

# Putting the Brakes on the Opioid Epidemic

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# Opioid dependency: magnitude of the problem

**70%** of abused Rx drugs are provided by friends & family

**15,000** people fatally overdosed on prescription pain killers in 2015



More overdoses caused by **PRESCRIPTION DRUGS** than illegal drugs



Every day, **+1,000** people are treated in emergency departments for misusing prescription opioids

**6/10** overdose deaths involve an opioid

**TWO MILLION** are addicted & abusing in U.S.

# Opioid abuse costs U.S. employers \$18 billion in sick days and medical expenses

According to recent AJMC study, employers...



Are paying for **1/3** of opioid prescriptions that end up being abused



Have **4.5% of employees** who received an opioid prescription and were found to show signs of abuse



Paying **+\$19K** a year in overall healthcare expenses on average for issues related to opioid dependence compared with **\$10K** in costs for workers without such issues



Opioid abuse among employees is estimated to account for more than 64% of medically related absenteeism from work and 90% of disability expenses resulting in

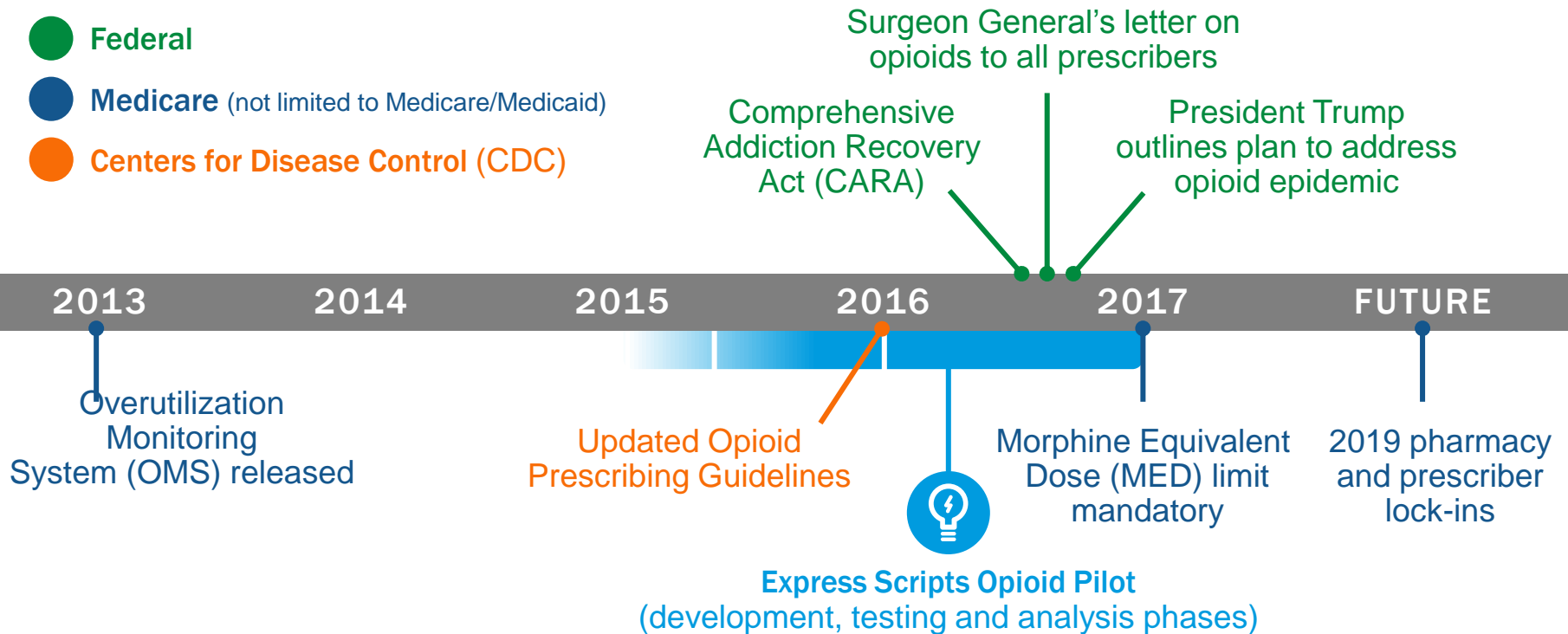
**more than \$25 billion a year in lost work productivity**

# Government-driven opioid epidemic initiatives

● Federal

● Medicare (not limited to Medicare/Medicaid)

● Centers for Disease Control (CDC)

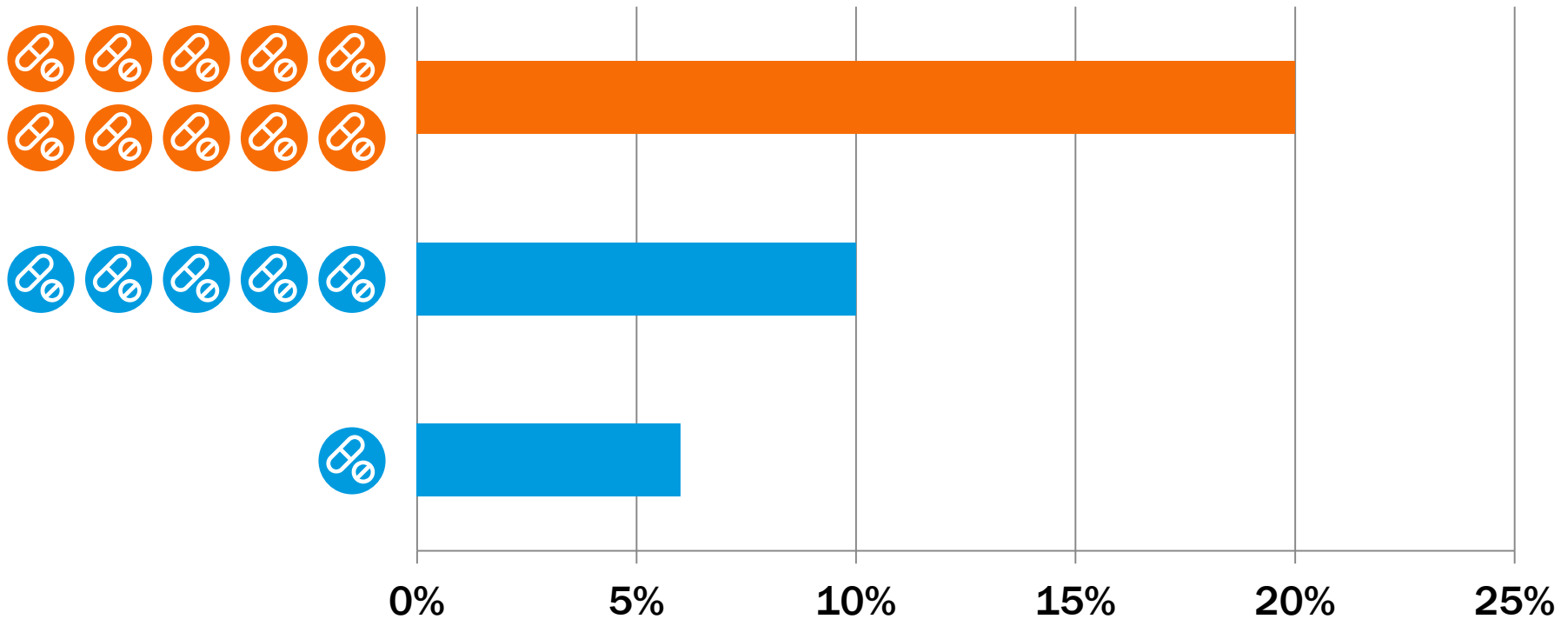


## State-Specific Requirements:

- Electronic Prescribing of Controlled Substances (EPCS)
- 1st fill restrictions
- Quantity and MED limits
- Expanded naloxone access

# With a 10-day supply of opioids, 1 in 5 become long-term users

## Odds of Still Being on Opioids a Year Later



Study from March 2017

# Results of Opioid Pilot Program

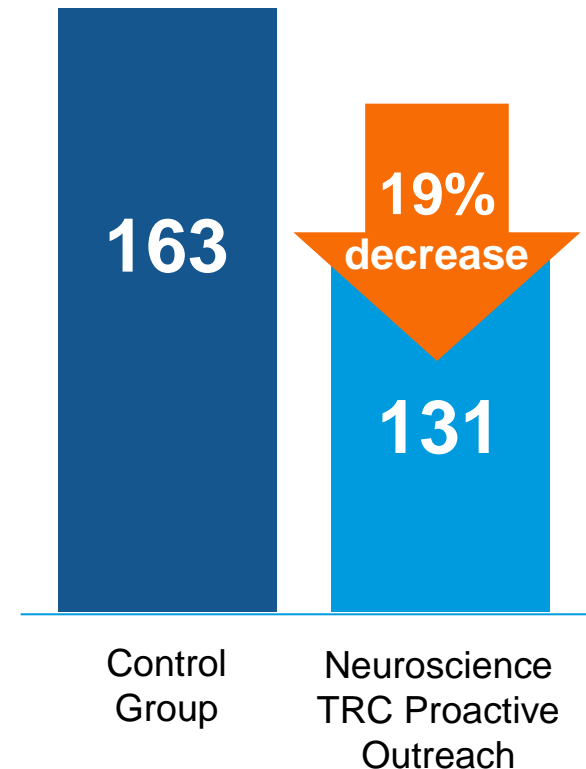
## Client and Member Pain Point

Opioid dependency is killing us – clinically and financially

## Solution

- Proprietary predictive models enable proactive outreach and POS interventions
- Aggressive opioid utilization and benefit management strategies
- Academic detailing focused on prescribers
- Solution available across *ALL* lines of business

Average Days' Supply of Opioids




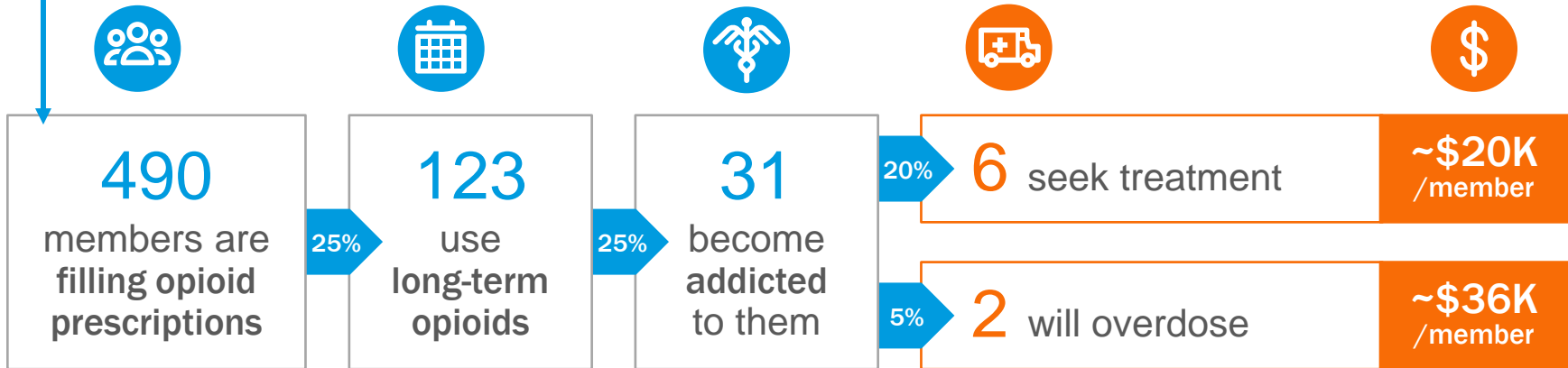
**Solution to be unveiled at Outcomes 2017**

Members observed for a minimum of 5.7 months and an average of 9.7 months.  
Statistically significant results provided from Proactive Opioid Pilot. Results may vary by client.

# Client XYZ — overview of opioids impact

<b>2,623</b>	Total member count
1,953	Total patient count
490	Employees filling opioids
<b>19%</b>	% of members filling opioids

 **10 members are currently taking medications for substance abuse**



Date Range: 2016-07-01 – 2017-06-30

Source of data: Express Scripts' Research team conducted a thorough review of the medical literature related to the potential costs avoided from detrimental outcomes due to the misuse and abuse of opioids. The estimates were created using peer-reviewed literature and government agency information and employing the standards of critical review outlined and supported by the U.S. Preventative Services Task Force, differentiating quality research into good, fair, and poor. Therefore, the estimates were based on the best available studies as of May 16, 2017.

For every one person who dies from opioids there are 851 people in various stages of use, misuse and abuse.



## OPIOID MANAGEMENT NEEDED ACROSS CARE CONTINUUM



New and  
Acute Use



Short-term or  
Intermittent Use



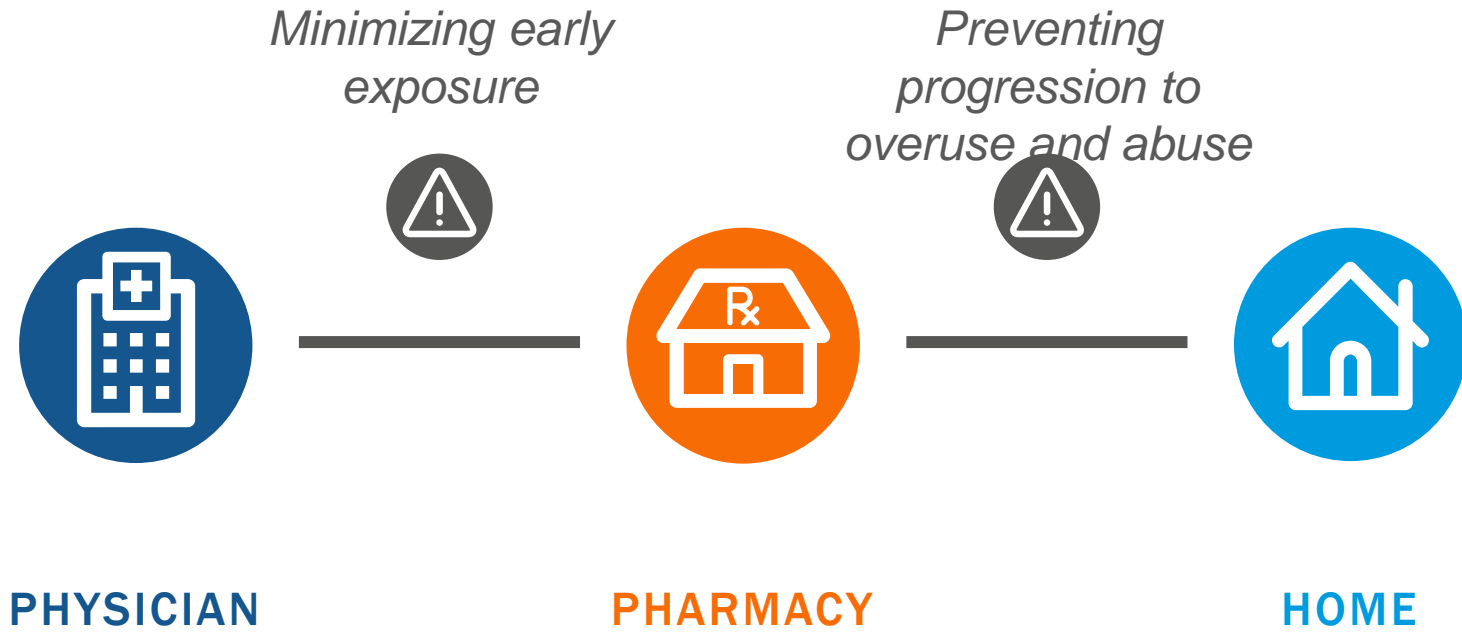
Chronic Use



Overuse and  
Abuse



# Putting the brakes on opioids



Coordination of care is critical — we're in the unique position to influence behavior at every touchpoint.

# A comprehensive solution at every touchpoint



## PHARMACY

Initial fill  
7 days' supply

Enhanced long acting  
opioid prior authorization

Concurrent DUR

Morphine Equivalent Dose  
(MED) edit >200Mg

Enhanced FWA auto lock



## HOME

Educational letter

Proactive Specialized  
Neuroscience  
Therapeutic Research  
Center (TRC)  
pharmacist outreach

Disposal bags



## PHYSICIAN

Point of care alerts  
(MED) dosing

Enhanced FWA  
auto lock

# Pharmacy influence



## ENHANCED CARE AT THE POINT OF SALE



### Initial Fill Days' Supply

Prevent excess opioid medications upon first fill

7 days supply limit on first fill of short-acting opioids



### Enhanced PA

Encourages safe starts of long-acting opioids

Stops long-acting opioid prescription without a long-acting opioid in member's claim history



### Concurrent DUR

Prevents drug-related adverse events

Real-time alert to dispensing pharmacist identifying the most pertinent clinical patient safety or utilization concerns



### MED Edit >200Mg

Ensures doses across all opioids are safe and medically necessary

Defines the daily threshold level of morphine equivalent dose accumulating across all opioid claims (up to 200mg /day) claim history

# Physician influence



## OPIOID PHYSICIAN CARE ALERT

Pharmacy claims data



Proprietary clinical rules engine



Possible gaps identified; interventions sent to prescribers



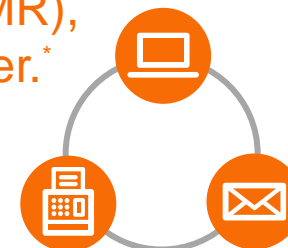
Improved clinical outcomes



### Physician Alerts

- Incorporates cumulative morphine equivalent dose (MED) at the point of care
- Targets therapy duplication and potential misuse and abuse
- Highlights prescribers and pharmacies contributing to opioid claims

Daily prescriber interventions provided through electronic medical record (EMR), fax, or letter.\*



\* If prescriber is not connected, alert will be sent by fax. If secure fax is not available, alert will be sent by letter

# 1 physician, 1 pharmacy



## ENHANCED FWA AUTO LOCK MANAGEMENT

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### Analyze

- Review 290+ data elements to flag outliers
- Use predictive modeling

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### Investigate

- Gather and review evidence
- Generate actionable report

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### Consult

- Collaborate to mitigate risk
- Access special investigative unit and best practices

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### Implement

- Member level lock-in at prescriber or pharmacy level if necessary
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# Influence at home



## PROACTIVE OPIOID EDUCATION

### Educational letter after first fill

## A dose of reality

Important facts and tips to help you stay safe.

Millions of people are prescribed opioids because they're an effective treatment for pain when taken correctly. But because they can be addictive, it's important to take them as prescribed. Here are a few more tips to help with your treatment:



### Important restrictions

- Don't mix your medicine with alcohol. It can have serious side effects.
- Make sure your doctor knows all medicines you're taking, including over-the-counter medicine and sleeping pills.
- Pain medicine can impair your driving. Talk with your doctor to see if you're safe to drive while taking this medicine.

### Did You Know?<sup>1</sup>

More overdoses are caused by **prescription medicine** than **illegal drugs**.

**70%** of abused prescription medicine is **provided by,** or **stolen from,** friends and family.

**Over 22%** of opioid deaths involve **alcohol**.

# Influence at home



## PROACTIVE OUTREACH FROM OUR NEUROSCIENCE TRC

A specially trained TRC Opioid Neuroscience Pharmacist contacts each patient every time they...

- 1) Fill **2 or more different short-acting opioids** within the last 30 days
- 2) Fill **2 or more long-acting opioids** within the last 21 days and **2 or more prescribers**
- 3) Fill **3 or more different opioids** (combination of short and long acting)
- 4) Fill the **3 drug combo**

Extensive specialized training, information and expertise, with one focus: **Providing the optimal care your members deserve**





## DEACTIVATION DRUG DISPOSAL BAGS

- Patients need a safe way to dispose of unused opioids
- Express Scripts will provide opioid disposal devices to patients



6 in 10 had or expect to have leftover opioids

“Medication sharing, storage, and disposal practice among U.S. adults with recent opioid medication use”  
*JAMA Internal Medicine*, 2016.

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2007. Bethesda, MD: National Institute on Drug Abuse; 2008. NIH Publication No. 08-6418. [www.monitoringthefuture.org/pubs/monographs/overview2007.pdf](http://www.monitoringthefuture.org/pubs/monographs/overview2007.pdf) Accessed 4 Apr 2017.



