

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 ...

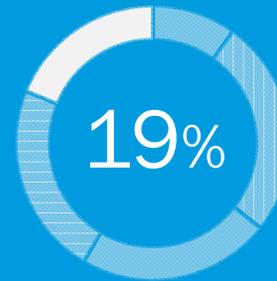


Opioid overdoses in U.S. by age range

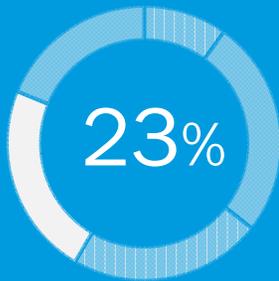
35-44
year olds



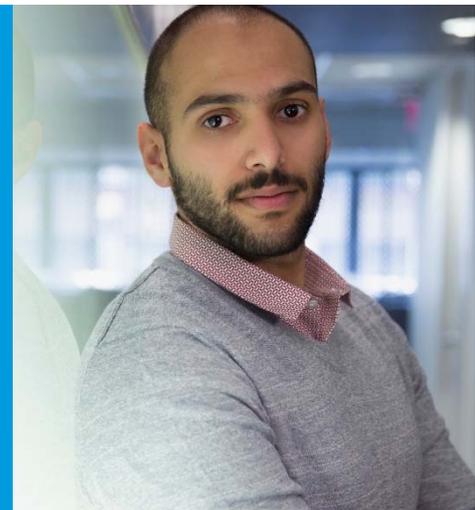
55+
year olds



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



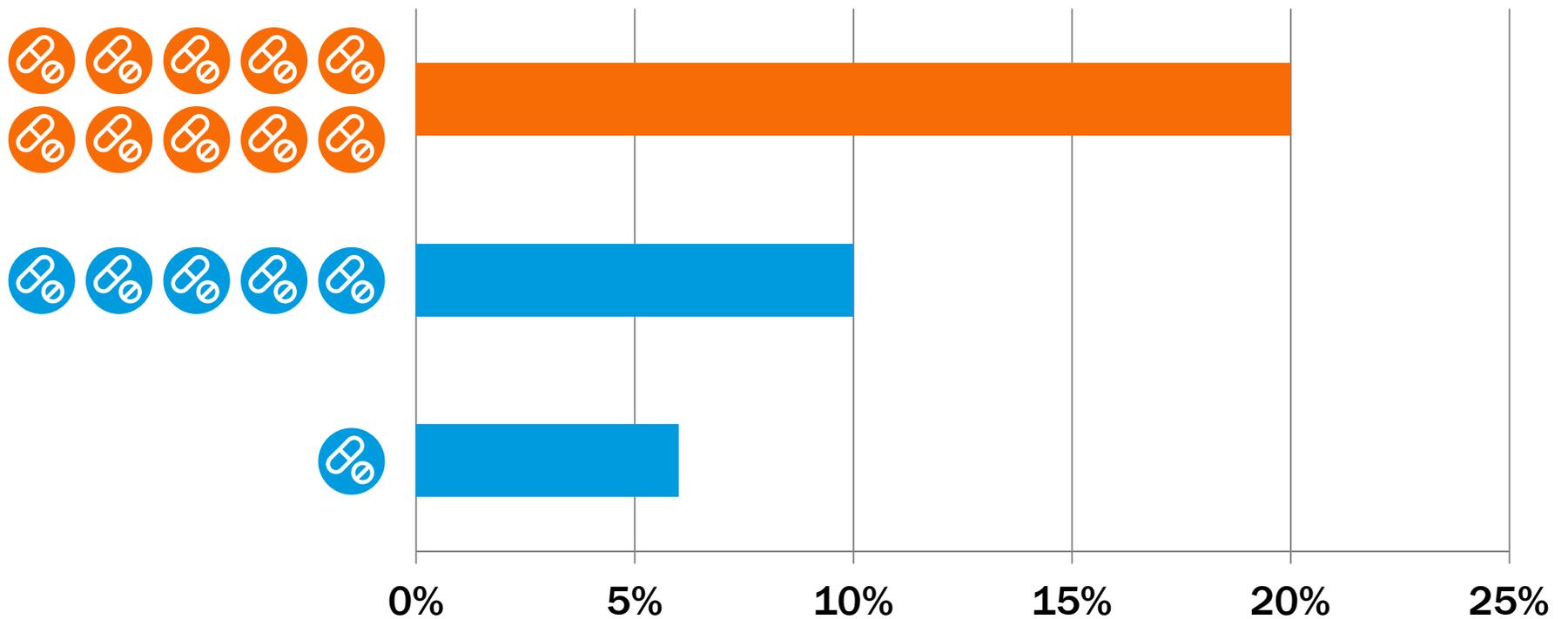
Paying **+\$19K** a year in overall healthcare expenses on average for issues related to opioid dependence compared with **\$10K** in costs for workers without such issues



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

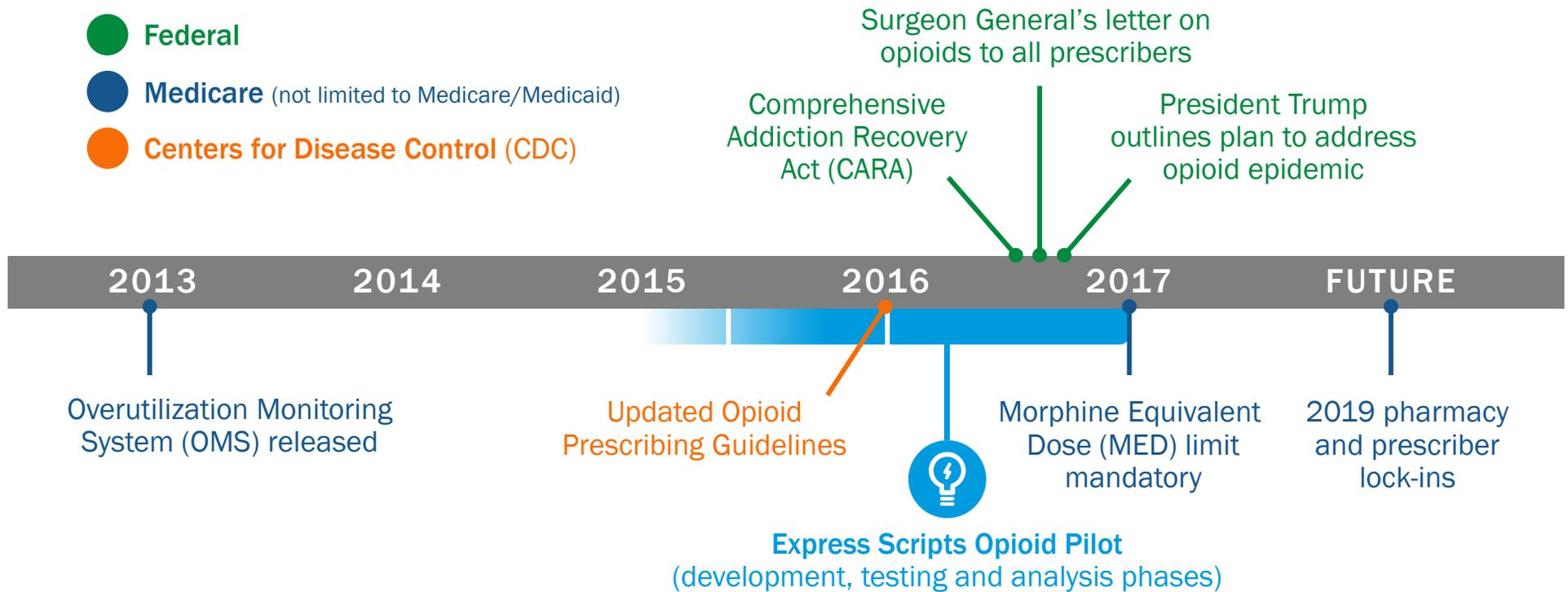
Odds of Still Being on Opioids a Year Later



Study from March 2017

Government-driven opioid epidemic initiatives

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

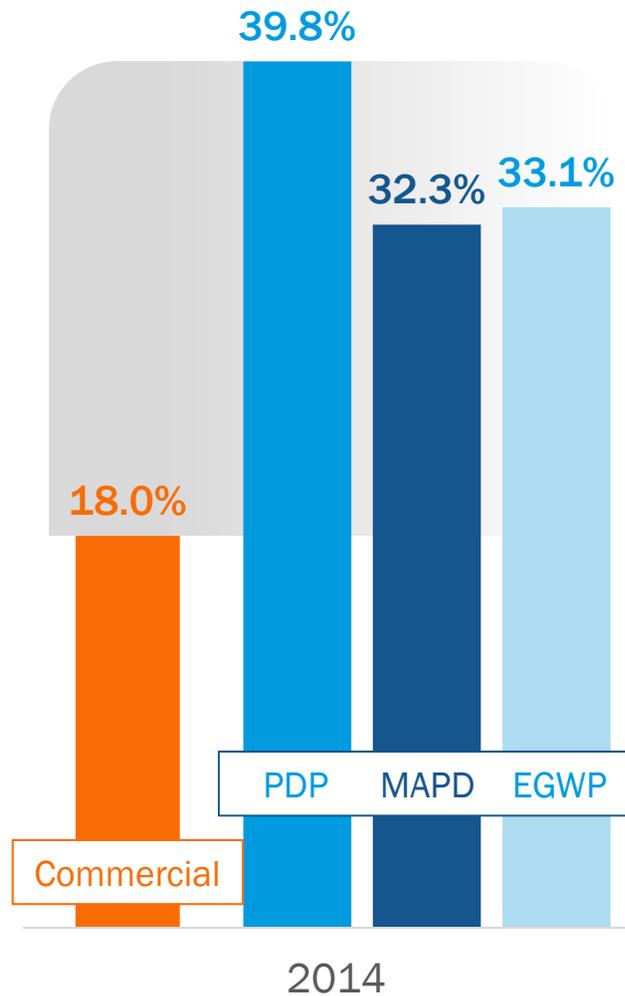


State-Specific Requirements:

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

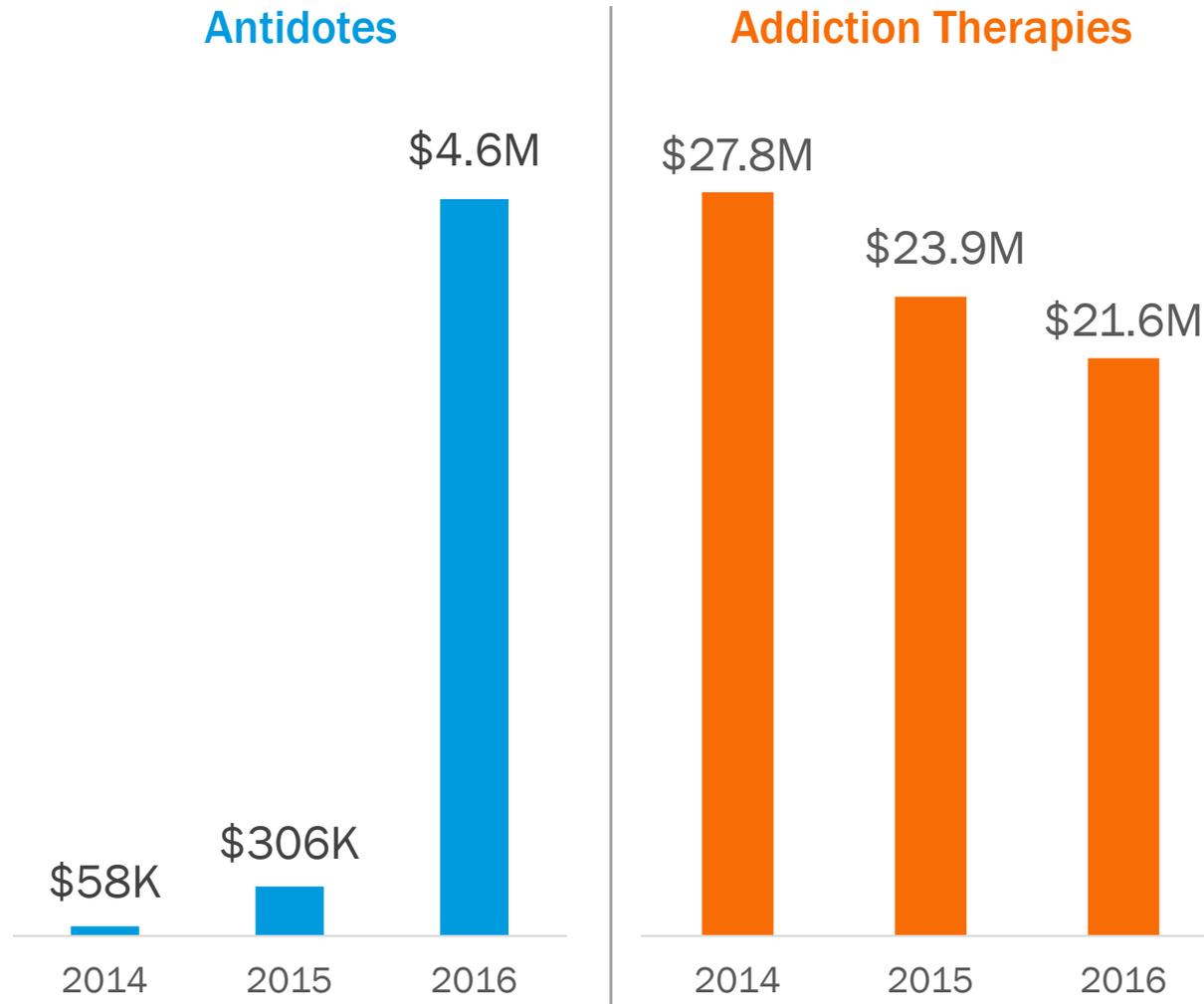
Medicare overutilization trends improving — but not nearly enough

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



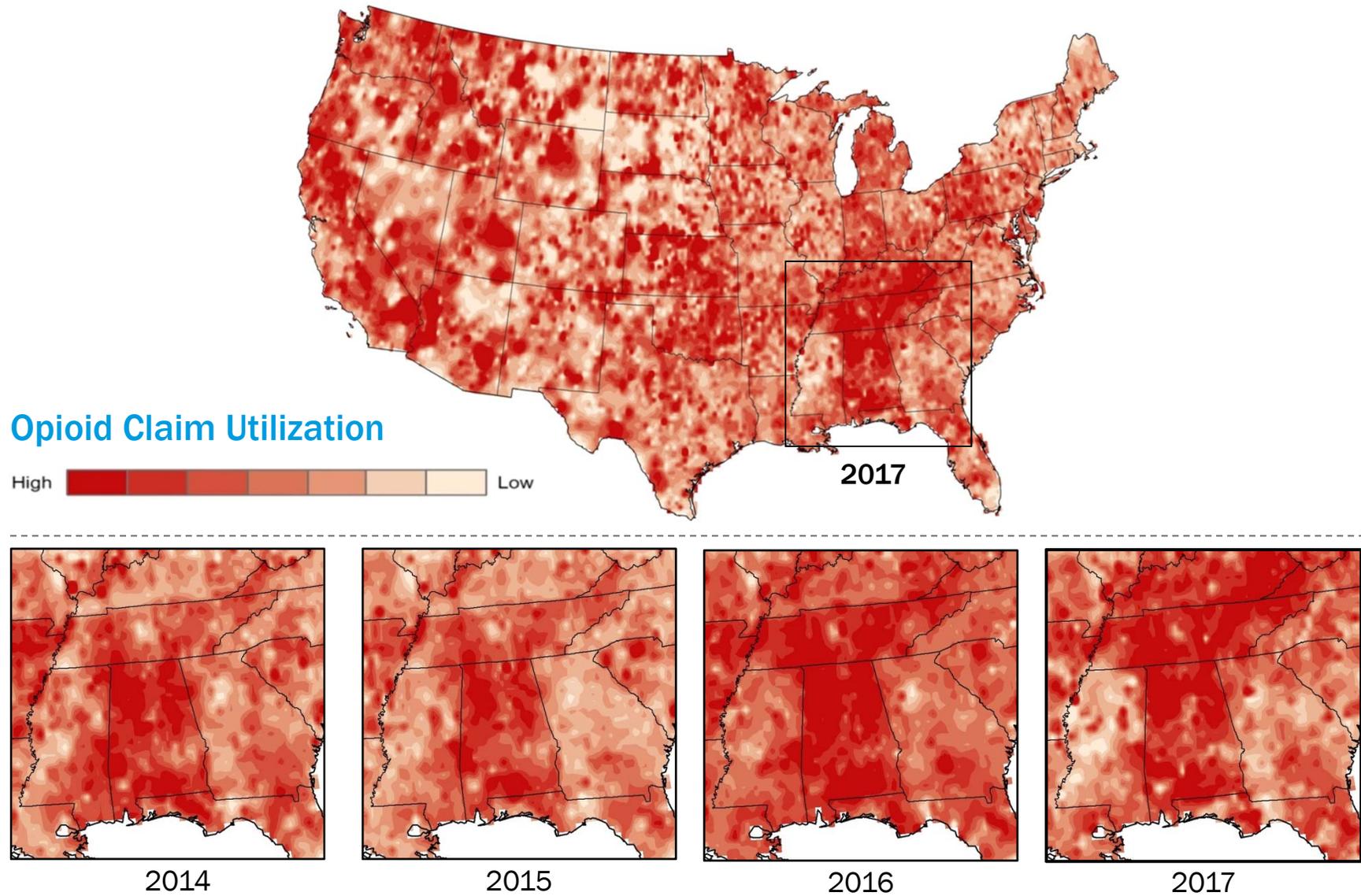
*Based upon Express Scripts' book of business data for EGWP/MAPD/PDP plan utilization

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



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

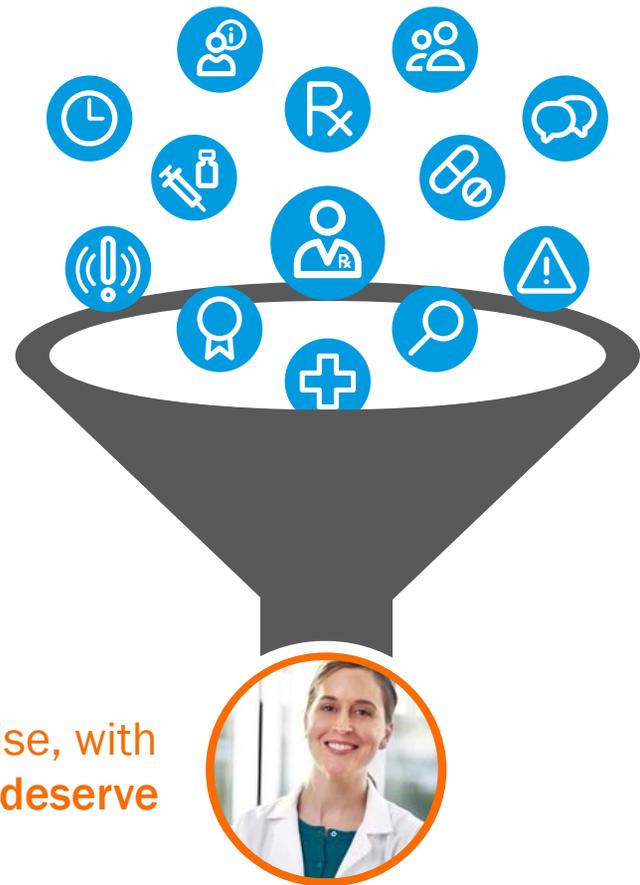
Influence at home



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**

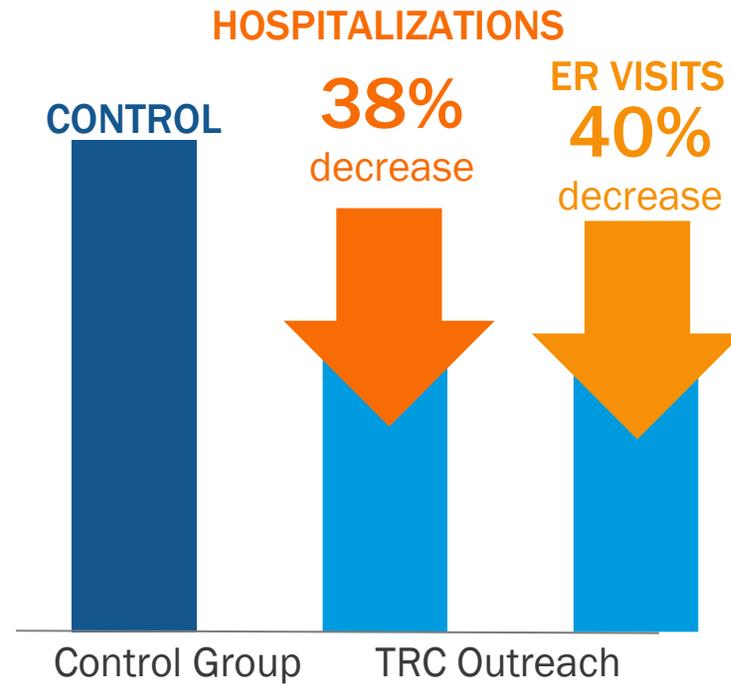
Opioid pilot study – 106K Patients



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 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

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

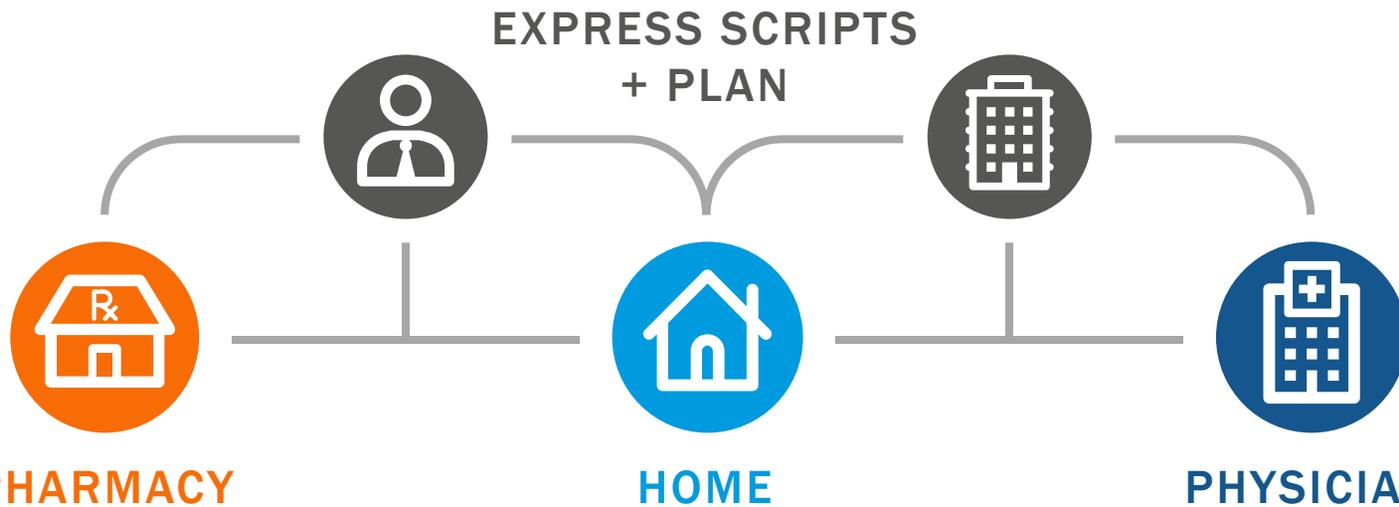
Consult

- 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



Initial fill 7 days' supply

Enhanced long acting
opioid P.A.

Concurrent DUR

Morphine Equivalent Dose
(MED) edit >200Mg

Enhanced FWA
auto lock

Educational letter

Proactive Specialized
Neuroscience TRC
pharmacist outreach

Disposal bags

Point of care alerts
(MED dosing)

Enhanced FWA
auto lock

**Monitor your entire population
live with our new dashboard**

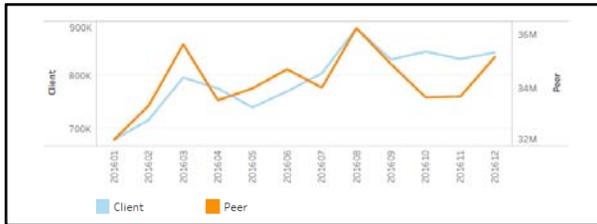


Advanced opioid analytics dashboard

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

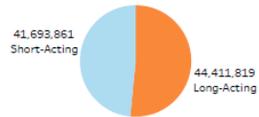
Trend Comparison*



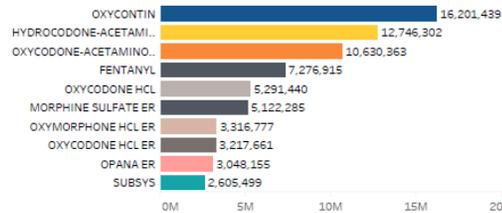
Drug Level Details*

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	1,899	\$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

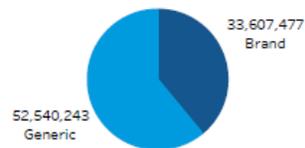
Drug Distribution by Plan Cost



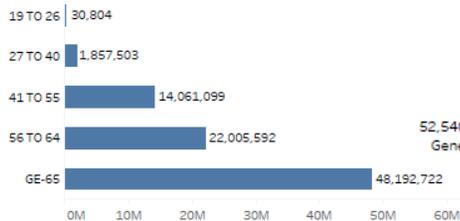
Top 10 Drugs by Plan Cost



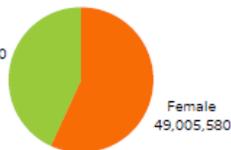
Brand vs Generic by Plan Cost



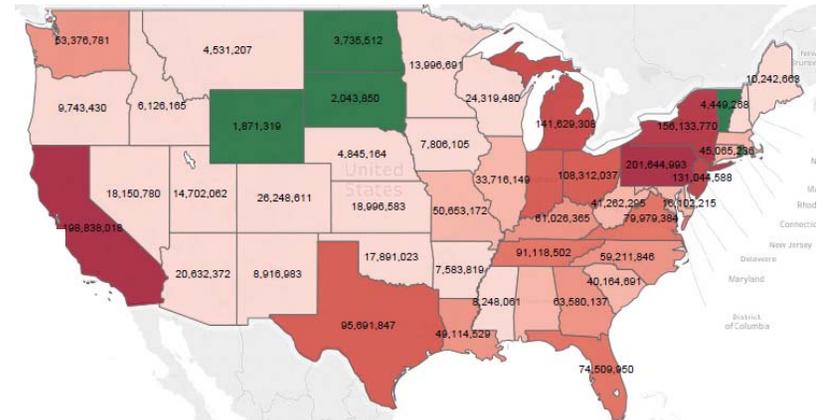
Age Group by Plan Cost



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.

