

# Putting the Brakes on the Opioid Epidemic

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- Learning Objectives

- Identify the economic effects that opioid use has on the workplace.
- Understand how employers can take a proactive approach in identifying drug use and providing resources.

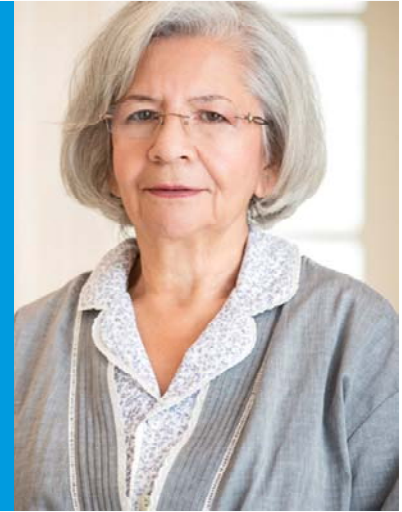
- Disclosure

- Denise Fields is an employee of Express Scripts, and receives a salary.

# Who do you picture?

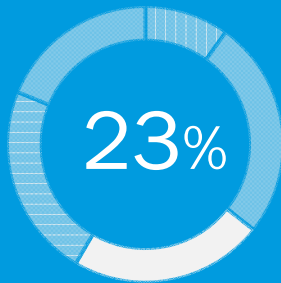
## Barbara, 72

Pretends to have pain to get opioids for terminally ill husband ...

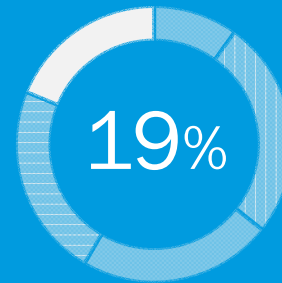


# Opioid overdoses in U.S. by age range

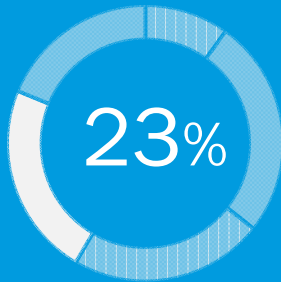
35–44  
year olds



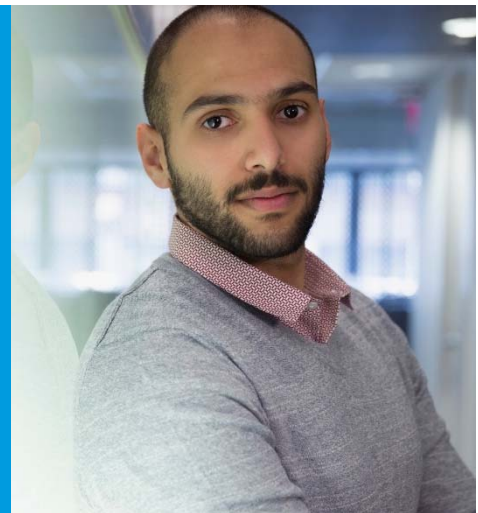
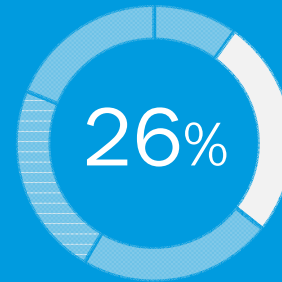
55+  
year olds



45–54  
year olds



25–34  
year olds





# Medicare member opioid dependency

Medicare Part D paid almost  
**\$4.1 billion**  
for their opioid prescriptions in 2016.



About **400 prescribers** had  
questionable opioid prescribing patterns  
for those at serious risk

**90,000**  
are at serious risk—some  
receiving extreme amounts of  
opioids, while others appeared  
to be doctor shopping

**1 in 3**  
received a prescription  
opioid in 2016

**500,000**  
received high amounts of  
opioids, warranting further  
scrutiny



# Overall magnitude of the crisis

**70%** of

abused Rx drugs  
are provided by  
friends & family

**90**

Deaths each day  
from opioid  
overdoses



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



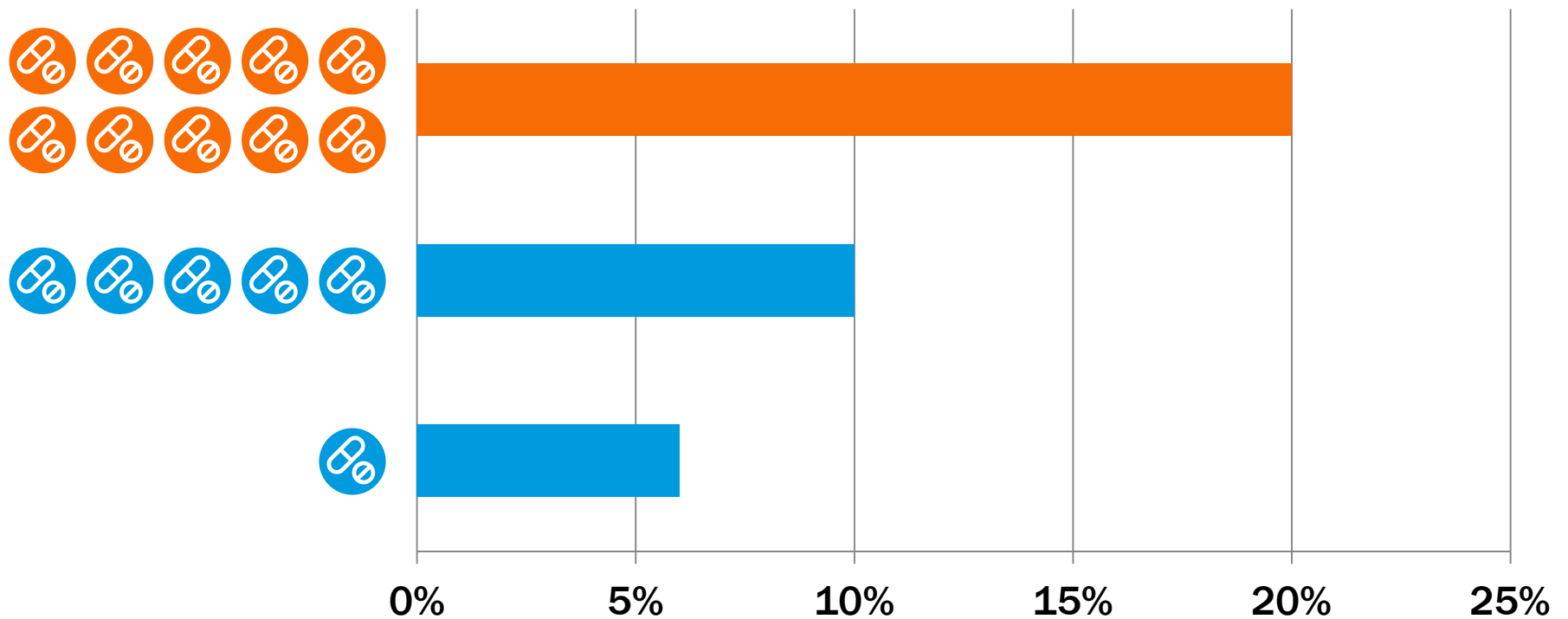
Paying **+\$19K** a year in overall healthcare expenses on average for issues related to opioid dependence compared with **\$10K** in costs for workers without such issues



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**

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

Odds of Still Being on Opioids a Year Later



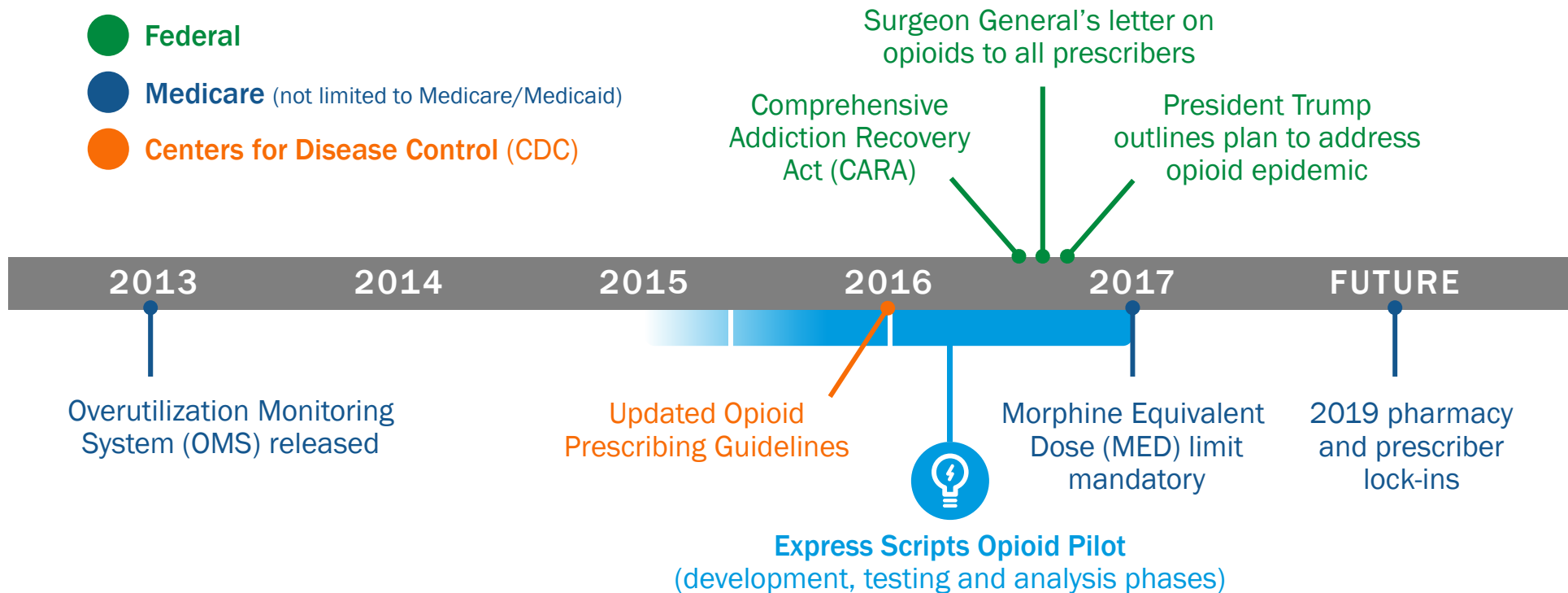
Study from March 2017

Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report (MMWR)*

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# Government-driven opioid epidemic initiatives

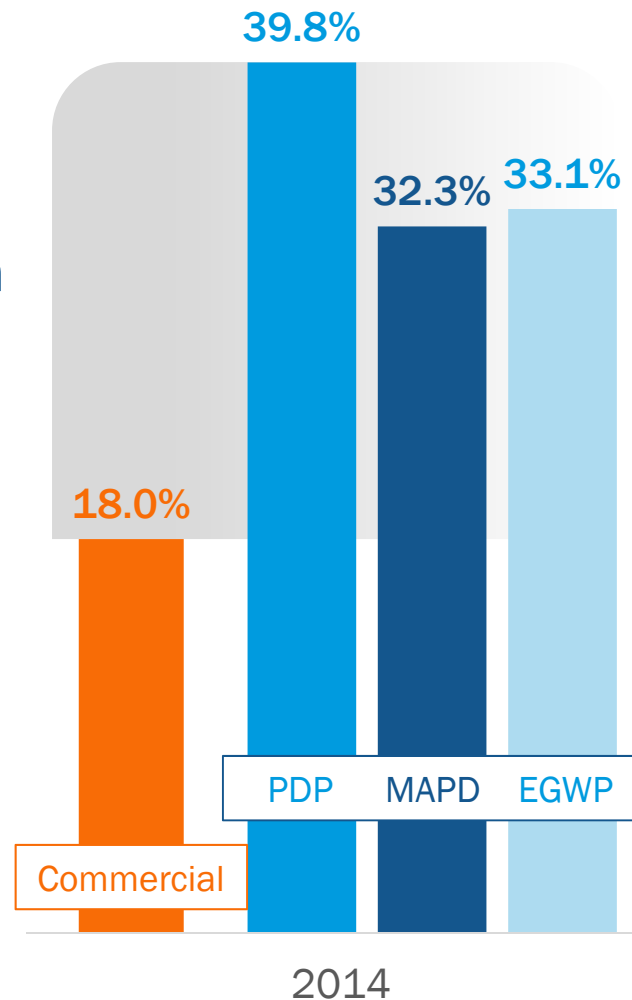


## State-Specific Requirements:

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

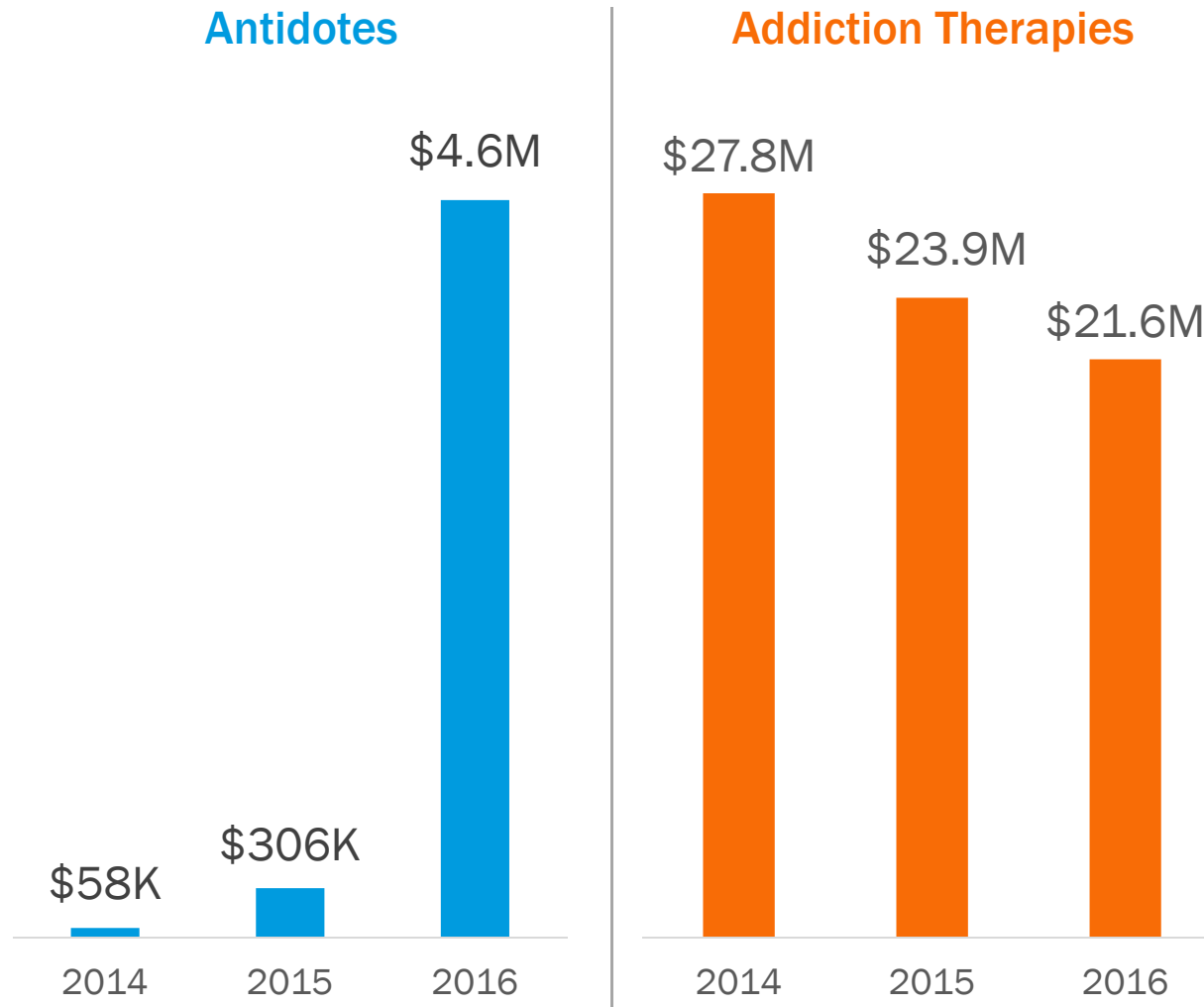
# Medicare overutilization trends improving — but not nearly enough

Year after year,  
Medicare utilization  
= **more than 2x**  
commercial



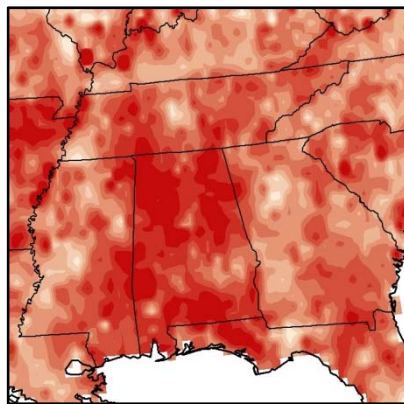
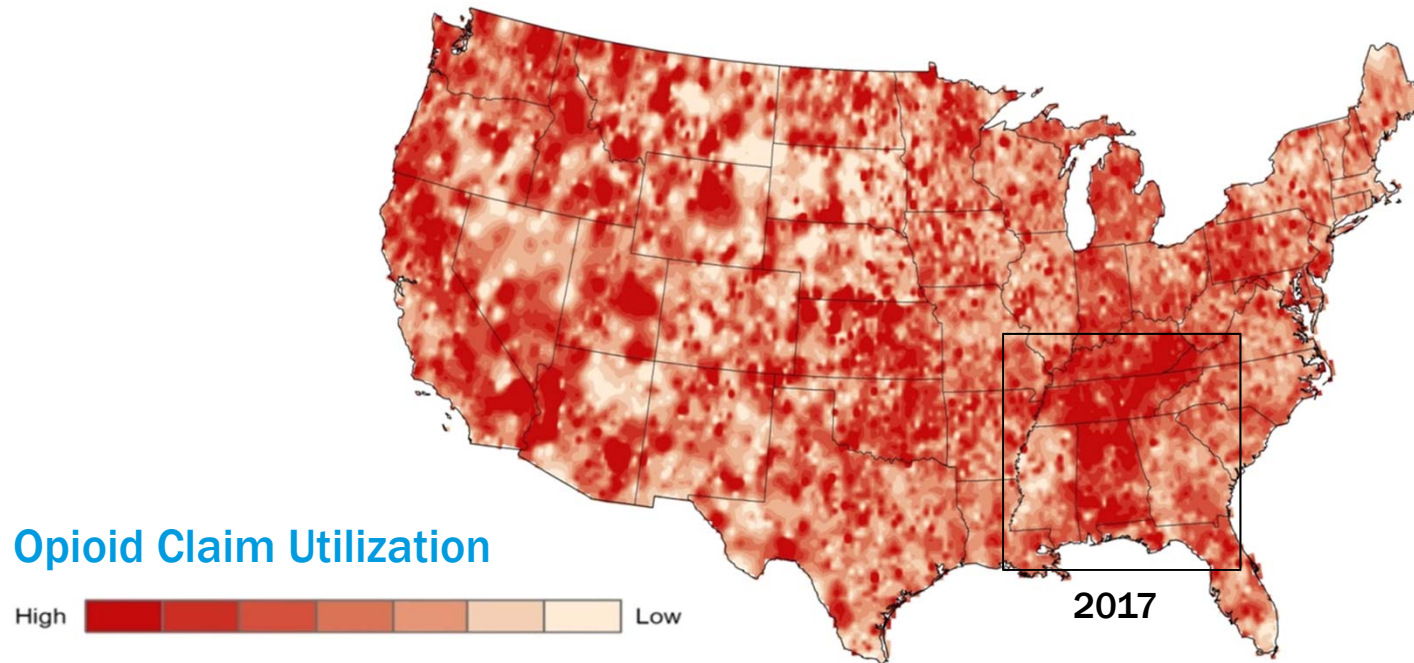
\*Based upon Express Scripts' book of business data for EGWP/MAPD/PDP plan utilization

# Staggering antidote utilization following expanded naloxone access

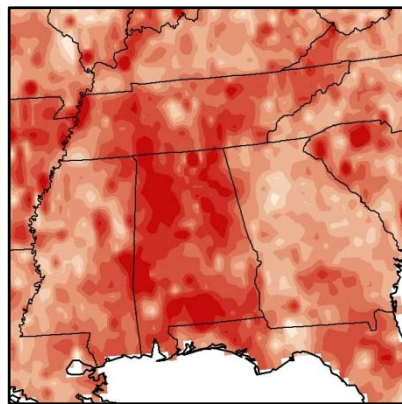


In 2016, there was  
a **7,800%**  
increase in  
antidote spending  
between Medicare  
and commercial

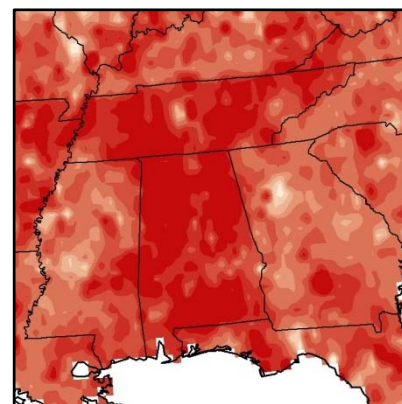
# Getting worse, not better



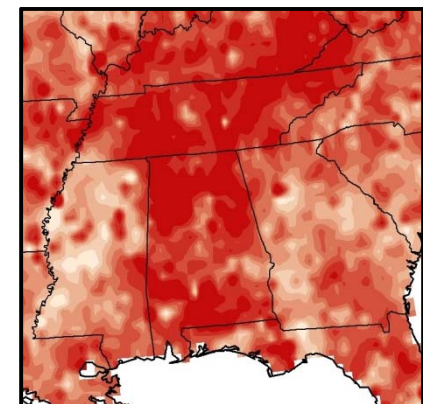
2014



2015



2016



2017

Heat maps based on Express Scripts data, 2016

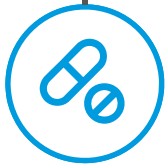
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For every one person who dies from opioids there are 851 people in various stages of use, misuse and abuse.



## OPIOID MANAGEMENT NEEDED ACROSS CARE CONTINUUM



New and  
Acute Use



Short-term or  
Intermittent Use

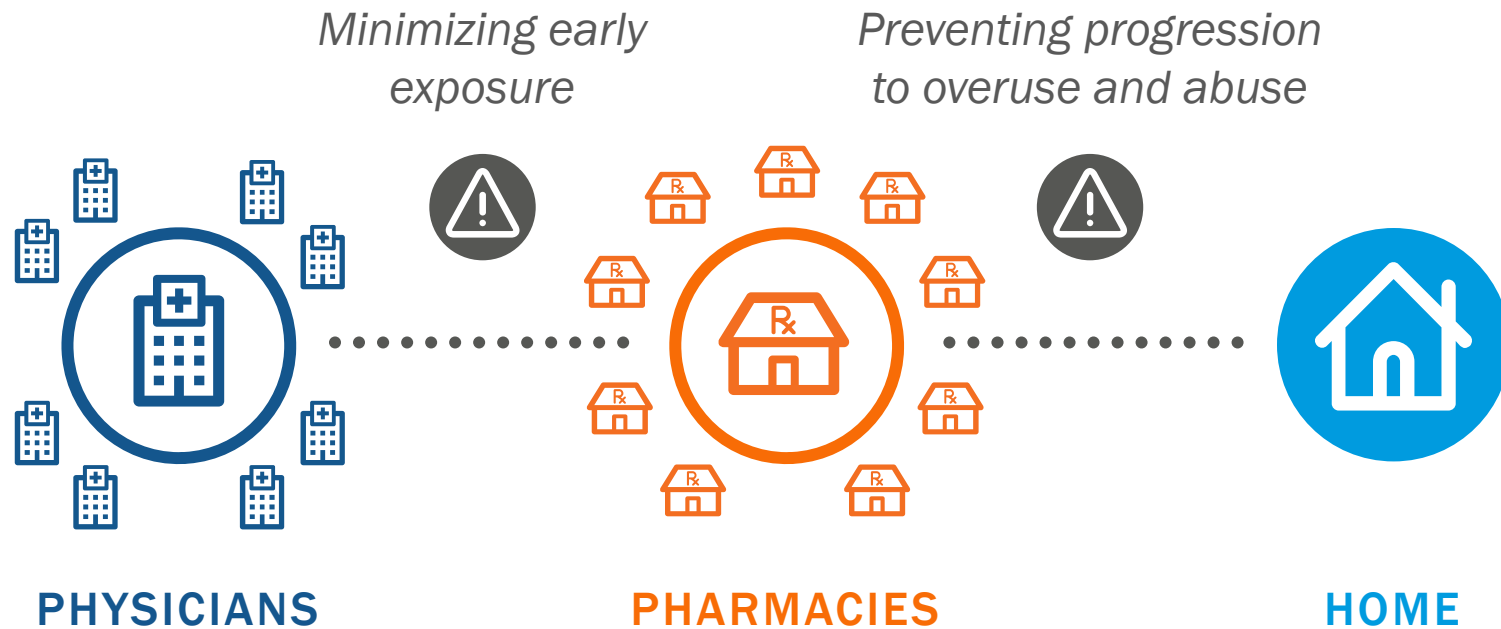


Chronic Use



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. We know when the Medicare member is seeking multiple physicians ... and pharmacies.

# 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

## THE SITUATION

# Pharmacy influence



Influence and  
safety interventions  
at the point of sale

**25%** long-term opioid users  
struggle with addiction

**1 in 32** with dosages  
>200 MED die



# 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

## THE SITUATION

# Influence at home



Education, proactive care and safe disposal of opioids needed at home



Patients are NOT aware of opioid risks

70% of abused Rx medicine is provided by or stolen from friends/family

# 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**



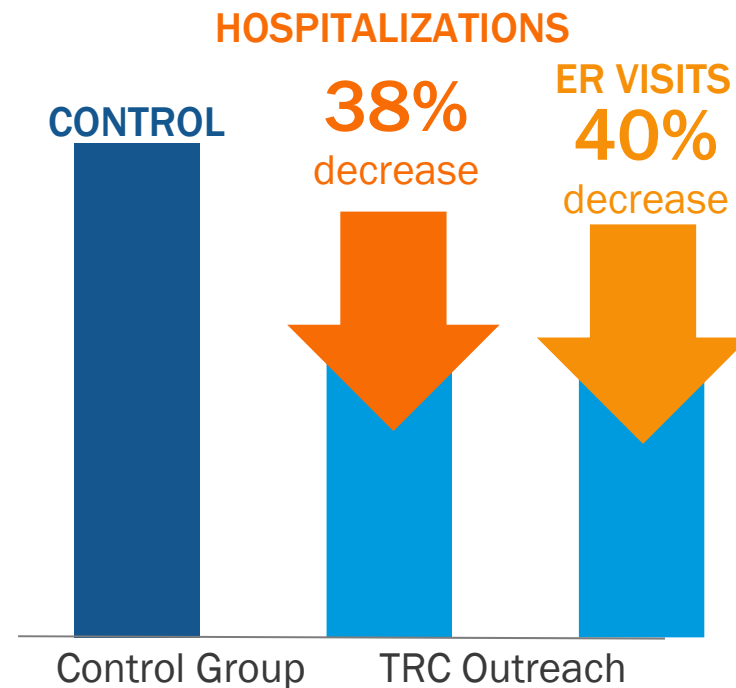
## Opioid pilot study – 106K Patients



### Proactive Education Pilot

- 12 months
- New to therapy
- Outreach letter or call

### Opioid outreach 12-month pilot results



Maximizing resources before dependence occurs





## 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.

## THE SITUATION

# Physician influence



Influence needed  
at point of care

**3%** of opioids are prescribed  
by pain specialists

# 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



## 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

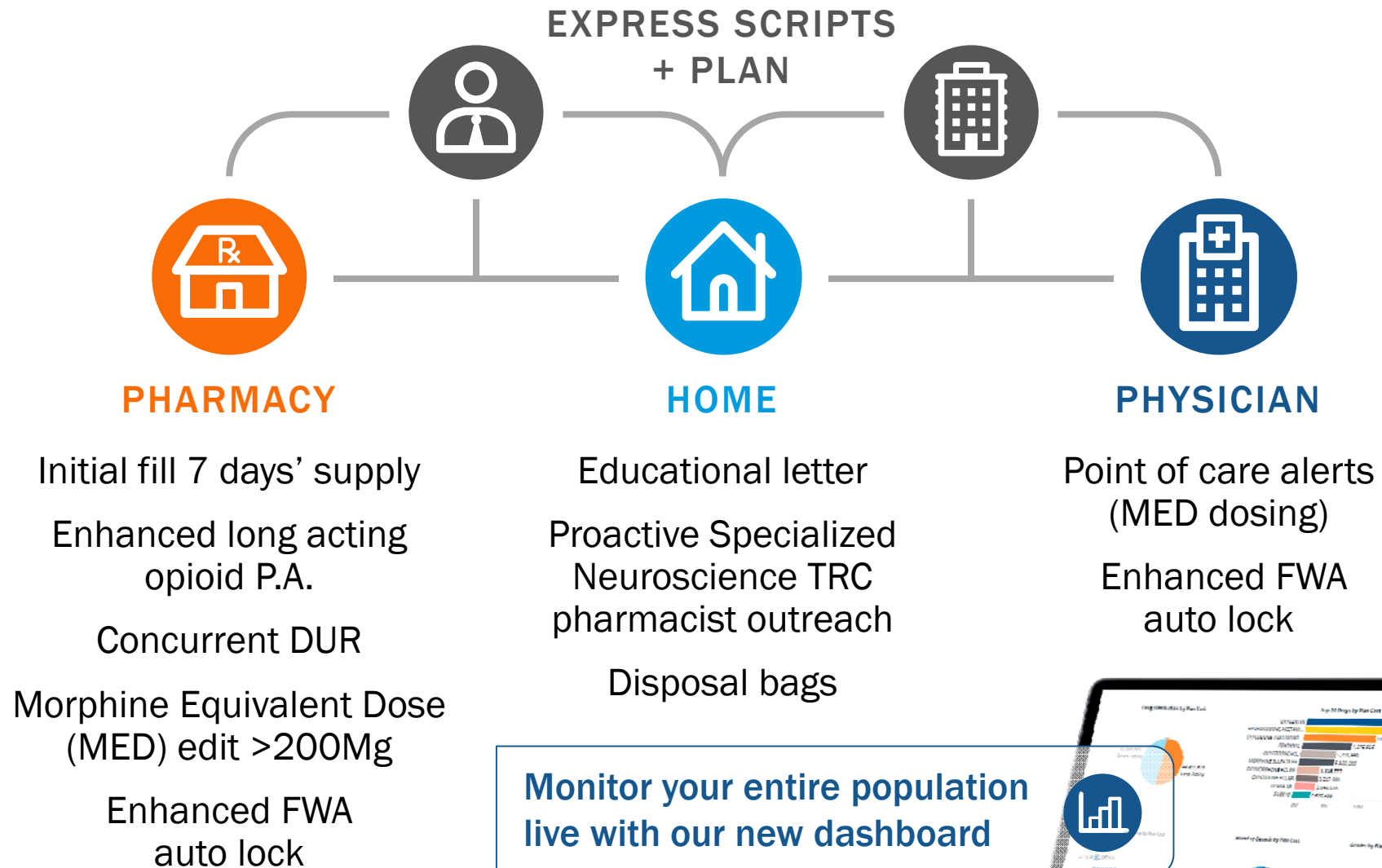
- Collaborate to mitigate risk
- Access special investigative unit and best practices

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### Implement

- Member level lock-in at prescriber or pharmacy level if necessary
-

# Comprehensive approach across entire population

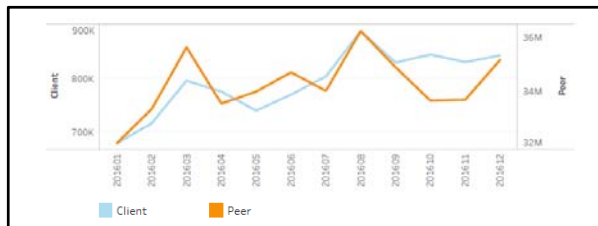


# Advanced opioid analytics dashboard

## Overall Summary

Drug Category	Patients	R Xs	Plan Cost	Ing Cost	Total Days	Avg Days per Opioid Patie..	Avg Days per Opioid RX	RXs per Opioid Patie..
All Opioids	420,725	2,038,996	\$86,105,680	\$103,024,242	44,385,357	105	22	4.8
Short-Acting	415,358	1,759,959	\$41,693,861	\$51,395,435	36,569,590	88	21	4.2
Long-Acting	37,575	279,037	\$44,411,819	\$51,628,808	7,815,767	208	28	7.4
Antidotes	563	602	\$737,184	\$765,912	7,958	14	13	1.1
Addiction Treatment	1,583	17,580	\$3,946,640	\$4,341,878	339,584	215	19	11.1

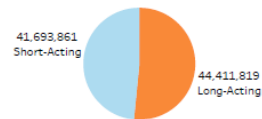
## Trend Comparison\*



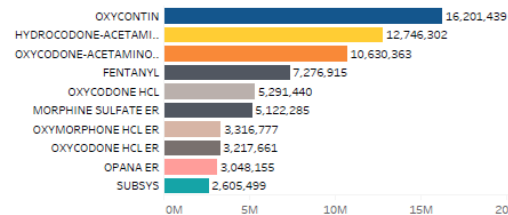
## Drug Level Details\*

Opioid Flag	Brand Nme	#Patients	RXs	Days Supply	Ing Cost	Plan Cost	Days Supply..	Days Supply..	Rxs Per Pati..
Addiction Treatment	SUBOXONE	1,337	12,107	266,294	\$3,374,645	\$2,781,292	199	22	9
	BUPRENORPHINE-NALOXO..	299	2,355	51,827	\$757,059	\$702,195	173	22	8
	ZUBSOLV	109	858	19,285	\$280,762	\$225,990	177	22	8
	BUPRENORPHINE HCL	165	903	17,717	\$128,076	\$116,063	107	20	5
	BUNAVAIL	37	254	5,147	\$64,103	\$49,718	139	20	7
Antidotes	EVZIO	59	71	1,898	\$276,311	\$262,718	32	27	1
	NARCAN	28	28	784	\$3,462	\$3,068	28	28	1
	NALOXONE HCL	28	32	442	\$1,380	\$1,083	16	14	1
Long-Acting	OXYCONTIN	1,333	7,371	206,736	\$3,851,507	\$3,543,317	155	28	6
	FENTANYL	1,007	6,131	177,159	\$945,459	\$816,811	176	29	6

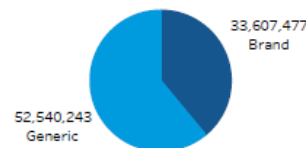
Drug Distribution by Plan Cost



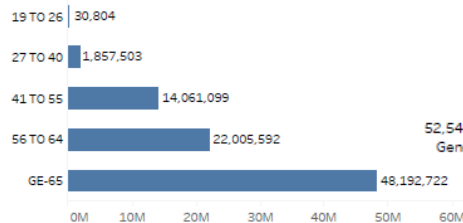
Top 10 Drugs by Plan Cost



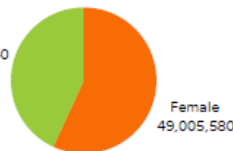
Brand vs Generic by Plan Cost



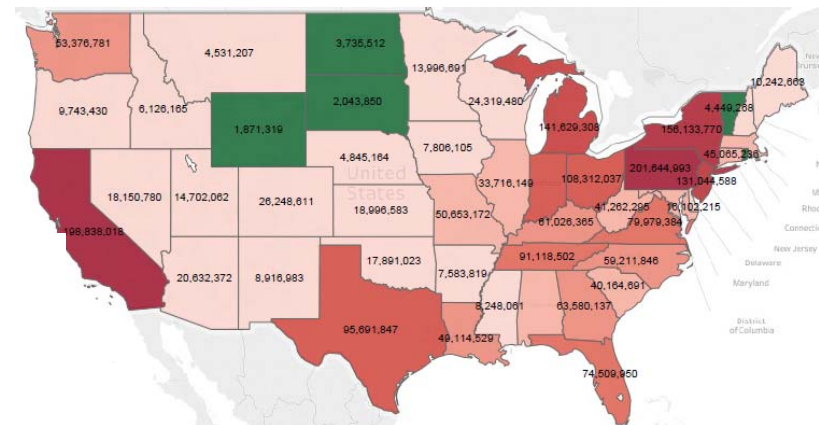
Age Group by Plan Cost



Gender by Plan Cost






## Opioids Utilization by State\*





# Taking action to avoid the holes opioids leave

-  We have so much more to do.
-  We must influence the industry.
-  We are all responsible and accountable.

