

# Potentially inappropriate opioid use in Medicare Part D

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# What are opioids?

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- 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

# Concerns about use of opioids by Medicare beneficiaries

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- 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

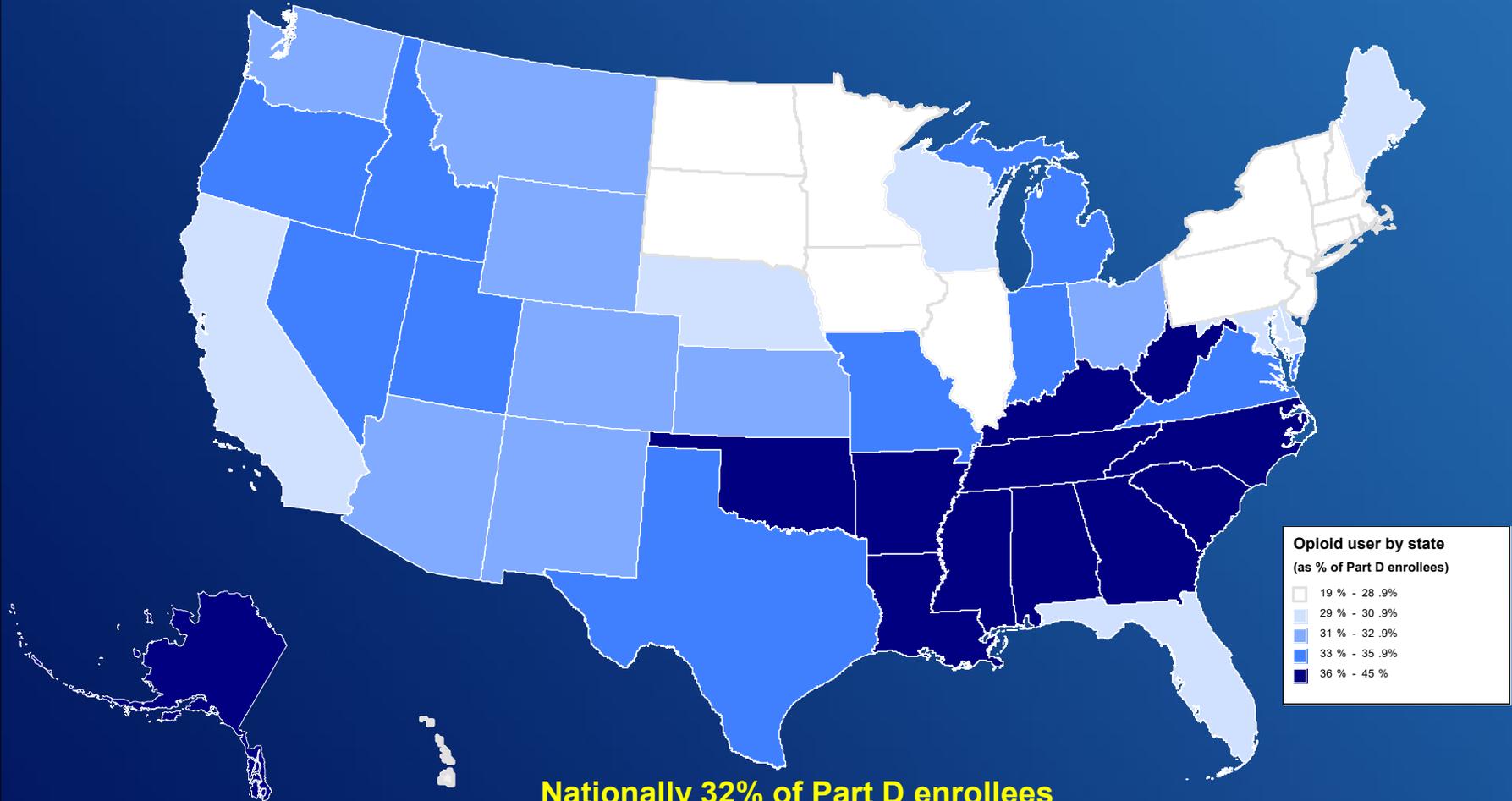
# Analysis of opioid use by Part D enrollees, 2011

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- 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**

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



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

# Opioid use in Part D, 2011

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

**Preliminary data subject to change**

# Characteristics of opioid users, 2011

	All Part D enrollees	All opioid users**	Opioid users in top 5%**
<b># of beneficiaries, millions</b>	<b>31.5</b>	<b>10.0</b>	<b>0.5</b>
<b>Selected demographic characteristics</b>			
% 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 $\geq 4$ prescribers*		9%	29%
Filled opioid Rx at $\geq 3$ 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.

# CMS's policy on monitoring as of 2013

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- 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

# CMS's policy on monitoring as of 2015

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- 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

# Other measures to curb opioid misuse and overuse

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- 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

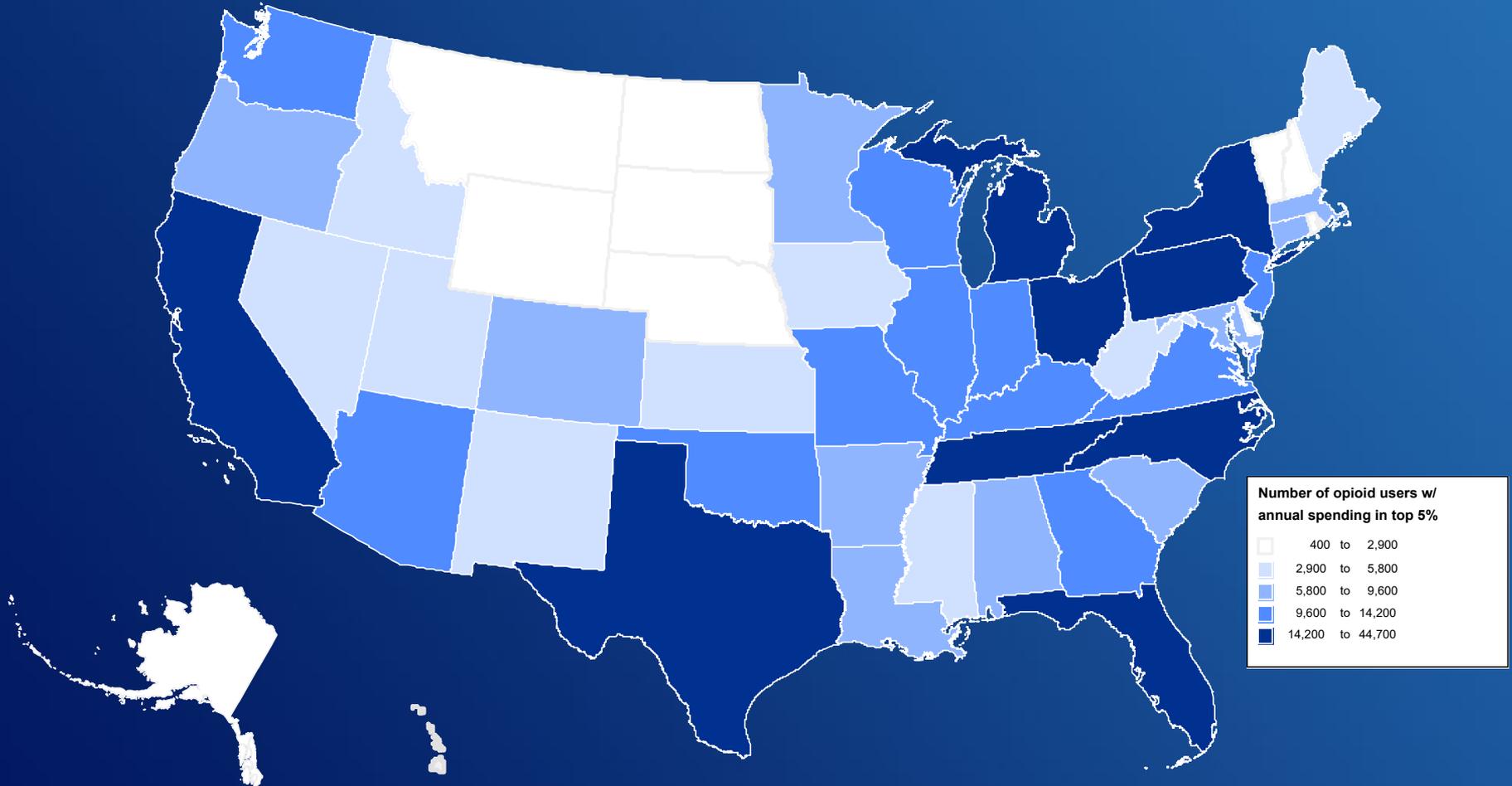
# Next steps?

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- 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?

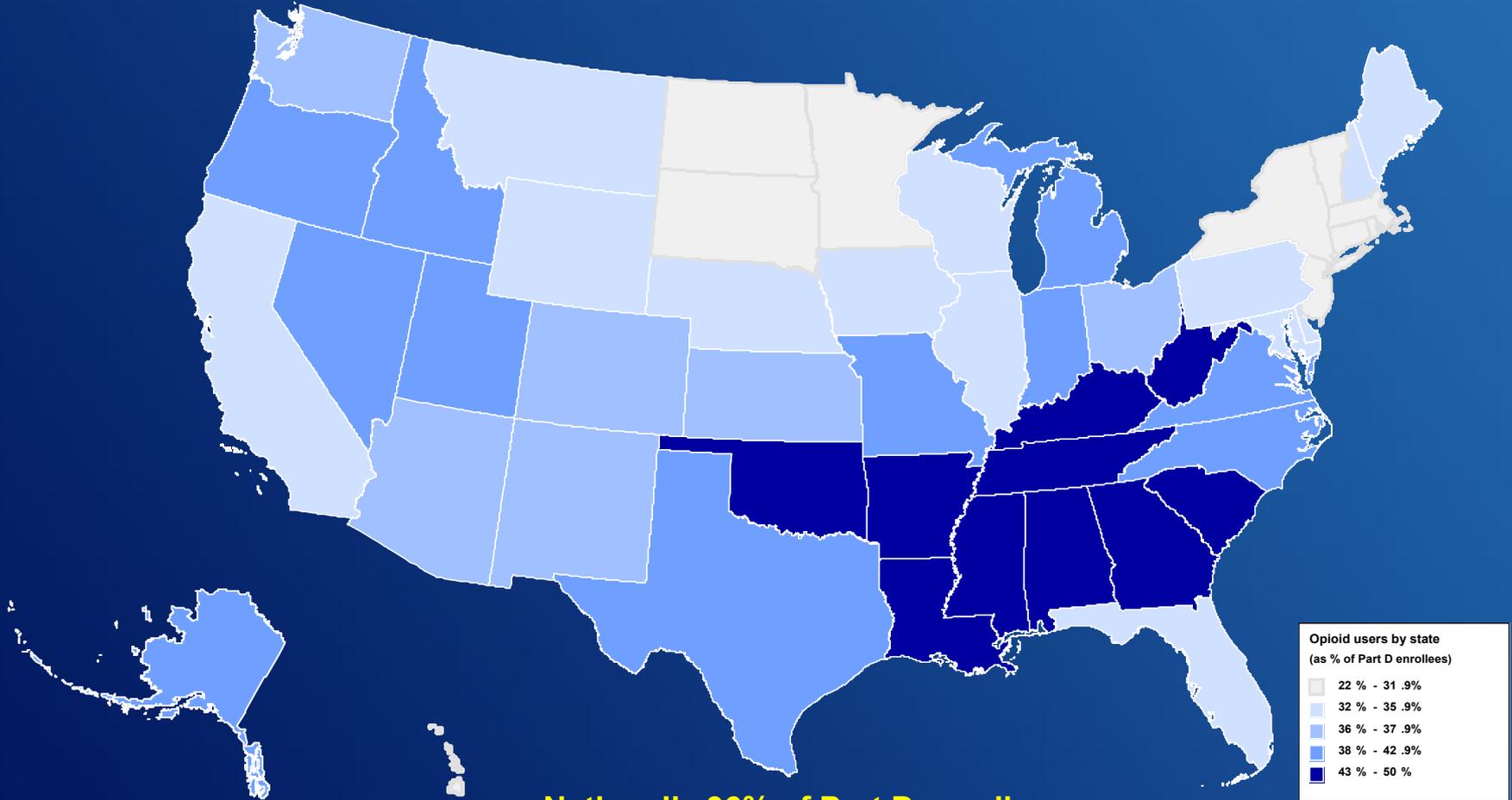


# Distribution of opioid users with spending in the top 5 percent, 2011



**95<sup>th</sup> percentile in annual gross spending = \$956  
(exclude hospice and cancer patients)**

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



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