

# Pharmacy Benefit Manager Safety Measures for Opioids for Dental Pain

February 2025



## Overview

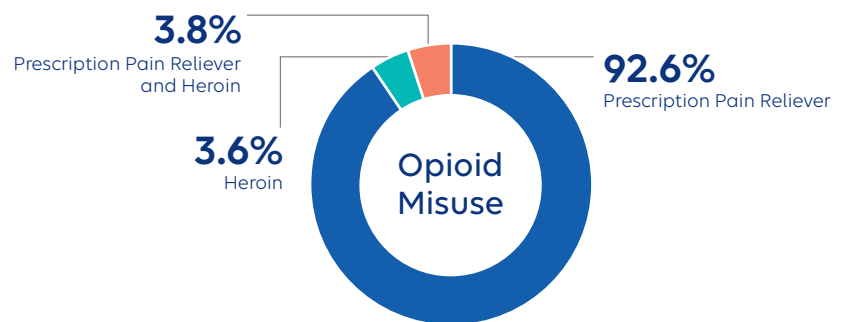
Anyone who takes prescription opioids to manage acute or chronic pain can develop opioid use disorder (OUD), a problematic pattern of opioid use that causes significant impairment or distress.<sup>1</sup> Health plans and pharmacy benefit managers (PBMs) play a key role in executing OUD prevention strategies, including utilization management programs, to protect against inappropriate or unnecessary prescribing of opioids.

## Background

Approximately 125 million opioid prescriptions were dispensed to Americans in 2023.<sup>2</sup> During the same year, more than 8.9 million Americans 12 years and older reported misusing opioids in the past 12 months, more than 96 percent of whom misused prescription opioids.<sup>3</sup> (Figure 1)

Dentists prescribe approximately one in 10 opioids in the United States and are the top prescribers (12% of prescriptions) after family physicians (15%).<sup>4</sup> The Centers for Disease Control and Prevention (CDC) recommends that prescribers maximize use of non-opioid pharmacological therapies as appropriate for the specific condition and patient, and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient.<sup>5</sup>

**Figure 1**  
Types of Opioid Misuse  
in the Past Year, U.S. Population  
12 Years and Older, 2023



**Source.** Substance Abuse and Mental Health Services Administration (2024). National Survey on Drug Use and Health, 2023 Detailed Tables.

**Note.** These estimates do not include illegally made fentanyl.

The CDC also notes that patients prescribed higher opioid dosages are at higher risk of overdose death. Even relatively low dosages—20-50 morphine milligram equivalents (MME) per day—increase risk. MMEs are values that represent the potency of an opioid dose relative to morphine. Dosages at or above 50 MME per day increase risk for overdose by at least two times, though higher dosages haven't been shown to reduce pain over the long term.<sup>6</sup>

Further, research has found that opioids might not be more effective than non-opioid therapies for some acute pain conditions and use of opioids might negatively affect recovery and function.<sup>7</sup> Research also suggests that opioids are probably less effective than non-steroidal anti-inflammatory drugs (NSAIDs) for surgical dental pain.<sup>8</sup> The American Dental Association (ADA) recommends NSAIDs as first-line treatment for acute dental pain management and discourages “just in case” prescribing of opioids for treatment of acute pain.<sup>9</sup>

In 2020, Elevance Health’s PBM, CarelonRx, implemented a new policy for dental practitioners prescribing opioids to commercial and Medicaid members, limiting coverage for opioids to treat acute dental pain to no more than three days.<sup>10</sup> Any prescription written for greater than three days will initiate enhanced review. This brief will demonstrate the impact of CarelonRx’s opioid clinical safety edits on dental prescriber behavior and member utilization.

## Analysis

CarelonRx conducted an analysis using prescription drug claims data from 2019–2023 for members in commercial and Medicaid plans. The purpose of this analysis was to examine trends in dental providers’ prescribing practices and prescription fills following the implementation of CarelonRx’s opioid coverage policy for dental practitioners in 2020.

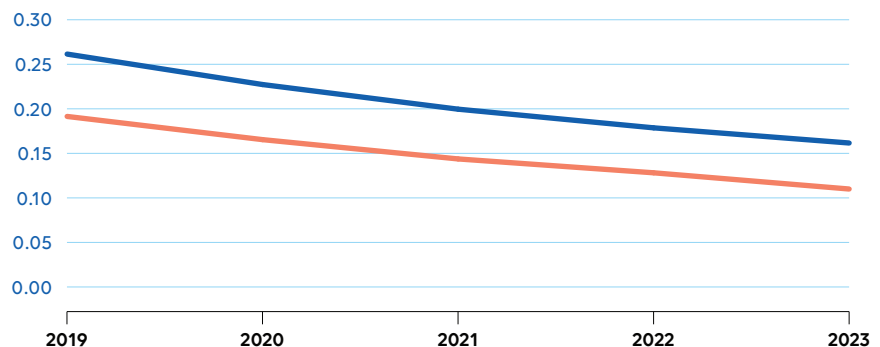
## Results

Following the implementation of the policy, the number of opioid prescriptions per member per month (PMPM) written by dental practitioners declined among both commercial and Medicaid members from 2019–2023. (Figure 2) Commercial claims declined 39.6 percent from 2019–2023. Medicaid claims dropped 45.0 percent during the same period.

**Figure 2**  
**Opioid Prescription Claims Prescribed by Dental Practitioners, 2019–2023**

Prescription count per member per month

■ Commercial  
■ Medicaid



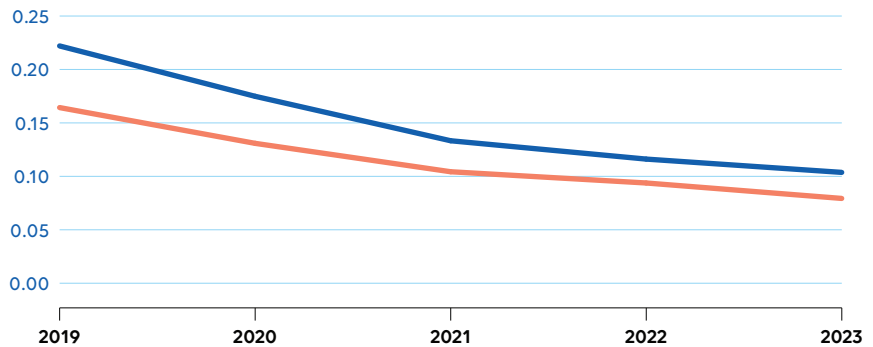
Source. Elevance Health internal claims data.

Morphine milligram equivalents PMPM written by a dental practitioner declined among commercial and Medicaid members from 2019–2023. (Figure 3) Commercial claims experienced a 53.8 percent decrease from 2019–2023. Medicaid claims declined 56.3 percent during the study period.

**Figure 3**  
**Morphine Milligram Equivalents Prescribed by Dental Practitioners, 2019–2023**

MMEs per member per month

■ Commercial  
 ■ Medicaid

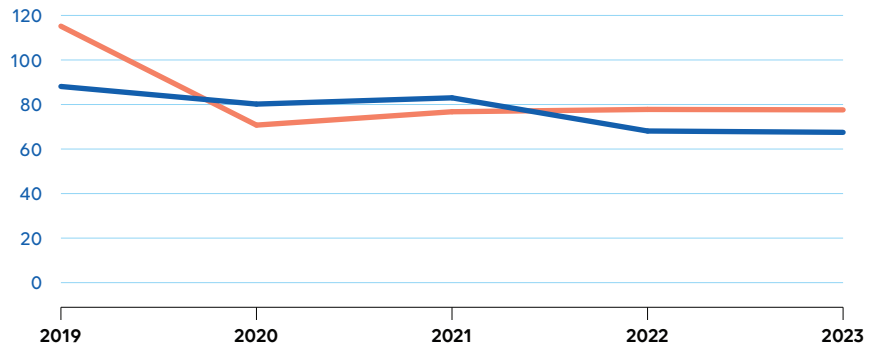


Source. Elevance Health internal claims data.

Average MME per prescription declined among commercial and Medicaid members from 2019–2023. (Figure 4) Prescription length varied, though 99.8 percent of prescriptions were from one to seven days.<sup>11</sup> Average MMEs per prescription among commercial claims declined 23.7 percent from 2019–2023. Average MMEs per prescription among Medicaid claims fell by 32.9 percent.

**Figure 4**  
**Average Morphine Milligram Equivalents Per Prescription Written by Dental Practitioners, 2019–2023**

■ Commercial  
 ■ Medicaid

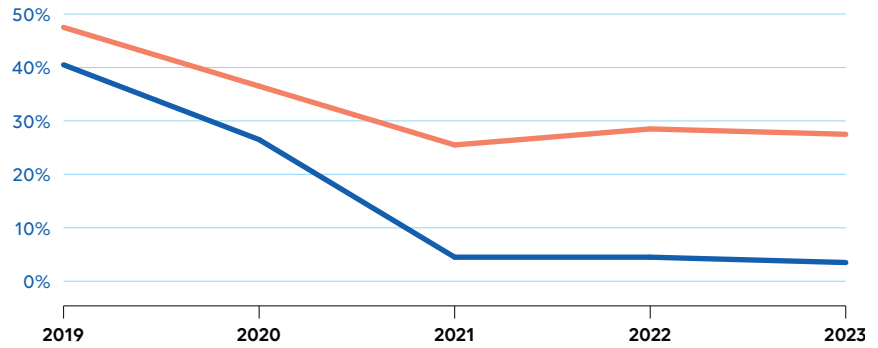


Source. Elevance Health internal claims data.

The percent of opioid prescriptions written by a dental practitioner that exceeded a three-day supply declined among commercial and Medicaid members from 2019–2023. (Figure 5) The percent of opioid prescriptions that exceeded a three-day supply among commercial and Medicaid claims declined by 90 and 42.5 percent, respectively, from 2019–2023.

**Figure 5**  
**Percent of Opioid Prescriptions by Dental Practitioners Exceeding Three-Day Supply 2019–2023**

■ Commercial  
 ■ Medicaid



Source. Elevance Health internal claims data.

## Conclusion

Reducing or ceasing opioid use lowers the risk of overdose and death. In fact, Elevance Health-affiliated commercial and Medicaid health plan members demonstrated a 31.8 percent and 17.5 percent reduction in total (including illicit and prescription opioids) opioid overdoses, respectively, from 2019–2023. This reflects the success of the company’s overall opioid harm reduction strategy, which includes the dental prescribing policy described in this brief. By curbing the over-prescription of opioids and prescribing the smallest effective dose, the risk of unused drugs being illegally sold or shared in the community can also be minimized.

Clinical safety edits to ensure access to needed medications can reduce use of prescription medications that have the potential for misuse, abuse, or diversion, such as opioids prescribed for pain. Likewise, other clinical policies such as prescription quantity limits can be an effective strategy for PBMs to employ to help improve opioid prescribing practices, reduce exposure to opioids, and contribute to system-wide efforts to prevent misuse.

## Endnotes

- <sup>1</sup> Centers for Disease Control and Prevention. (2024, May 18). Preventing Opioid Use Disorder. Retrieved November 2, 2024, from <https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html>.
- <sup>2</sup> Centers for Disease Control and Prevention. (2024, November 10). About Prescription Opioids. Retrieved November 15, 2024, from <https://www.cdc.gov/overdose-prevention/about/prescription-opioids.html>.
- <sup>3</sup> Substance Abuse and Mental Health Services Administration. (2024, July 30). 2023 National Survey on Drug Use and Health Detailed Tables. Retrieved November 15, 2024, from <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>.
- <sup>4</sup> Suda, K.J., et al. (2020). Overprescribing of Opioids to Adults by Dentists in the U.S., 2011–2015. *American Journal of Preventive Medicine* 58(4), 473–486. Retrieved October 2, 2024, from [https://www.ajpmonline.org/article/S0749-3797\(19\)30527-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30527-6/fulltext).
- <sup>5</sup> Dowell, D., et al. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022. *Morbidity and Mortality Weekly Report* 71(3), 1–95. Retrieved November 15, 2024, from <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>.
- <sup>6</sup> Centers for Disease Control and Prevention. (2016, March 14). Calculating Total Daily Dose of Opioids for Safer Dosage. Retrieved October 23, 2024, from <https://stacks.cdc.gov/view/cdc/38481>.
- <sup>7</sup> Chou R., et al. (2020, December). Treatments for Acute Pain: A Systematic Review. *Comparative Effectiveness Review* 240. Retrieved November 10, 2024, from <https://www.ncbi.nlm.nih.gov/books/NBK566500/>.
- <sup>8</sup> Hersh, E.V., et al. (2020, April 14). Nonsteroidal Anti-Inflammatory Drugs and Opioids in Postsurgical Dental Pain. *Journal of Dental Research* 99(7). Retrieved October 2, 2024, from <https://journals.sagepub.com/doi/10.1177/0022034520914254>.
- <sup>9</sup> Carrasco-Labra, A., et al. (2024 February). An Evidence-based Clinical Practice Guideline for the Pharmacologic Management of Acute Dental Pain in Adolescents, Adults, and Older Adults. *The Journal of the American Dental Association* 155(2), 102–117. Retrieved November 15, 2024 from [https://jada.ada.org/article/S0002-8177\(23\)00672-4/fulltext](https://jada.ada.org/article/S0002-8177(23)00672-4/fulltext).
- <sup>10</sup> Medicare members are not subject to the policy as the Centers for Medicare & Medicaid Services does not allow Medicare Part D plans to limit opioid prescribing for pain to less than seven days.
- <sup>11</sup> Due to data limitations we did not control by days' supply.

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