Managing Opioid Overutilization Challenges

A LOOK AT REDUCING OPIOID OVERUTILIZATION BY 36 PERCENT
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The Challenge: A Nation in Pain

Our nation’s unprecedented opioid epidemic has been called the worst drug crisis in U.S. history. More Americans died of drug overdoses in 2016 than in the entirety of the Vietnam War, with preliminary death estimates exceeding 64,000 — a 22 percent annual increase and the largest jump ever recorded. Opioids — prescription and illicit — are the main driver of drug overdose fatalities, which now surpass automobile accidents as the leading cause of accidental deaths in the United States.

By the Numbers 2016

Our nation’s unprecedented opioid epidemic claims

- 64,000+ American lives annually
- 22% annual increase
- ~2 Million: # of Americans addicted to pain killers
- ~3,900: # of people who start taking pain killers every day for non-medical reasons
- 650,000+ opioid prescriptions are dispensed every day in the U.S.
- 91: # of people who die every day from opioid-related overdoses

Some initiatives slated for 2019:

- Individual states are implementing electronic prescribing of controlled substances
- The Centers for Disease Control (CDC) has updated its opioid prescribing guidelines
- CMS announced plans to initiate updated OMS criteria in 2018, including:
  - Reducing morphine equivalent dose (MED) limits from 120 mg to 90 mg
  - Lock-ins to specific pharmacies to assist providers in monitoring potential misuse, abuse and overutilization

The opioid epidemic continues to escalate. Government programs and regulations are only part of the solution. Pharmacy Benefit Managers (PBM) can make an impact by offering solutions to manage opioid overutilization and safety, and provide advanced case management.

PBMs can help plan sponsors:

- Manage appropriate access to opioids to prevent overutilization
- Increase patient safety
- Mitigate fraud, waste and abuse
- Reduce unnecessary costs

More than 2 million Americans are addicted to narcotic pain killers, such as Vicodin®️, OxyContin®️ and morphine, contributing to increased heroin use and the spread of HIV and hepatitis. The opioid epidemic has taken a particularly devastating toll on managed care patients and plans. Medicare patients have some of the fastest-growing rates of opioid use disorder, currently at more than six out of every 1,000 beneficiaries. Medicaid members are at the highest risk for opioid abuse and are 10 times more likely to suffer from addiction and substance abuse than privately insured members.

The Centers for Medicare & Medicaid Services (CMS) announced in its 2018 Final Call Letter plans to modify the Overutilization Monitoring System (OMS) established in 2013 to better assist plan sponsors with overutilization compliance and to identify members potentially misusing or abusing opioids in 2018.

Government programs and healthcare organizations nationwide are working hard to turn the tide on opioid abuse by launching numerous initiatives to combat America’s opioid crisis — from The Comprehensive Addiction and Recovery Act (CARA) to the Surgeon General’s Call Letter urging 2.3 million U.S. prescribers to help end the opioid epidemic to President Donald Trump’s Commission on Combating Drug Addiction and the Opioid Crisis.
Opioid misuse and abuse affects people of all ages and walks of life. However, managed care plans face some of the greatest challenges as Medicare and Medicaid members misuse and abuse opioids at increasingly higher and faster rates than other patient populations.

**The goals of the MedImpact program were to:**

- Reduce opioid overutilization, limiting potential opioid overuse and abuse
- Manage safe and appropriate use of opioids to provide better care for members
- Reconcile use of multiple providers and pharmacies to reduce opioid overutilization, misuse and abuse
- Improve CMS-reported calendar year 2016 opioid summary rates per 1,000 members for high dose (HD), multiple providers (MP), and high dose and multiple providers (HDMP)

**Action: Implementing a Case Management Program**

MedImpact analyzed monthly claims from April 2013 to October 2016 to identify members potentially using opioids unsafely based on the following MedImpact criteria:

- MED dose, recently changed to morphine milligram equivalents (MME), exceeding 120 mg for 90 consecutive days or more
- Three or more prescribers and three or more pharmacies contributing to opioid claims during the most recent 12 months. (Figure 1)

**Action: Identifying Potential Issues**

MedImpact identified 617 Medicare members for potential drug-seeking behavior. The study also found that the average MED utilization was 276 mg from a range of 120 mg to 1,218 mg.

MedImpact analyzed monthly claims from April 2013 to October 2016 to identify members potentially using opioids unsafely based on the following MedImpact criteria:

- Daily morphine equivalent dose (MED) exceeding 120 mg
- 90 consecutive days
- Opioid claims from ≥3 prescribers
- ≥3 pharmacies in a 12-month period

The opioids included in the MedImpact program were those defined by the CDC and their respective MME conversion factors. However, narcotic cough and cold products and addiction treatments containing buprenorphine were excluded.
**Action: Conduct Interventions**

MedImpact sent intervention materials monthly to more than 600 providers prescribing the highest volume of opioids.

**Communications included:**

- Cover letter detailing the purpose of the intervention (CMS-required drug utilization review)
- Member’s opioid medication profile (claim history and total opioid utilization)
- Questionnaire to confirm opioid usage was appropriate, medically necessary and safe

**Figure 2: Case Management**

- Members identified monthly by claims analysis
- Intervention materials (letter and survey) sent to prescriber
- Calls made if no response to faxed survey
- Case management pharmacist reconciles case (Case Resolution)
- Previously case managed members that were identified again were reevaluated every six months

**100% of Prescribers Responded by Fax or Phone**

**Action: Survey Prescribers**

MedImpact surveyed prescribers to help ensure appropriate utilization. Questions and assistance included:

- Were opioids prescribed for cancer, post-surgery, severe pain (due to what condition) or other reason?
- Was the prescriber aware that the patient was seeing multiple providers or on high doses of opioids?
- Was the patient referred to a pain management clinic?
- If they did not prescribe the prescription, they were asked to provide the patient’s primary care physician.
- Would they be interested in having the plan assist in managing the patient’s opioid use by limiting the quantity or type of opioid medication the patient receives through his or her Medicare drug coverage?
Questionnaire Outcomes

The most common outcomes based on the questionnaire responses and case managers’ clinical evaluations were:

- **Appropriate therapy for severe pain (48.1%)**
- **Overutilization resolved (36.3%).** (Figure 3)
**Questionnaire Outcomes**

**Overutilization resolutions included:**

- Prescribers decreased dosage to ensure safe and appropriate opioid use
- Advanced case management resolved members seeing multiple providers and/or pharmacies (per claims review)
- Intervention assisted members in no longer meeting CMS overutilization criteria

The following charts compare CMS 2016 national averages to the plans in the MedImpact program. In addition, MedImpact implemented a more proactive approach to include members seeing three or more prescribers and using three or more pharmacies in comparison to the current CMS criteria of four or more prescribers and pharmacies.

![Graph showing High Dosage Rate comparison](image)

![Graph showing Multiple Providers Rate comparison](image)

<table>
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<tr>
<th>Plans</th>
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**Action: Evaluation & Claims Findings**

MedImpact worked to improve the safe and appropriate use of opioids to provide better care for members. The process included:

- All members identified as an opioid overutilizer were entered into a proprietary case management program and were evaluated and monitored by a case management pharmacist (Figure 2)
- Prescriber responses were clinically evaluated by the case manager to reconcile final case outcomes
Successful Member Outcomes

The following are only a snapshot of the many member cases that our opioid solution was able to help successfully resolve:

**Member Opioid Abuse: 10 Percocet® and two Nucynta® daily (MED 161 mg) from three prescribers and three pharmacies over the past 12 months.** MedImpact reached out to the member’s rheumatologist and neurosurgeon and determined that neither physician was aware of the other’s opioid prescribing. Both prescribers agreed the member should be referred to a pain management specialist.

**Resolution:** Follow up with the member’s new pain management specialist determined that the member’s new therapy was appropriate and ensured that the member stayed with one provider for all opioid prescriptions.

**Member Opioid Abuse: 23 OxyContin® tablets daily (MED 177 mg) from eight different prescribers and three pharmacies within the past 12 months.** MedImpact contacted the member’s most recent opioid prescriber, who explained that the member was a new patient and advised the member’s medications would be decreased.

**Resolution:** The member sought help for opioid abuse and entered opioid addiction treatment three months later.

**Member Opioid Abuse: Multiple prescriptions for 30-day supply of 60 oxycodone tablets and 90 oxycodone tablets with a total daily dose of 85 mg (MED 137 mg) from eight prescribers and five pharmacies over the past 12 months.** MedImpact reached out to member’s current opioid prescriber. The prescriber decreased the member’s dosage and continued to reduce it slowly, tapering the patient down to six tablets per day to fall below the overutilization qualification criteria.

**Resolution:** The member now sees just one prescriber and uses one pharmacy for much safer opioid treatment. Follow-up claims history review showed that the member’s opioid usage was tapered to below 120 mg MED and no longer qualified for case management.

**Member Opioid Abuse: 16 tablets of Dilaudid® and two tablets of Percocet® daily, (MED 220 mg) from five prescribers and five pharmacies within the past 12 months.** MedImpact reached out to both the member’s internal medicine and pain management providers, who were both unaware of each other’s opioid prescribing and expressed concern. The pain management provider requested that we implement an opioid restriction so that the member only received two specific opioid prescriptions.

**Resolution:** After four months of having an opioid restriction placed on the member’s benefits, the prescriber no longer felt that opioid overutilization with multiple providers was a concern with this member and requested we terminate the restriction as the member no longer qualified for case management.
Looking Forward

Based on experience from compliance activities, additional analyses and the CDC guidelines, CMS announced plans to investigate modifying OMS criteria for implementation in 2018 to improve the identification of current opioid overutilizers and to align with the recently published CDC guidelines to the following:\(^{11}\)

**Revised opioid overutilization criteria:**

- During the most recent six months:
  - Use of opioids with an average daily MED equal to or exceeding 90 mg for any duration, AND
  - Received opioids from more than three prescribers and more than three pharmacies
  - OR from more than five prescribers regardless of the number of dispensing pharmacies
- Beneficiaries with cancer diagnoses and beneficiaries in hospice are excluded
- Prescribers within the same practice are counted as a single prescriber

**In modifying the criteria, CMS seeks to:**\(^{12}\)

- Improve the identification of inappropriate opioid use (i.e., reduce “false positives” related to overutilization that resolved recently and to better identify the most egregious cases of overuse)
- Align with the CDC guideline on opioid prescribing
- Define a target population for which the caseload would be manageable for Part D sponsors

Results

MedImpact’s Overutilization and Safety Controls Program and advanced case management resulted in:

- Lower opioid prescribed dosage
- Resolved members who were seeing multiple prescribers and using multiple pharmacies
- Reduced opioid overutilization by 36 percent

Helping Plans Save Millions

By using actionable data to combat member opioid abuse, MedImpact has been able to save these clients potentially $6.35 million dollars in prescription and medical costs over the three-year case study period, which ranged from 2013-2016.
About MedImpact

MedImpact, an independent, trend-focused pharmacy benefit manager™ (PBM), is the nation’s largest privately held PBM, serving health plans, self-insured employers and government entities. Our business model is unique: avoiding conflicts by not owning a fulfillment pharmacy. Instead, we focus on effectively managing client pharmacy benefits for Lower Cost and Better Care through One Source. We work with clients to promote prescribing to the lowest-net cost, medically appropriate drug. Our number one goal is client satisfaction by providing solutions and patient-centric products with a focus on lowest-net cost and quality outcomes.

Founded in 1989, MedImpact manages pharmacy programs for more than 50 million lives in the U.S. and abroad. For more information, go to pbm.medimpact.com.

References

2. Centers for Disease Control and Prevention: https://www.cdc.gov/drugoverdose/data/statedeaths.html
MedImpact Services Drive Your Clinical Pharmacy Programs

To learn more about managing drug spend and trend, join us at the MedImpact Annual Conference 2018 in San Diego March 19-21.

Email us today at miconference@medimpact.com.