Background

Since 2000, the ratio of deaths from drug overdoses to hospitalizations (dose) per 100,000 persons, including a 240% increase in the number of overdose deaths involving opioids. In 2000, 1 in 5000 cases of drug overdose deaths involved some type of opioid.

In 2015, the Centers for Medicare & Medicaid Services (CMS) implemented the opioid utilization monitoring system (OMS) to identify potential opioid misuse in a quarterly basis. The OMS targets those using an opioid in excess of what is medically necessary or for non-medical activities or for more prescriptions or in more pharmacies than usual.

Methods/Program Description

In 2016, from Aug. 31, 2015 through March 26, 2016, an OPMISUSE concurrent DUR was implemented to prevent the payment of opioid claims on members who had at least one claim stopped by the OPMISUSE edit. The edit was configured to soft reject from the POS edits, if necessary, and bypassed the edit.

All brand names are the property of their respective owner.

Observations

To determine the number of opioid misuse and to determine the number of claim denials by the OPMISUSE edit.

Findings/Recommendations

These data suggest a concurrent DUR opioid misuse was effective at detecting and altering opioid prescriptions for members with potential opioid misuse.

Limitations

Members who have used opioid claims, but at least one claim stopped by the OPMISUSE edit.

Data are limited to one Medicare plan; therefore, findings may not be generalized to commercial, Medicare or other Medicaid populations.

Goal

To assess the effectiveness of a concurrent drug utilization review (DUR) edit designed to alert pharmacists of potential opioid misuse before OPMISUSE.

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Table 1.

<table>
<thead>
<tr>
<th>Week</th>
<th>Member 1</th>
<th>Member 2</th>
<th>Member 3</th>
<th>Member 4</th>
<th>Member 5</th>
<th>Member 6</th>
<th>Member 7</th>
<th>Member 8</th>
<th>Member 9</th>
<th>Member 10</th>
<th>Member 11</th>
<th>Member 12</th>
<th>Member 13</th>
<th>Average daily morphine equivalent dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
<td>200</td>
<td>150</td>
<td>125</td>
<td>175</td>
<td>225</td>
<td>250</td>
<td>300</td>
<td>350</td>
<td>400</td>
<td>450</td>
<td>500</td>
<td>460</td>
<td>375 mg</td>
</tr>
<tr>
<td>2</td>
<td>110</td>
<td>210</td>
<td>160</td>
<td>130</td>
<td>180</td>
<td>230</td>
<td>260</td>
<td>310</td>
<td>360</td>
<td>410</td>
<td>460</td>
<td>510</td>
<td>470</td>
<td>395 mg</td>
</tr>
<tr>
<td>3</td>
<td>120</td>
<td>220</td>
<td>170</td>
<td>140</td>
<td>190</td>
<td>240</td>
<td>270</td>
<td>320</td>
<td>370</td>
<td>420</td>
<td>470</td>
<td>520</td>
<td>480</td>
<td>410 mg</td>
</tr>
</tbody>
</table>

Table 1. Members identified by the OPMISUSE Soft Edit. Aug 31, 2015 through March 26, 2016.

Highlights — Member #3

• Member 3 was found to be using buprenorphine/suboxone along with opioids despite plans to discontinue opioids per clinical review notes.

Highlights — Member #36

• Member 36 appears to have resolved an opioid dependence treatment plan. Member stopped opioids and began buprenorphine therapy.

Highlights — Member #3

• Member 3 was found to be using buprenorphine/suboxone along with opioids despite plans to discontinue opioids per clinical review notes.

Highlights — Member #36

• Member 36 appears to have resolved an opioid dependence treatment plan. Member stopped opioids and began buprenorphine therapy.

Highlights — Member #3

• Member 3 was found to be using buprenorphine/suboxone along with opioids despite plans to discontinue opioids per clinical review notes.

Highlights — Member #36

• Member 36 appears to have resolved an opioid dependence treatment plan. Member stopped opioids and began buprenorphine therapy.

Highlights — Member #3

• Member 3 was found to be using buprenorphine/suboxone along with opioids despite plans to discontinue opioids per clinical review notes.

Highlights — Member #36

• Member 36 appears to have resolved an opioid dependence treatment plan. Member stopped opioids and began buprenorphine therapy.