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Impact of a Pilot Outreach Program upon Provider Awareness and Prescribing of a Concerning Opioid Combination Regimen

Briana Santaniello  
*Magellan Rx Management*

Thomas C. Pomfret  
*University of Massachusetts Medical School*

Mark A. Tesell  
*University of Massachusetts Medical School*

*See next page for additional authors*

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Impact of a Pilot Outreach Program upon Provider Awareness and Prescribing of a Concerning Opioid Combination Regimen

Authors
Briana Santaniello, Thomas C. Pomfret, Mark A. Tesell, Nicole M. Trask, Caroline J. Alper, Karen M. Clements, Vincent Palumbo, Kimberly Lenz, and Paul L. Jeffrey

Keywords
pilot program, Medicaid, co-prescribing, opioids, benzodiazepines, stimulants, additive central nervous system depression, drug abuse, overdose, opioid epidemic, pain management, American Drug Utilization Review Society

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BACKGROUND

- From 2000 to 2014, the rate of overdose deaths involving opioids in the United States increased by 110%. Between 1999 and 2013, the number of overdose deaths involving anxiety medications increased by 300%.
- Drug utilization review within a large Medicaid population revealed the co-prescribing of opioids with benzodiazepines (BZDs), gabapentin, and stimulants was seen in over 500 members. The concomitant use of these agents is associated with numerous health risks, including additive central nervous system depression, potential for misuse and abuse, and overdose.

OBJECTIVES

- To evaluate prescriber awareness of the prevalence and risks of this medication combination among members under their care.
- To evaluate changes to members’ regimens 180 days post-intervention and compare drug overlapping-related hospitalizations (SUDH) 180 days pre- and post-intervention.

METHODS

Pharmacy and medical claims histories for each Medicaid beneficiary who had filled a claim for a combination of opioids, BZDs, gabapentin, and stimulants (for ≥120 days) during a 180-day period between March 1, 2015 and August 31, 2015 were included.

- Pharmacy claims evaluated included:
  - Medication name, strength and days’ supply
  - Calculated morphine equivalent dose per day (MED) of the opioid
  - Pregnancy
  - Prescription filled for buprenorphine or buprenorphine/naloxone from the beginning of the study, resulting in contact with at least one prescriber for 32 of 39 members (82%).

- Medical claims evaluated included:
  - Behavioral health, pain and substance use disorders, including substance use disorder (SUD)-related diagnoses.
  - Medical services rendered for these diagnoses, including hospitalizations, emergency room visits, and office visits.

- Inclusion criteria:
  - Active members during the study period
  - Continuation of Medicaid coverage at the time of outreach

- Exclusion criteria:
  - Discontinuation of Medicaid coverage, including the presence of third party insurance coverage during the study period
  - Pregnancy
  - Prescription filled for buprenorphine or buprenorphine/naloxone from the beginning of the study period to the time of TPO

- TPO was conducted with each prescriber who prescribed any component of the combination regimen. Discussion focused upon:
  - Prescriber awareness of the combination regimen (if not sole prescriber)
  - Safety concerns with the use of this combination of medications
  - Indications for use of each medication in the regimen
  - Potential for changing the regimen and alternative medications considered and/or prescribed
  - Rational for chronic benzodiazepine use in the absence of an antidepressant for the management of anxiety
  - Pain medicine or other specialist involvement

RESULTS

A total of 531 unique members had continuous pharmacy claims for ≥120 days of therapy with opioids, BZDs, gabapentin, and stimulants. Interruptions in Medicaid coverage and regimen changes were the most common reasons for exclusion. (Figure 1)

There were 64 unique prescribers (Figure 2) for the 39 unique members included in the study, resulting in contact with at least one prescriber for 32 of 39 members (82%).

- Contact was achieved with 47 of 64 prescribers (73%).

- Upon TPO, 36 of 47 prescribers contacted were aware of the member’s entire regimen or were the sole prescriber (77%) and 12 prescribers were unaware of the member’s entire regimen (23%). One prescriber was counted twice, as they were not aware of the combination regimen in all members under their care. (Figure 3)

- Pharmacy claims analysis 180 days post-intervention revealed 14 of 32 (44%) members who had at least one prescriber contacted had a dose reduction or discontinuation of at least one targeted medication (“positive change”). (Figure 4)

- The majority of members were on opioids N=100 mg median, 18% of members were on N=100 mg to 200 mg, and 1% of members were on N>200 mg. The remaining 23% were taking tramadol, which was not converted to MED.

- SUD diagnoses were relatively common, as 59% of members had a SUD diagnosis in their medical claims history.

CONCLUSIONS

- The TPO program achieved 26% of prescribers contacted that the member was on the targeted medication combination.
- Although over 40% of members who had at least one prescriber contacted had a change in their regimen, there was no change in SUDH outcomes.
- Further study in a larger sample size is warranted to assess the impact of improving awareness of the concerning combination of opioids, BZDs, gabapentin, and stimulants upon SUDH outcomes, including the use of additional interventions.

REFERENCES


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Mark Tesell, PharmD, BCPS
Michele B. Nwokah, PharmD
Wendy M. Miller, PharmD
Amanda C. Kim, PharmD
Nicole M. Trask, PharmD

† Employee of University of Massachusetts Medical School, Clinical Pharmacy Services at the time the research was conducted

‡ University of Massachusetts Medical School, Clinical Pharmacy Services

* Of prescribers with whom contact was achieved.