 percent) had a delayed or altered the claim as a result of the alert. Nineteen members (58 percent) had appropriate alert override codes entered by the pharmacist to bypass the alert. One member subsequently enrolled in an opioid dependence treatment program.

“We found that our point-of-sale alert effectively identifies those at risk of overutilization sooner than they might be identified under current CMS monitoring systems,” said Cathy Starner, PharmD, principal health outcomes researcher for Prime.

The other study, recognized with a silver award by AMCP, examined the association between concurrent use of three types of medications – opioids, antianxiety/sedative hypnotics and muscle relaxants – called the “Triple Threat,” and increased health care utilization and costs. These three types of medications together can increase the risk of overdose and death.
For the study, Prime researchers reviewed 2013-2014 data on Triple Threat use from approximately 9.2 million continuously enrolled, commercially insured members across the United States. Members included in the analysis were required to have two or more opioid claims in 2013, filled on two or more separate days totaling 15 or more day’s supply, plus at least one overlapping day of all three Triple Threat medications. The association with increasing costs and health care utilization in 2014 was assessed by the total overlapping days of all three Triple Threat medications during 2013.

The study found 34,775 members with one or more days of Triple Threat medication overlap, more than 8,133 (23.4 percent) had more than 30 consecutive days of overlap, 13,806 (39.7 percent) had four or more prescribers associated with their Triple Threat medications, and 5,550 (16 percent) used four or more pharmacies to obtain their Triple Threat medications. Further analysis found a statistically significant association between increasing days of Triple Threat overlap in 2013 and emergency department visits or increasing total cost of care in 2014.

“Using Triple Threat medications together potentially puts patients at greater risk of an overdose and increases the chances of an emergency department visit, and having higher health care costs,” said Pat Gleason, PharmD, Prime’s director of health outcomes. “This study suggests health insurers should actively monitor members using these medications concurrently and implement steps to improve member safety.”

About Prime Therapeutics
Prime Therapeutics LLC (Prime) helps people get the medicine they need to feel better and live well. Prime manages pharmacy benefits for health plans, employers, and government programs including Medicare and Medicaid. The company processes claims and delivers medicine to members, offering clinical services for people with complex medical conditions. Headquartered in St. Paul, Minn., Prime serves nearly 26 million people. It is collectively owned by 13 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans. Prime has been recognized as one of the fastest-growing private companies in the nation.

For more information, visit www.primetherapeutics.com or follow @Prime_PBM on Twitter.

###