



Express Scripts Pharmacy Management Fund & Advanced Opioid Management Program

November 18, 2019



Agenda

- Pharmacy Management Fund
 - Permitted Uses
 - Available Funding
- Opioid Prescribing & Risk in State Group Health Plan
- Advanced Opioid Management Program
 - Purpose and objective
 - Added benefits
- Recommendation and Effective Date

Pharmacy Management Fund (PMF)

- Approved uses include clinical program fees and custom communications, IT development for client specific projects and custom data file extracts.
- Provides an allowance of \$5.00 per covered life
- Current balance including prior contract carryover is \$800,000

State Group Health Plan Opioid Prescribing & Risk

126,382

Member count

13.7%

% of members filling opioids



198 members are currently taking medications for substance abuse

17,375

members are filling opioid prescriptions



26%

4,518

at risk for long-term opioid use



26%

1,175

at risk of addiction to them



11%

129 at risk for inpatient addiction treatment



4.6%

54 at risk for non-fatal overdose

Date Range:
2018-09-01 –
201908-31

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.

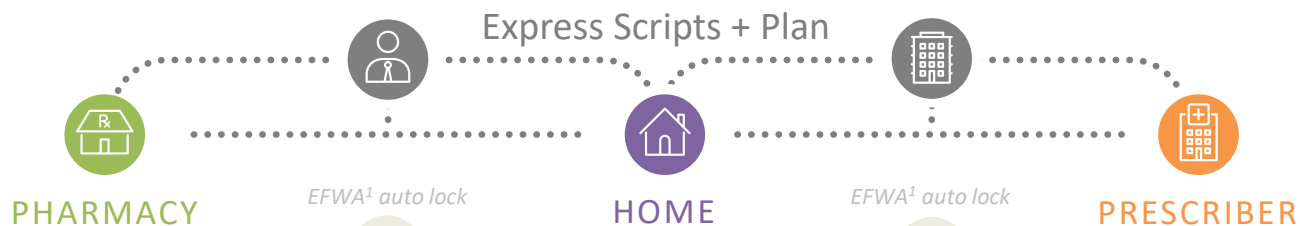
Epidemic costing employers \$18 billion; contributing to 64% of medically-related absenteeism

Source: The Opioid Crisis Report, www.castlighthealth.com

Express Scripts Existing Opioid Management

- Today, Express Scripts provides enhanced Fraud, Waste and Abuse services
 - Using analytics and data mining – identifies outliers
 - Investigates and performs prescription verification, prescriber outreach and collaborates with SBO regarding intervention opportunities
 - Approach identifies abuse AFTER member is prescribed opioids

Advanced Opioid Management Program



- Initial fill 7-days' supply (limit for each of first 4 fills*)
 - ✓ 3-days' for pediatric patients, limit for each of first 4 fills*
- Morphine equivalent dose (MED) edit >90 MME*² and >200MME
- Long-acting opioid P.A.
- Fentanyl – quantity limits & tighter criteria
- Opioid adjacent therapy quantity limits on higher-than-therapeutic doses

- Educational letter
- Proactive Specialized Neuroscience Therapeutic Resource CenterSM (TRC) pharmacist outreach
 - ✓ Including medication-assisted treatment (MAT) support*
- Disposal bags
- Suicide, mental health and addiction hotline resources on select member-facing materials*

- Physician Care Alerts (PCA)
 - Prenatal vitamin Rx + opioid*
 - Mental health Rx + opioid*
 - Cumulative MME alert
 - Concerning drug combinations
 - Therapy duplication and potential misuse/abuse
 - Adding Naloxone
 - Patient nonadherent to MAT Rx
- Prescriber education and peer comparison

*Effective 9/1/2019¹Enhanced Fraud, Waste & Abuse ²New users only, existing users limited to >200MME

Pharmacy Management Fund (PMF) Recommendation

- Adoption of the Advanced Opioid Management Program (estimated start dates)
 - 3/1/20 – 6/30/21 Commercial
 - 3/1/20 - 12/31/21 EGWP
 - Estimated cost \$775k
- Expand permitted uses of Pharmacy Management Funds in CY2020 Prescription Benefit RFP
- Evaluate effectiveness/cost of Opioid Management Program; negotiate program and fees in CY2020 Prescription RFP/new contract

Note: Remaining balance of PMF will be used for previously approved IT/data projects

Thank You



Phone: 1-800-489-8933

Email: benefits@delaware.gov

Website: de.gov/statewidebenefits

Appendix



Opioids and Adjacent Therapy Still a Problem

What the Nation is Facing:



130+ *people died every day in 2017 from a drug overdose involving an opioid²*



30% *increase in ER visits in the U.S. from 2016 to 2017²*

Opioid-adjacent therapies multiply risks—enhancing opioid-related highs and many are addictive in and of themselves.



30% *opioid-related deaths involve a benzodiazepine²*

Costing employers \$18 billion & contributing to 64% of medically-related absenteeism.³

²Centers for Disease Control and Prevention ³The Opioid Crisis Report, www.castlighthealth.com

Education, Proactive Care and Safe Disposal

Enabling Members at Home

Addressing a big gap: your patients are NOT aware of opioid risks

1. Educational letter at first fill for new and more chronic users
2. Proactive outreach from our specially trained Neuroscience Therapeutic Resource CenterSM (TRC) pharmacists — A TRC neuroscience pharmacist contacts each opioid naïve patient and those on the verge of chronic use
 - ✓ Now supporting members in the recovery part of the spectrum with outbound calls to members on Medication-assisted treatment (MAT)*
3. Provide safe deactivation drug disposal bags for opioid and certain opioid potentiator prescriptions
4. Bringing additional awareness to patients by providing suicide, mental health and addiction hotline resources for members needing someone to talk to on select member-facing materials*



50%

**of patients were
abstinent from opioids
18 months after
starting therapy²**

*Effective 9/1/19 ¹Centers for Disease Control and Prevention ²National Institute for Drug Abuse

Influence Needed at Point of Care

Enabling Prescribers

Physician care alerts

- Duplicate therapy, drug-drug interactions and adverse drug reactions
- Misuse and abuse, including multiple prescribers and pharmacies
- Exceeds morphine equivalent dose threshold
- Gaps in care, including recommending naloxone
- Identifying vulnerable populations taking opioids
- Poor adherence to opioid use disorder medication

Prescriber education & peer comparison

- Identifying patients seeking multiple prescribers for opioids
- Peer comparison letters to opioid prescribers who are outliers
- CDC prescribing recommendations



Every day, we enable prescribers at the point-of-care with integrated patient data and safety alerts delivered right through their EHR.¹

*Effective 9/1/19

¹Electronic Health Record. If prescriber is not connected, alert will be sent by fax. If secure fax is not available, alert will be sent by letter

Safety Interventions at Point of Sale

Enabling Pharmacies

Initial fill days' supply	Adults initiating opioid therapy are limited to a 7-day supply ; effective 9/1/19, limit for each of their first 4 fills* ✓ <i>3-days' supply for individuals under 18, limit for each of their first 4 fills*</i>
MME edit >200MME (90MME* ¹)	Daily threshold level of morphine equivalent dose accumulating across all opioid claims
Fentanyl specific rules	Tightening criteria for fentanyl products & new drug quantity management (DQM) for patches
Long-acting opioid PA	Stops long-acting opioid prescription without a long-acting opioid in member's claim history
Adjacent therapies	Quantity limits of opioid adjacent therapies: commonly-abused benzodiazepines, gabapentin & certain muscle relaxants

*Effective 9/1/19 ¹New users only, existing users limited to >200MME ²One year program results



93%

of patients enrolled in our program prescribed an opioid for the first time, started with a 7-day supply or less.²

Enhanced FWA Auto Lock Management

Helping patients find **1 prescriber & 1 pharmacy** for a home base and forced coordinated care



2,200+ substantiated cases were presented to plans in 2018—resulting in **avoidance of up to \$62M** in related prescription costs and **\$2.5B** in related medical costs¹



Prior to auto-lock management, a member had obtained 43 controlled substance Rx's from 17 prescribers and 5 pharmacies—with forced coordinated care, **our client saved more than \$40,000** for just that one member alone¹

Analyze



Review 290+ data elements, flagging outliers with high risk behaviors — using predictive modeling

Investigate



Gather and review evidence to generate actionable report

Consult



Collaborate to mitigate risk, accessing special investigative unit and best practices

Implement



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

¹Express Scripts Enhanced, Fraud, Waste & Abuse program results

Program Costs

Commercial Fee - \$0.39 PMPM \$469K Annually

EGWP Fee - \$0.26 PMPM \$81K Annually

*Total Annual Cost \$550k (\$45k/Month)

Commercial Rebate Loss - \$70K

EGWP Rebate Loss - \$0.00