An FAQ on the Risks of Inappropriate Opioid Prescribing

by Brian Bowman

WHERE DOES THIS “MEASURE TRIO” FIT INTO THE OVERALL MEDICARE PART D STAR RATINGS?
The Pharmacy Quality Alliance (PQA) endorsed high dose and/or multiple provider opioid use in persons without cancer or receiving hospice care as measures of interest in 2015. This three measure set is not included in the current Medicare Part D Star Ratings, but could be included in the future.

WHAT DOES THIS MEASURE ANALYZE?
This measure looks at the patients who have filled prescriptions for opioids on two or more separate days for a total of 15 or more days’ supply in one year, and calculates the percentage of this patient population who meet one or both of the criteria that may indicate inappropriate use, overuse, or abuse. This qualification applies to all three of the individual opioid measures and excludes patients being treated for cancer or receiving hospice care.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?
The West Virginia Supreme Court of Appeals ruled in May 2015 that prescribers and pharmacies can be sued for causing or contributing to a patient’s addiction to controlled substances. To help reduce liability, pharmacists should carefully document the procedures taken to screen for addiction and substance abuse behavior. This set of opioid misuse/abuse quality measures are
an important tool for health plans to use to identify problem prescribers and to screen for patients who may be abusing or diverting opioids and who are at risk for injury from opioid overdose. Pharmacies can use data in a prescription drug monitoring program (PDMP) database to identify individual patients who would be counted in the numerator.

**WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?**

Abuse and overdose of prescription opioids is a major public health issue. Patients who take opioids at high doses for prolonged periods are at higher risk of substance abuse and psychiatric disorders. It has been determined that patients using multiple prescribers or multiple pharmacies are more likely to die of drug overdoses. Although not as severe as opioid overdose risk, there is also a risk of acetaminophen toxicity when patients are taking multiple opioid-acetaminophen combination products from different prescribers and pharmacies. A hospitalization from an opioid overdose is a severe consequence that pharmacists should take all measures to help prevent.

**WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?**

Reducing the number of patients who meet these criteria is the primary goal. A quick reference of opioid MED doses (www.globalrph.com/narcoticonv.htm) may be helpful at prescription order entry stations. Health plans or providers of pharmacy data analytics may be able to generate reports of patients who meet the criteria. If your state is one of the 49 that has a prescription drug monitoring program (PDMP), assess a patient’s fill history before dispensing a prescription. The Substance Abuse and Mental Health Services Administration (SAMHSA, www.samhsa.gov/find-help/national-helpline) national helpline can help patients find treatment. Pharmacists may notify the prescriber when they decline to fill a prescription and state whether they also provided the SAMHSA helpline info. Pharmacists with concern for prescriber practices should contact the board of pharmacy or medical licensing board for guidance.

Appropriate medication use lowers the risk patterns of abuse and addiction if these drugs are not taken as prescribed and answer questions to help ease some of their concerns about addiction. Pharmacists have an important role in appropriate medication use with opioid therapy. Together with patients and prescribers, pharmacists can lower the number of patients who are at risk for harm from opioid overdose.

**Types of Potentially Inappropriate Opioid Prescribing**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Identifies proportion of individuals that are receiving opioid prescriptions*</th>
<th>This could indicate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: High Dose</td>
<td>&gt; 120mg MED** for ≥ 90 consecutive days</td>
<td>Inappropriate dosing and possible adverse events</td>
</tr>
<tr>
<td>2: Multiple Providers</td>
<td>Prescriptions from ≥ 4 prescribers AND ≥ 4 pharmacies***</td>
<td>Uncoordinated care and/or doctor/pharmacy shopping</td>
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<tr>
<td>3: High Dose and Multiple Providers</td>
<td>From ≥ 4 prescribers AND ≥ 4 pharmacies AND daily dose &gt; 120mg MED for ≥ 90 consecutive days</td>
<td>Misuse, abuse, or inappropriate and/or fragmented care</td>
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*Measurement period is one year  
**MED = Morphine Equivalents per Day  
***When days’ supply is greater than 15

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