**Background**

- Pain is a major national health problem and the most common reason why patients seek healthcare, leading to significant costs from chronic pain conditions.
- The annual US cost of chronic pain estimated to be $350 to $650 billion (2010 US dollars [USD]).
- However, one problem that has been overlooked in the midst of the opioid crisis is the rise in misuse of opioids among older Americans.

**Methods**

This study is an observational retrospective analysis of pharmacy benefit manager (PBM) claims from January 1, 2017 to October 31, 2018 in a Medicare Part D Plan (PDP) population.

**Study Population**

The study population comprises the Magellan Rx Management Medicine PDP (PBM) plan business.

**Primary Endpoints**

Evaluate the percentage of opioid naïve patients (defined as those who have not received a fill of any opioid prescription in 3 months) who receive an acute fill (defined as ≥7 days supply) of an opioid medication that ultimately convert to chronic opioid users (defined as a 3 months of continuous opioid use).

**Secondary Endpoints**

- Percentage of patients identified as a chronic opioid user concurrently using a benzodiazepine (defined as an overlapping supply of an opioid and benzodiazepine for 30 or more consecutive days per CMS) ≥7 days supply vs. ≤ 8 days supply initial fill.
- Percentage of patients identified as a chronic opioid user that have a fill for naloxone.
- Average copay for a patient’s naloxone fill if it is filled.
- Average Morphine Equivalent Dose (MED) Per Day ≥8 days supply vs. ≤ 7 days supply initial fill.

**Results**

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>Opioid Naive Patients Converted to Chronic Users</th>
<th>N=35,262</th>
<th>N=679</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male %</strong></td>
<td><strong>43% (N=3,554)</strong></td>
<td><strong>65% (Range: 25-105)</strong></td>
<td><strong>38% (N=213)</strong></td>
</tr>
<tr>
<td><strong>Average Age Patients ≥65 years</strong></td>
<td><strong>75 (Range: 60-94)</strong></td>
<td><strong>78 (Range: 60-97)</strong></td>
<td><strong>72 (Range: 60-93)</strong></td>
</tr>
<tr>
<td><strong>Average Age All Patients</strong></td>
<td><strong>57 (Range: 18-94)</strong></td>
<td><strong>59 (Range: 18-94)</strong></td>
<td><strong>60 (Range: 18-94)</strong></td>
</tr>
</tbody>
</table>

+ **Opioid Naïve Patients: N=35,262**
  + Opioid Naïve: ≥ 8 Day Supply Naloxone Usage
    - **Benzodiazepine (N=4,214)**
      - **50%**
    - **Benzodiazepine and Naloxone Usage Among Chronic Opioid Users**
      - **HYDROCODONE/ACETAMINOPHEN**
        - **10%**
      - **TRAMADOL HCL/ACETAMINOPHEN**
        - **11%**
    - **Overall Average Naloxone Copay**
      - **0.46%**

**Conclusions**

- Overall, the following conclusions can be made from this retrospective analysis:
  + A total of 8,323 patients were found to be opioid naïve patients. These included 679 ≥ 8 days supply and 75% who received all 8 days supply ultimately converted to a chronic opioid user, respectively.
  + The average morphine equivalent dose per day used of a benzodiazepine was higher for chronic users compared to opioid naïve patients who receive an 8 day fill of ≥ 8 days supply to ultimately convert to a chronic opioid user.

**Disclosures**

- This study was performed at Magellan Health, Inc. in collaboration with Pfizer®.