Potentially inappropriate opioid use in Medicare Part D

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What are opioids?

- A class of narcotic medications used to manage and relieve pain
    - Naturally occurring (e.g., morphine)
    - Semi-synthetic (e.g., oxycodone and hydrocodone)
- Schedule II (most restrictive) under DEA classification for controlled substances
- Addictive properties with a high risk for overuse and/or abuse
- No FDA maximum dose

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Concerns about use of opioids by Medicare beneficiaries

- In any given year,
  - Over 1/3 of Part D enrollees used opioid
  - Accounts for about 5% of total prescriptions and spending for drugs covered under Part D
- Some use may not be clinically appropriate
  - GAO/OIG found questionable use of opioids in Part D
  - Potentially increase Part D's program costs without providing health benefits
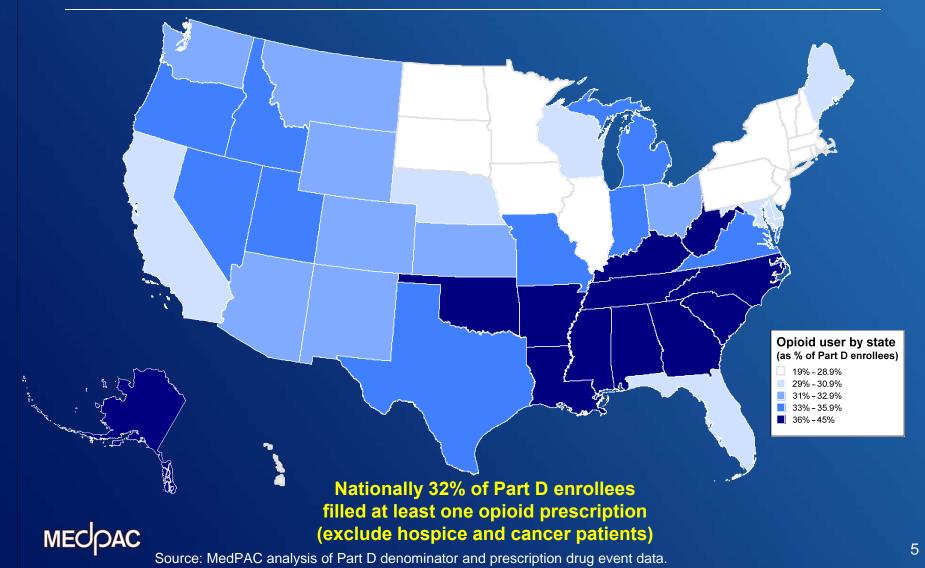 - May harm beneficiaries

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Analysis of opioid use by Part D enrollees, 2011

- 11.5 million beneficiaries (36%) filled at least one prescription for an opioid

  - About 400,000 used hospice during the year
  - About 1.1 million had cancer diagnosis (no hospice stays)

- Opioid use for pain associated with cancer and at the end of life is well established in medical literature

- Use of opioids to manage other pain may be appropriate but evidence of effectiveness is limited*

Our analysis focused on the 10 million in Part D without hospice stays or cancer diagnoses

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*Chou, R., Deyo, R., Devine, B., et al. 2014. *The effectiveness and risks of long-term opioid treatment of chronic pain.* Evidence report/Technology assessment, no. 218. AHRQ publication no. 14-E005-EF. Rockville, MD: Agency for Health Care Research and Quality.

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Share of Part D enrollees who use opioids vary across states, 2011

Opioid user by state
(as % of Part D enrollees)
- 19% – 28.9%
- 29% – 30.9%
- 31% – 32.9%
- 33% – 35.9%
- 36% – 45%

Nationally 32% of Part D enrollees filled at least one opioid prescription (exclude hospice and cancer patients)

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Source: MedPAC analysis of Part D denominator and prescription drug event data.

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Opioid use in Part D, 2011

	All opioid users	Opioid users in top 5%
# of beneficiaries, millions	**10.0**	**0.5**
Total gross spending on opioids, billions	**$2.7**	**$1.9**
As % of total opioid users		*69%*
Total # of opioid prescriptions, millions	**63.1**	**11.6**
As % of total opioid users		*18%*
Average annual use per beneficiary		
Gross spending on opioids	**$271**	**$3,716**
# of opioid prescriptions	**6.3**	**23.0**
Generic share of opioid prescriptions	**94%**	**78%**

Preliminary data subject to change

Note: Excludes opioid users who had a hospice stay or a cancer diagnosis. Number of prescriptions is standardized to a 30-day supply.
Source: MedPAC analysis of Part D denominator and prescription drug event data.

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Characteristics of opioid users, 2011

	All Part D enrollees	All opioid users**	Opioid users in top 5%**
# of beneficiaries, millions	31.5	10.0	0.5
Selected demographic characteristics			
% Female	59%	63%	61%
% non-White	26%	26%	17%
% under age 65 (disabled)	24%	31%	63%
% LIS	37%	47%	66%
Enrolled in PDP	64%	66%	74%
Obtained opioid Rx from ≥ 4 prescribers*		9%	29%
Filled opioid Rx at ≥ 3 pharmacies*		7%	31%
States w/ highest concentration of users		AL,TN, AR, KY, LA	DE, AK, NH, VT, WI

Preliminary data subject to change

Note: PDP (prescription drug plan), LIS (low-income subsidy). *Unique counts of prescribers and pharmacies are based on identification information submitted on the prescription drug event data. If a prescriber ordered prescriptions under multiple IDs, the claims from this prescriber under different IDs are treated as if they were ordered by different prescribers. **Excludes opioid users who had a hospice stay or a cancer diagnosis.
Source: MedPAC analysis of Part D denominator and prescription drug event data.

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CMS's policy on monitoring as of 2013

- Plan sponsors: drug utilization review
  - Safety edits at POS (e.g., refill too soon)
  - Utilization management (e.g., quantity limits)
  - Retrospective review
- CMS: Overutilization Monitoring System
  - Centralized system to track potential overuse
  - Quarterly overutilization reports

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CMS's policy on monitoring as of 2015

- Changes affecting prescribers
  - Must be enrolled with Medicare
  - Deny prescriptions ordered by unauthorized individuals (e.g., suspended DEA certificate)
  - Revoke Medicare enrollment for abusive prescribing
- CMS efforts
  - Develop a tool to assess fraud/abuse risk of prescribers and pharmacies using Part D data
  - Expand the tool's capability to monitor potentially inappropriate use of other medications

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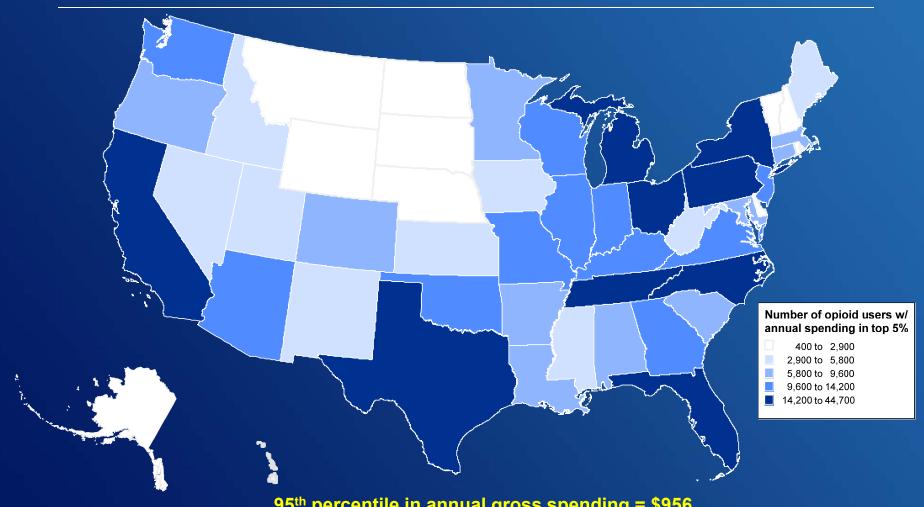# Other measures to curb opioid misuse and overuse

- Nearly all states have implemented Prescription Drug Monitoring Programs

- Some pharmacies use checklists before dispensing controlled substances (e.g., Walgreens "checklist")

- Commercial insurance and some state Medicaid programs use prescriber and/or pharmacy "lock-in" for individuals at-risk of abusing controlled substances

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Next steps?

- Direction for this research?
  - Focus on prescribing in long-term care institutions
  - Effectiveness of existing frameworks and potential applications to prevent other inappropriate medication uses?
- Comments on other policy options?
  - Should we go further and consider other policy options such as lock-ins?
  - Any other policy options we should consider?

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Distribution of opioid users with spending in the top 5 percent, 2011

Number of opioid users w/ annual spending in top 5%

- 400 to 2,900
- 2,900 to 5,800
- 5,800 to 9,600
- 9,600 to 14,200
- 14,200 to 44,700

95th percentile in annual gross spending = $956 (exclude hospice and cancer patients)

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Source: MedPAC analysis of Part D denominator and prescription drug event data.

Share of Part D enrollees who use opioids vary across states, 2011

Opioid users by state
(as % of Part D enrollees)

- 22% - 31.9%
- 32% - 35.9%
- 36% - 37.9%
- 38% - 42.9%
- 43% - 50%

Nationally 36% of Part D enrollees
filled at least one opioid prescription

MEDPAC   Source: MedPAC analysis of Part D denominator and prescription drug event data.

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