



# Changing the Way We Fight the Opioid Epidemic

October 10, 2019



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WHAT THE NATION IS FACING:

# Opioids and adjacent therapy still a problem



**130+**

*people died every day in 2017 from a drug overdose involving an opioid<sup>2</sup>*



**30%**

*increase in ER visits in the U.S. from 2016 to 2017<sup>2</sup>*

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



**30%**

*opioid-related deaths involve a benzodiazepine<sup>2</sup>*

**Costing employers \$18 billion & contributing to 64% of medically-related absenteeism.<sup>3</sup>**

<sup>2</sup>Centers for Disease Control and Prevention <sup>3</sup>The Opioid Crisis Report, [www.castlighthouse.com](http://www.castlighthouse.com)



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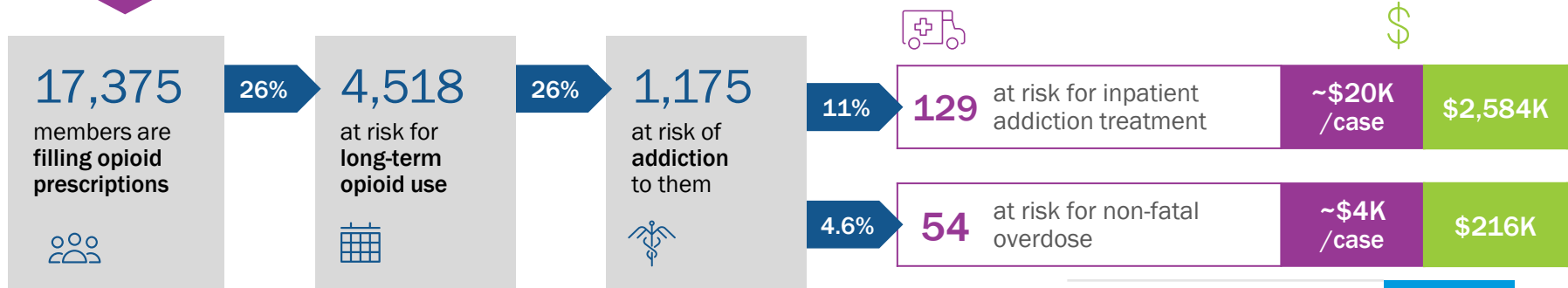
# STATE OF DELAWARE – COMMERCIAL & EGWP COMBINED

126,382 Member count

13.7% % of members filling opioids



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



Pharmacy spend on opioids **\$3,653K**

**Total \$6,453K**

**Date Range:**  
2018-09-01 –  
2019-08-31

**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.

# What exists today for members?

- **LEGISLATIVE/REGULATORY ACTIONS TAKEN IN DE**
  - Statute: 16 Del. C. 4797(c)
  - Bill: 147<sup>th</sup> G.A., SB 59
  - First time, outpatient prescription for Acute Pain; maximum seven-day supply
  - No enforcement at pharmacy of this regulation as opioid prescriptions written for more than seven days will adjudicate (process)
- **ESI FRAUD WASTE AND ABUSE PROGRAM**

# Enhanced Fraud, Waste & Abuse Program

In 2018, more than 2,200 substantiated cases were presented to plans, resulting in avoidance of up to \$63M in related prescription costs and \$2.6B in related medical costs



## ANALYSIS

Identifies outliers, patterns and potential abuse using advanced analytics and data mining



## INVESTIGATION

Completes full investigation of identified outliers, including prescription verification and prescriber outreach



## EDUCATION

Each proactive outreach is a form of education, including patient safety, abuse or prescribing behavior



## CONSULTATION

Reviews actionable investigative reports and collaborates with plan sponsors regarding intervention opportunities

# What More Can Be Done For Members- Complete management needed across the care continuum



To manage the opioid epidemic, all types of users must be addressed



New and acute users



Short-term or intermittent users

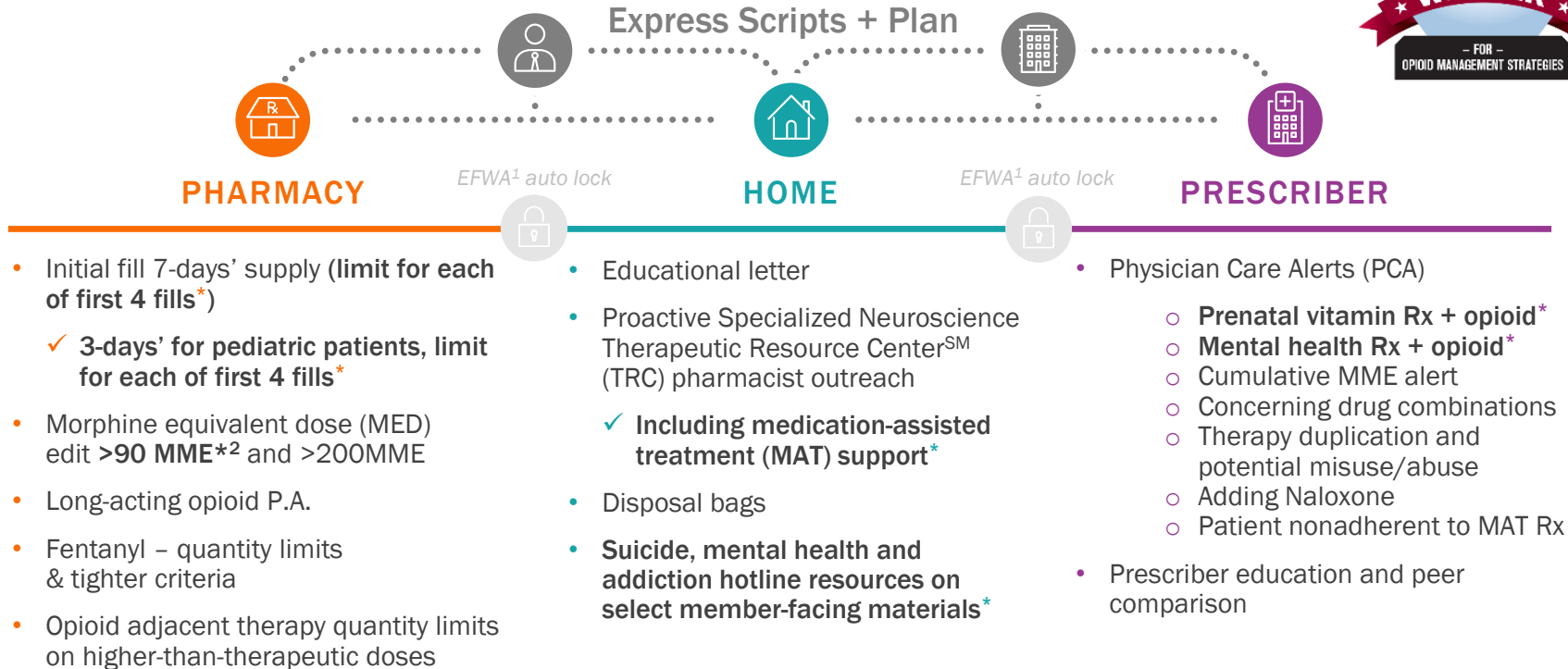


Chronic users



Overusers and abusers

# A proven and comprehensive approach



\*Effective 9/1/2019 <sup>1</sup>Enhanced Fraud, Waste & Abuse <sup>2</sup>New users only, existing users limited to >200MME

# 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

**\*SUFFICIENT FUNDS AVAILABLE THROUGH ESI CONTRACT ALLOWANCE TO COVER PROGRAM COSTS.**



# Next Steps:

- **IMPLEMENTATION DATE** – as early as March 1, 2020
- **RECOMMENDATION TO SEBC** to implement the Advanced Opioid Management program for the commercial and Medicare Part D EGWP populations effective March 1, 2020 and apply existing ESI contractual allowance toward program costs for remainder of contract period (6/30/21 commercial and 12/31/21 EGWP)

# Appendix



# Education, proactive care and safe disposal

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 Center<sup>SM</sup> (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 therapy<sup>2</sup>**

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





# Influence needed at point of care

## 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.<sup>1</sup>**

\*Effective 9/1/19

<sup>1</sup>Electronic 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

## 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\*  
✓ *3-days' supply for individuals under 18, limit for each of their first 4 fills\**

## MME edit >200MME (90MME\*<sup>1</sup>)

**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



# 93%

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

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





# 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 costs<sup>1</sup>



Prior to auto-lock management, a member had obtained **43 controlled substance Rxs** from **17 prescribers** and **5 pharmacies**—with forced coordinated care, **our client saved more than \$40,000** for just that one member alone<sup>1</sup>

## 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

<sup>1</sup>Express Scripts Enhanced, Fraud, Waste & Abuse program results

