Putting the Brakes on the Opioid Epidemic

Denise Fields, PharmD, FASHP
Sr. Clinical Consultant, Physician Engagement
• 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**: 23%
- **55+ year olds**: 19%
- **45–54 year olds**: 23%
- **25–34 year olds**: 26%

Kaiser Family Foundation, Opioid Overdose Deaths by Age Group

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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.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4287687/
http://www.cdc.gov/

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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.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4287687/
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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

Federal
Medicare (not limited to Medicare/Medicaid)
Centers for Disease Control (CDC)

Surgeon General’s letter on opioids to all prescribers
Comprehensive Addiction Recovery Act (CARA)
President Trump outlines plan to address opioid epidemic

Overutilization Monitoring System (OMS) released
Updated Opioid Prescribing Guidelines
Morphine Equivalent Dose (MED) limit mandatory
Express Scripts Opioid Pilot (development, testing and analysis phases)
2019 pharmacy and prescriber lock-ins
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

Opioid Claim Utilization

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.
Putting the brakes on opioids

Minimizing early exposure

Preventing progression to overuse and abuse

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

25% long-term opioid users struggle with addiction

1 in 32 with dosages >200 MED die

Influence and safety interventions at the point of sale

Centers for Disease Control and Prevention’s http://www.cdc.gov/
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<table>
<thead>
<tr>
<th>Pharmacy influence</th>
<th>ENHANCED CARE AT THE POINT OF SALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Fill Days’ Supply</strong></td>
<td>Prevent excess opioid medications upon first fill</td>
</tr>
<tr>
<td><strong>Enhanced PA</strong></td>
<td>Encourages safe starts of long-acting opioids</td>
</tr>
<tr>
<td><strong>Concurrent DUR</strong></td>
<td>Prevents drug-related adverse events</td>
</tr>
<tr>
<td><strong>MED Edit &gt;200Mg</strong></td>
<td>Ensures doses across all opioids are safe and medically necessary</td>
</tr>
</tbody>
</table>
THE SITUATION

Influence at home

Patients are NOT aware of opioid risks 70% of abused Rx medicine is provided by or stolen from friends/family

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

Centers for Disease Control and Prevention’s http://www.cdc.gov/National Safety Council, Prescription Painkiller Epidemic

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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
EXPRESS SCRIPTS SOLUTION

Influence at home

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.

Physician influence

3% of opioids are prescribed by pain specialists

Centers for Disease Control and Prevention’s http://www.cdc.gov/
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**OPIOID PHYSICIAN CARE ALERT**

**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

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

Investigate
- Gather and review evidence
- Generate actionable report

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

Implement
- Member level lock-in at prescriber or pharmacy level if necessary
Comprehensive approach across entire population

EXPRESS SCRIPTS + PLAN

PHARMACY
- Initial fill 7 days’ supply
- Enhanced long acting opioid P.A.
- Concurrent DUR
- Morphine Equivalent Dose (MED) edit >200Mg
- Enhanced FWA auto lock

HOME
- Educational letter
- Proactive Specialized Neuroscience TRC pharmacist outreach
- Disposal bags

PHYSICIAN
- Point of care alerts (MED dosing)
- Enhanced FWA auto lock

Monitor your entire population live with our new dashboard
### Overall Summary

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Patients</th>
<th>RXs</th>
<th>Plan Cost</th>
<th>Ing Cost</th>
<th>Total Days</th>
<th>Avg Days per Opioid Patie..</th>
<th>Avg Days per Opioid RX</th>
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</tr>
</thead>
<tbody>
<tr>
<td>All Opioids</td>
<td>420,725</td>
<td>2,088,396</td>
<td>$86,105,680</td>
<td>$103,024,242</td>
<td>44,383,357</td>
<td>106</td>
<td>22</td>
<td>48</td>
</tr>
<tr>
<td>Short-Acting</td>
<td>415,389</td>
<td>1,759,959</td>
<td>$41,691,881</td>
<td>$51,395,485</td>
<td>36,569,590</td>
<td>88</td>
<td>21</td>
<td>42</td>
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<tr>
<td>Long-Acting</td>
<td>37,575</td>
<td>279,037</td>
<td>$44,411,819</td>
<td>$51,628,808</td>
<td>7,815,767</td>
<td>208</td>
<td>28</td>
<td>74</td>
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<tr>
<td>Antidotes</td>
<td>565</td>
<td>602</td>
<td>$737,184</td>
<td>$765,312</td>
<td>7,358</td>
<td>14</td>
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<td>Addiction Treatment</td>
<td>1,503</td>
<td>17,580</td>
<td>$3,946,640</td>
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### Trend Comparison*

**Drug Distribution by Plan Cost**

- Short-Acting: 44,411,819
- Long-Acting: 3,946,640
- OxyContin: 2,088,396

**Top 10 Drugs by Plan Cost**

- OXYCODONE: $2,088,396
- HYDROCODONE: $1,874,352
- OXYCODONE-ACETAMINO.: $1,600,363
- OXYCODONE-ACETAMINO-REV.: $1,524,440
- MORPHINE SULFATE: $1,522,285
- OXYCODONE-HCL: $1,322,777
- OXYCODONE-HCL-ER: $1,247,544
- OXYCODONE-HCL-ER: $1,247,544
- OXYPHENVETATE: $1,247,544
- SUBOXONE: $650,499

**Brand vs Generic by Plan Cost**

- Brand: 33,607,477
- Generic: 62,942,243

**Age Group by Plan Cost**

- 18 TO 24: 30,824
- 25 TO 34: 29,062,029
- 41 TO 55: 24,065,952
- 56 TO 64: 62,942,243
- 65+: 49,292,725

**Opioids Utilization by State**

*The map shows the utilization of opioids by state, with different states representing different percentages of opioid usage.

**Drug Level Details**

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<th>Opioid Flag</th>
<th>Brand Name</th>
<th>pPatients</th>
<th>RXs</th>
<th>Days Supply</th>
<th>Ing Cost</th>
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**Gender by Plan Cost**

- Male: 87,142,140
- Female: 49,005,580

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*The data represents the utilization of opioids in a dashboard format, showing various statistics and comparisons related to opioid usage by different categories such as patients, RXs, plan costs, and overall 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.