Managing opioid prescribing and use through pharmacy benefit programs

Comprehensive employer health plans typically include pharmacy benefits, often administered by third parties, Pharmacy Benefit Managers (PBMs). PBMs collect important prescription use data dispensed through both mail service and retail pharmacies and administer a health plan's drug formulary. A formulary is a list of "preferred" drugs approved by your health plan.

For some drugs such as opioid painkillers, the PBM will evaluate the employer's opioid utilization data and will develop and enforce prescribing and dispensing guidelines to ensure safe medication use or to control plan costs. These guidelines may include prior authorization approvals before dispensing by the pharmacy.

Additionally, the PBM should provide program "flags" or warnings to alert the dispensing pharmacist to possible opioid over use and abuse. The following checklist of questions can be helpful in evaluating your PBM's ability to manage opioid prescriptions and identify potential abuse:

- Does the PBM provide information about total opioid drug spend and trends? Employers should have current and retrospective utilization data to evaluate how much prescribers are using opioids; dose levels and duration of therapy.
- Does your vendor have a flag for repeated attempts for "too early refills" that would potentially show non-compliance to the prescribers recommendation?
- Are dose levels flagged including morphine equivalents exceeding >120 mg per day? [1]High daily doses are associated with fatal overdoses.
- If 'duration of therapy' limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the 'duration of therapy' limit start over again?
- Is there a system flag when opioids are combined with other drugs especially in combination with benzodiazepines (sedatives)? The use of benzodiazepines (anti-anxiety medications) with an opioid increase the risk of a fatal overdose.
- What is your PBM's process following retrospective (history) review of opioid prescribing? How are high prescribers/outliers targeted and communicated with?
- What occurs if the system shows an individual is seeing multiple physicians who are prescribing the same drug? Benefit plan design PBM or plan administrator to "lock" the patient into using a single opioid prescriber or pharmacy.
- Who is monitoring if retail pharmacists are accessing the prescription drug monitoring program (PDMP) data base and how often are they being accessed?
- What is your PBM's recommendation for a prior authorization program for prescription opioids?
- How often do retail pharmacists choose to over-ride these system flags at the point of dispensing? Are these instances documented and how are they handled?
- How are cancer patients or other individual cases handled that fall outside system flags and legitimate clinical use is justified?

PBMs should provide program "flags" or warnings to alert the dispensing pharmacist to possible opioid over use and abuse.

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