



# Opioid Management Program Implementation 2012-2013

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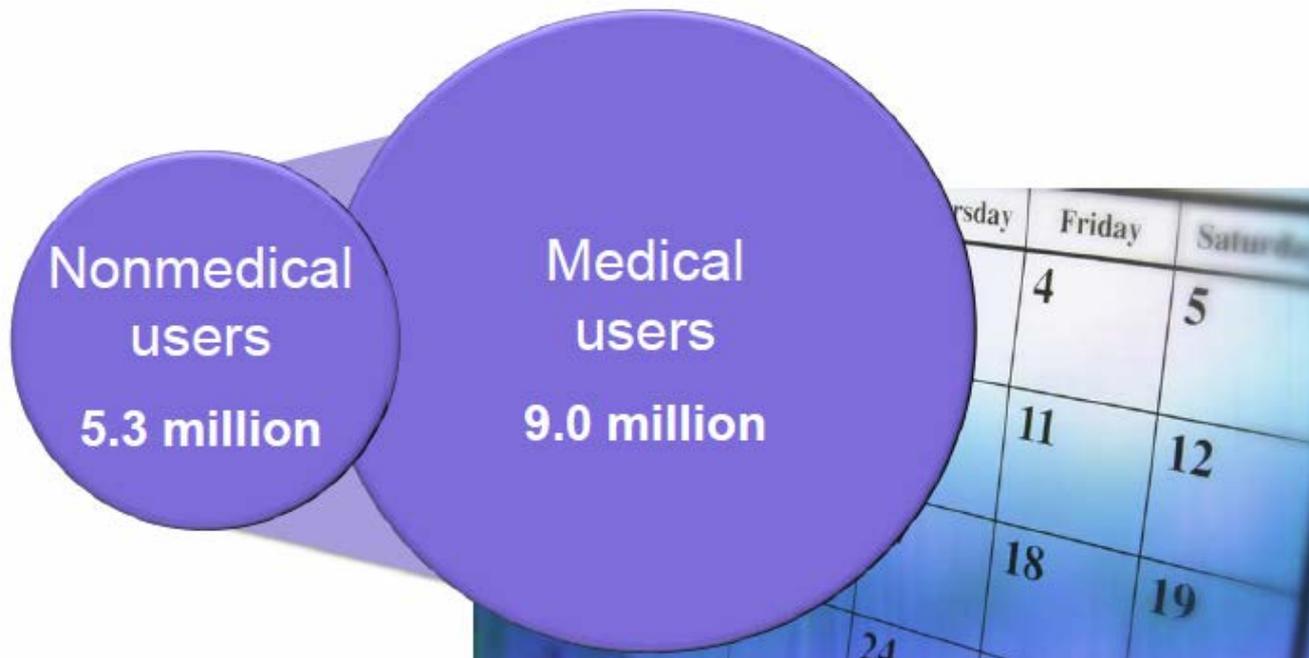
- Nationally
  - Pain management growing for aging population with increasing co-morbidities
  - Escalating problem of prescription misuse and abuse resulting in an epidemic of prescription drug abuse
  - Inappropriate use of narcotics is a well-known issue that creates a societal burden
- Massachusetts
  - Narcotics comprise one of the top ten therapeutic categories driving overall BCBSMA Pharmacy Trend
  - Doctor shopping and narcotic diversion have been identified
  - BCBSMA has certain MDs prescribing large amounts of inappropriate opioids
  - A disparity exists in the BCBSMA provider network between industry literature and actual opioid management

# Medical vs. Nonmedical Opioid Use



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## Opioid Analgesics: Users in the Past Month



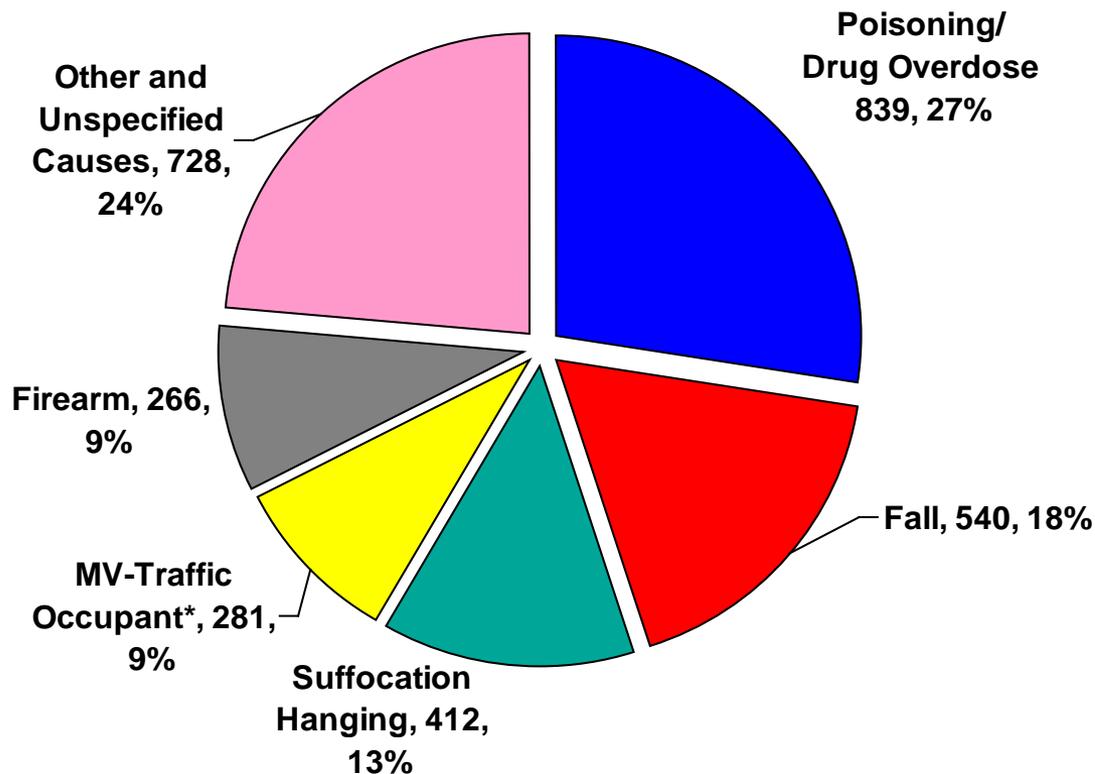
National Survey on Drug Use and Health, 2009. <http://www.oas.samhsa.gov>



# Leading Mechanisms of Injury Deaths, MA Residents, 2010 (Total N= 3,066)



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Age Adjusted Rate: 43.3 per 100,00 (vs. 57.0 per 100,00 in U.S.)

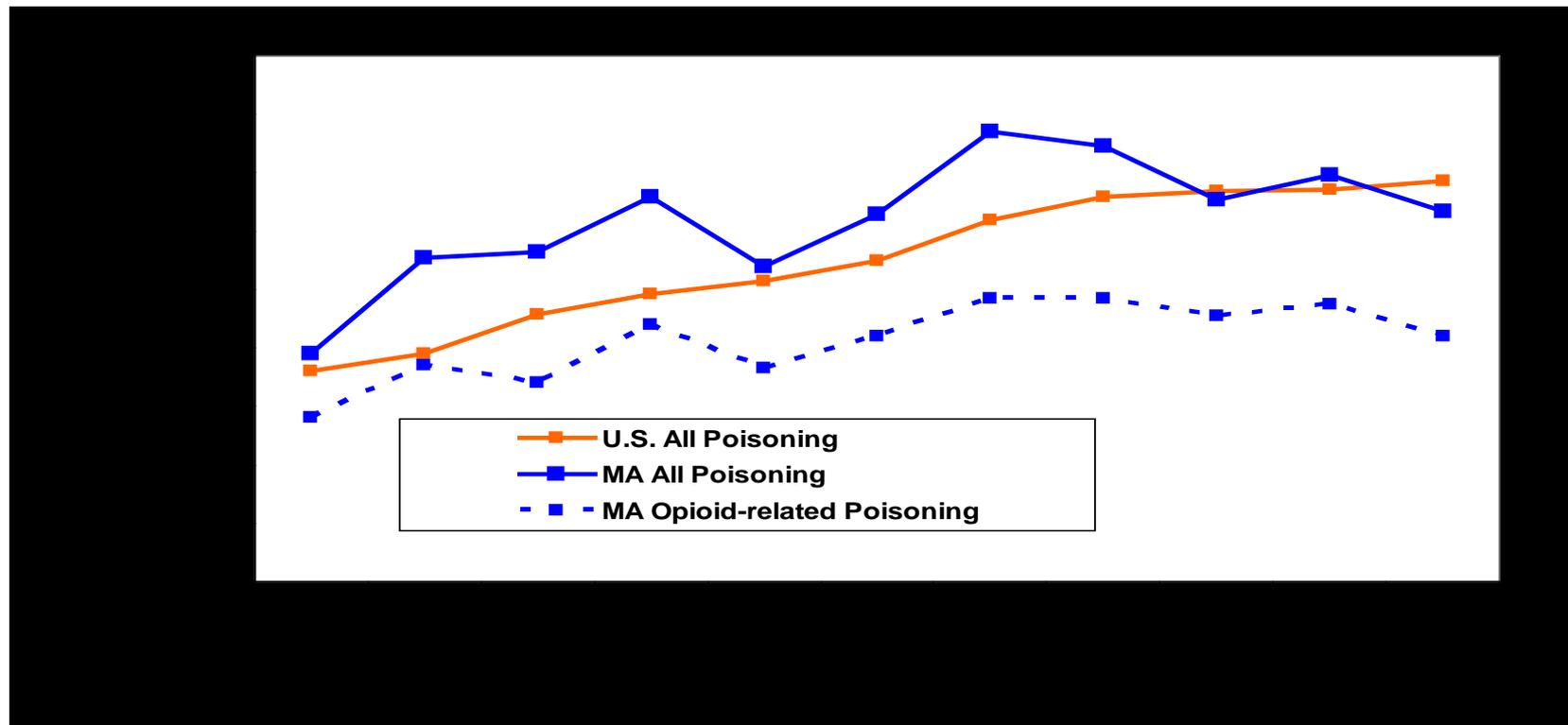
\*Includes occupants, motorcyclists, and unspecified persons

Sources: Registry of Vital Records and Statistics, MA Department of Public Health; CDC, WISQARS

# US and MA Age-Adjusted All Poisoning and MA Opioid-related Death Rates, 2000-2010



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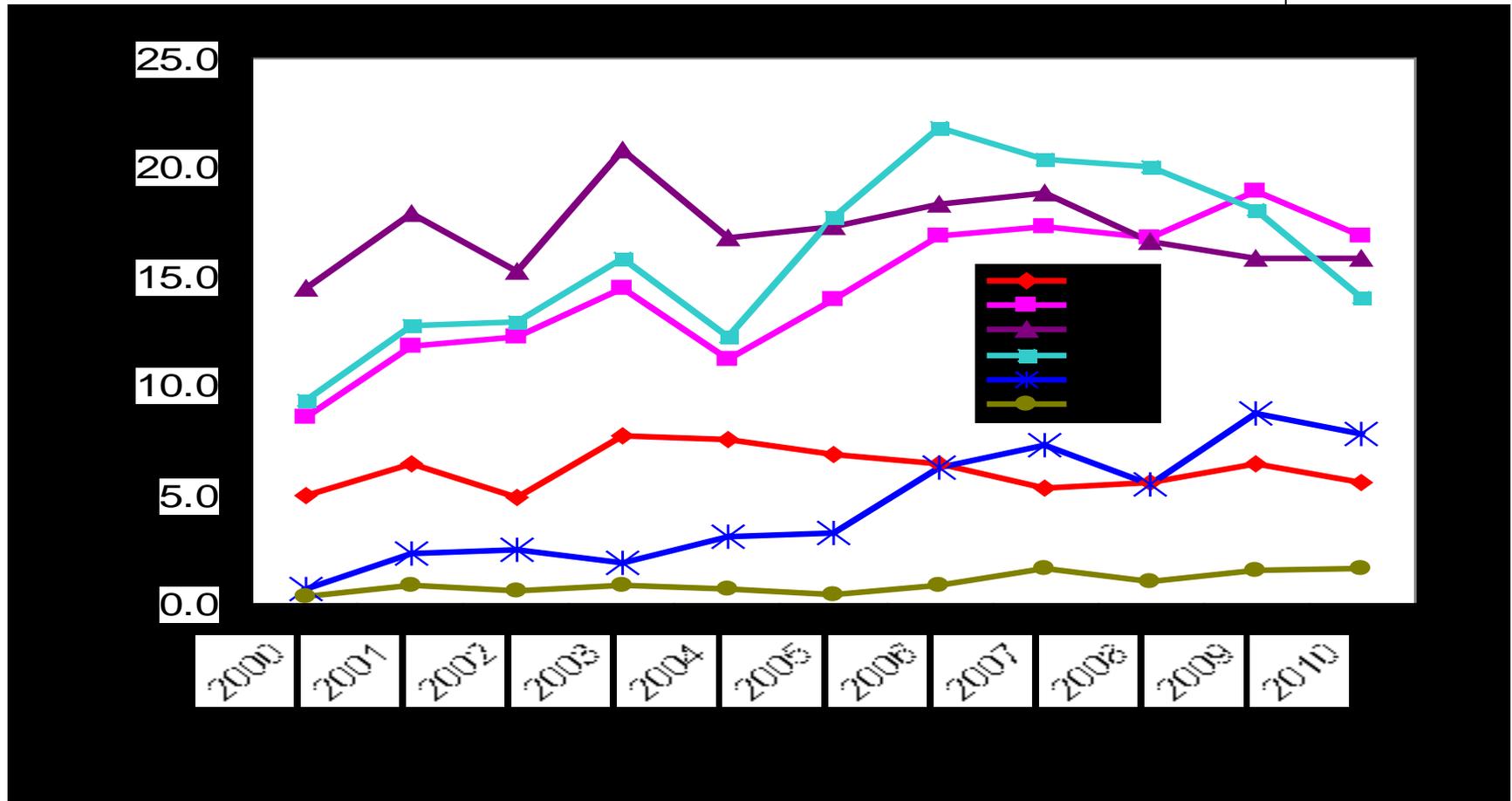


**99% increase in all poisoning death rate in MA from 2000-2006; 18% decrease in rate from 2006 to 2010. Overall APC 2000-2010: 4.05 (p <.05)**

**73% increase in opioid-related poison death rate in MA from 2000-2006; 13% decrease in rate from 2006 to 2010. Overall APC 2000-2010: 4.06 (p<.05)**

Sources: All- poisoning rates from CDC, WISQARS web-based query (Accessed 2/19/2013)

# Opioid-related Poisoning Deaths by Selected Age Subgroups, MA Residents 2000-2010



2010: Highest rates among individuals 25-54 years of age.

Source: Registry of Vital Records and Statistics, MA Department of Public Health

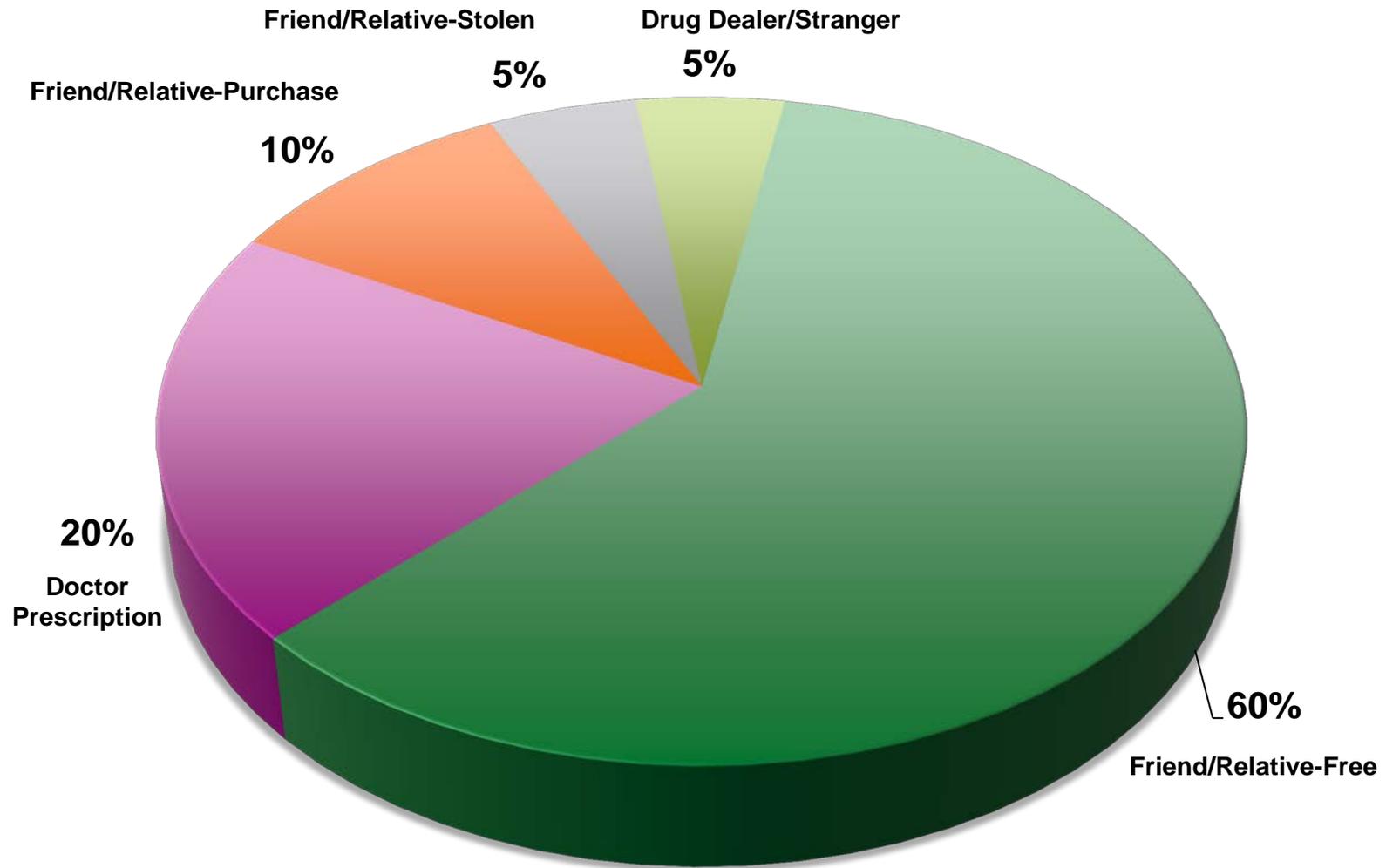
Rates among individuals 65+ for all years and among individuals 55-64 for years 2000-2003 are based on counts

<20 and considered unstable.

# Sources of Abused Prescription Drugs



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# What is the scope of the problem?



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## The Boston Globe *Headlines*

**7** heroin overdoses in Taunton in Jan/Feb 2014 e.g. 14 year old boy found his mother unresponsive.

**185** fatal heroin overdoses in MA over last four months (data does not include Springfield, Worcester, or Boston).

In Vermont, state police now trained in the Administration of Narcan.

- Approximately 11% of members with a pharmacy benefit filled a prescription for a short-acting opioid; 85% of these received one prescription for less than 30 days of treatment. The average prescribed treatment duration was 7 days. However, 15% of members received prescriptions for greater than 30 days, exposing them to the risks of addiction.
- 1% of members with a pharmacy benefit had a prescription for a long-acting opioid. Approximately 15% of these had one prescription for less than 30 days. The average prescribed treatment duration in this group was for 15 days. It appears these members were being initially treated for acute pain with long-acting opioids, exacerbating their risks of falls and other accidents.
- BCBSMA data also revealed that 28% of members with Suboxone<sup>®</sup> prescriptions were receiving these prescriptions from multiple prescribers, raising the possibility of fragmented care and possible medication misuse or abuse.

# Opioid Management Program Objectives

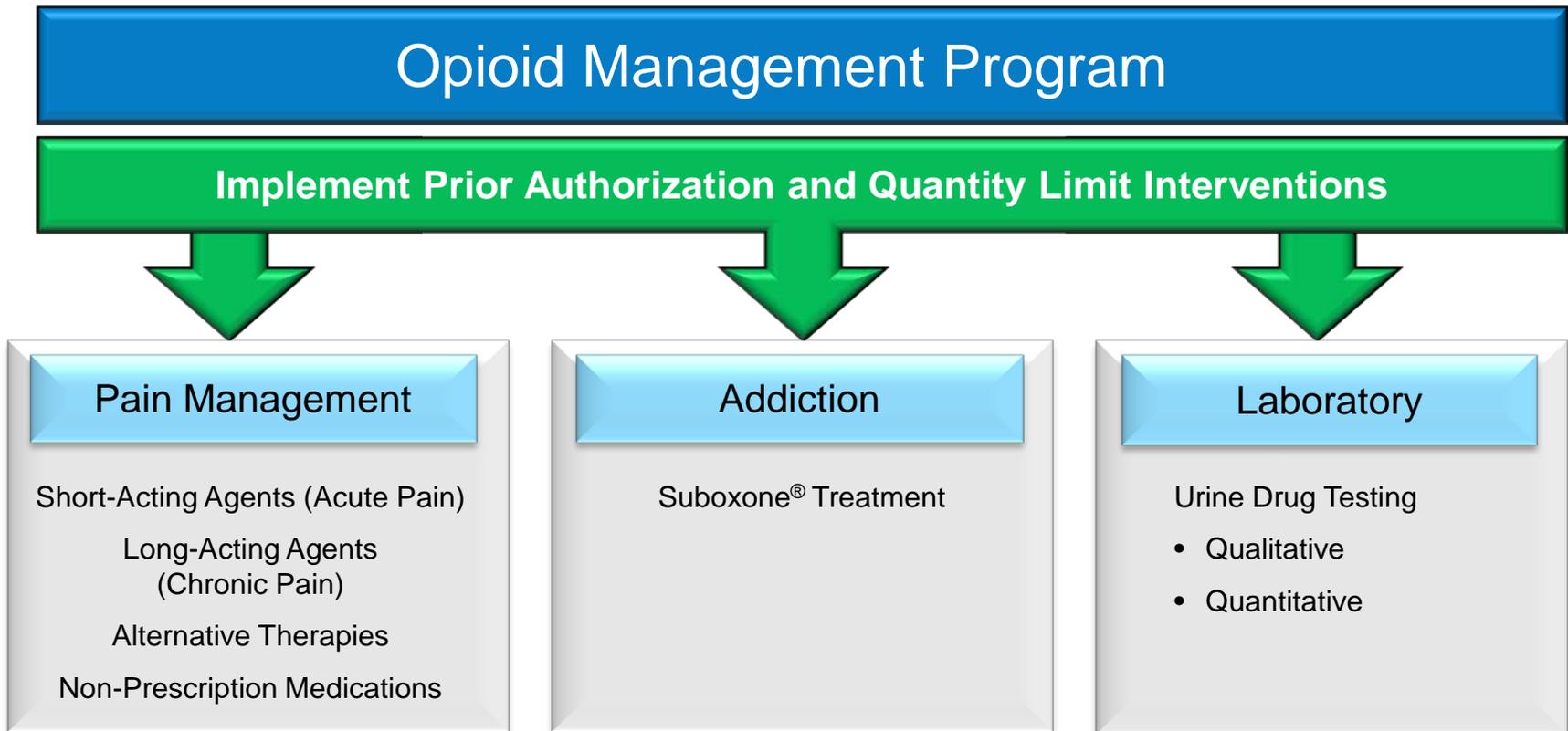


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- *Affordable, accessible and appropriate pain care*
- *Reduced risk of member addiction*
- *Reduced diversion of prescription drugs*

# Collaborative Program Development

- Convened an advisory group of network pain management, addiction experts, pharmacists and primary care providers to define best practices in opioid management
- Identified three key Opioid Management Strategic Interventions



# Opioid Management Program Components



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- Implement expert-defined elements of opioid prescribing best practices and monitor by requiring prior authorization
  - A treatment plan with an exploration of treatment options
  - Informed consent with a risk assessment for addiction signed by member
  - An opioid agreement between the patient and prescriber outlining expected behavior of both parties
  - Limited opioid prescribing group and the identification of a single pharmacy or pharmacy chain to be used for all opioid prescriptions

# Short-Acting Opioids: New Starts Only

*(Cancer Patients & Terminally Ill Excluded)*



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- Up to a 15-day supply with initial prescription of short-acting opioids
- Additional 15-day supply within 60 days will be available, to a maximum of 30-day supply in a rolling 60 day period
- Additional prescriptions require prior authorization verifying existence of evidence-based opioid prescribing elements.
  - Prior authorizations grant access to all short-acting opioids on BCBSMA formularies
- If a prior authorization is not available at the point of sale, the member receives a 3-day supply of the short-acting opioid. This allows sufficient time for an authorization to be obtained.

# Long-Acting Opioids: New Starts Only

*(Cancer Patients & Terminally Ill Excluded)*



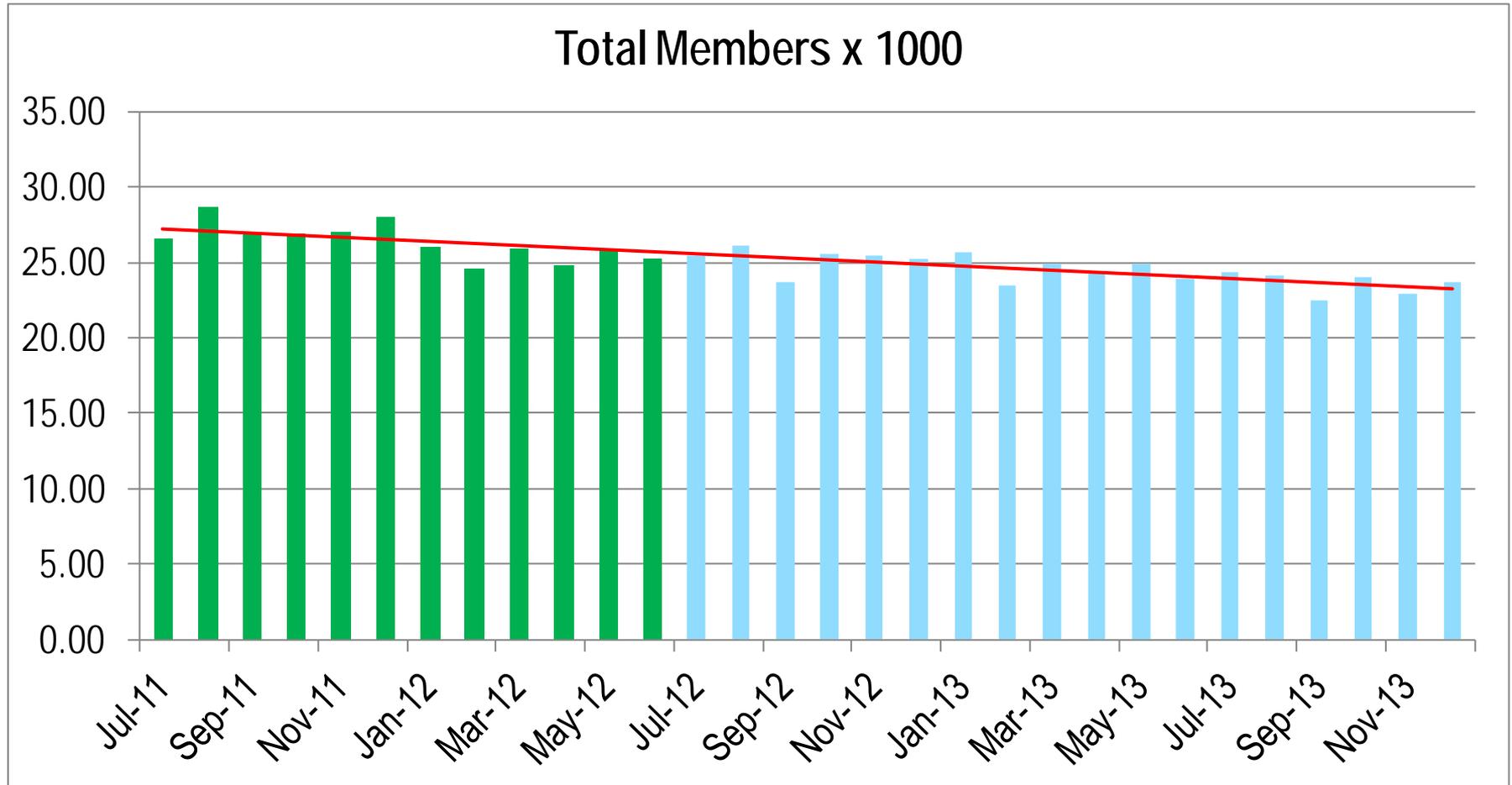
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- Prior authorization of initial prescriptions for long-acting opioids; prior authorizations grant access to all long-acting opioids on BCBSMA formularies.
- Provider must document
  - that the elements of evidence-based opioid prescribing were followed
  - a trial of short-acting opioids, or the reason one is inappropriate
- If a prior authorization is not available at the point of sale, the member receives a 3-day supply. This allows sufficient time for an authorization to be obtained.

# Suboxone<sup>®</sup> and Buprenorphine

- Prior authorization for treatment or maintenance of addiction
  - Verification of the evidence-based elements of opioid prescribing and assessment of member's access to behavioral health support
  - In addition, for Suboxone<sup>®</sup>:
    - Limit to MD prescribers with DEA waiver. All non-behavioral health services associated with the prescription are performed by the MD prescriber
    - 16mg/day prescribing limit
    - Coverage for pain excluded
  - In addition, for Buprenorphine:
    - Member must be pregnant or have an allergy to naloxone

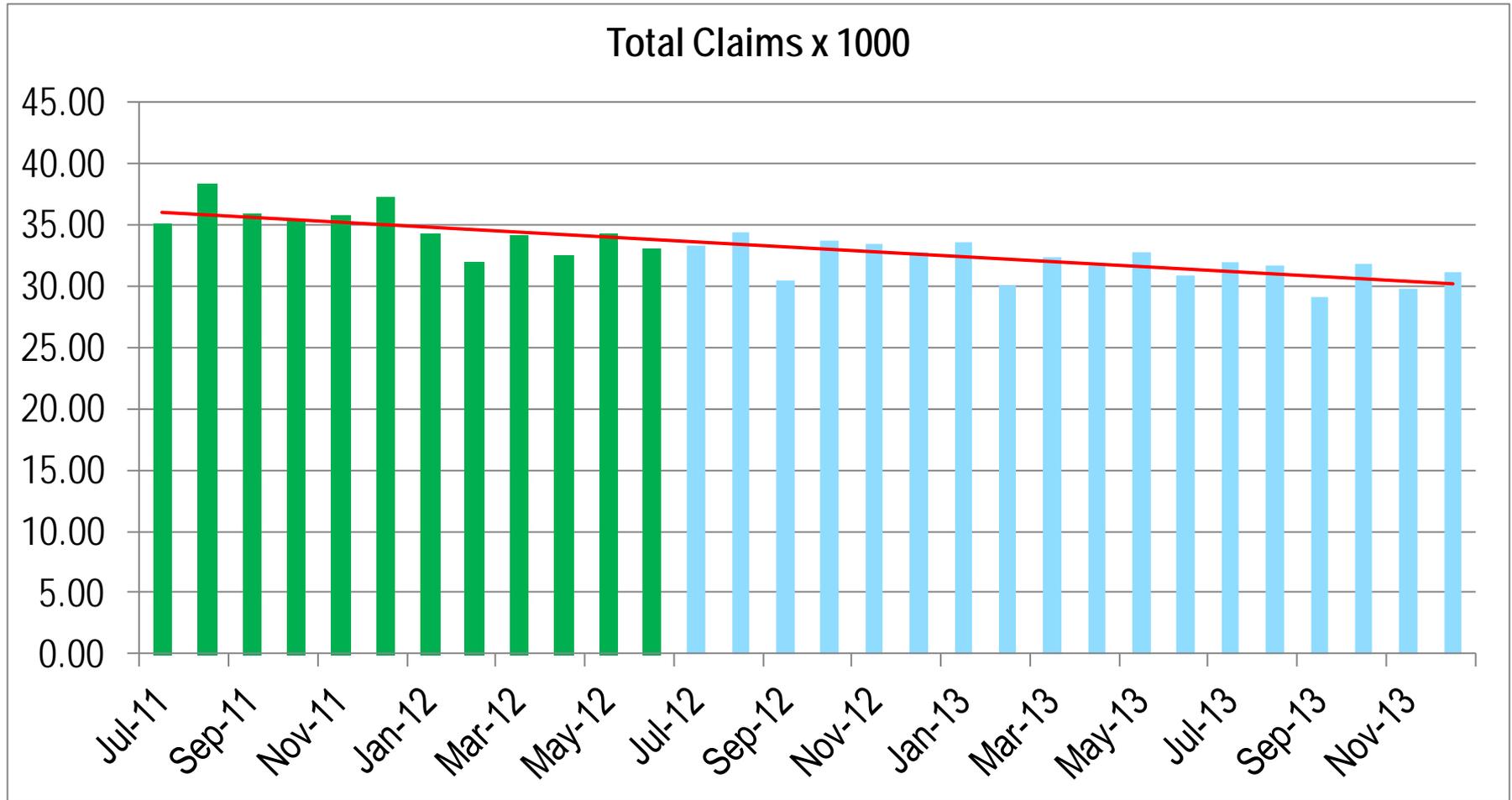
# Pre/Post Total Members By Month



# Pre/Post Total Claims By Month



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- **Implementation of Medicare Advantage (MA) Opioid Management Program**
  - Acetaminophen (APAP) maximum 4 grams/day Limitation (effective 1/1/2013)
  - Case Management Program (effective 4/1/2013 and includes commercial population)
    - Identify members taking > 120 Morphine Equivalent Doses of an opioid daily for > 90 consecutive days, from > 2 prescribers and/or > 2 pharmacies
    - Review each case with a cross-functional group of physicians, nurses and pharmacists to determine best approach to manage the member and reach out to the prescribers
- **Implementation of Prescriber Opioid reports (effective 2Q13)**
  - Individual and Group Reporting
  - Identify members receiving >2 opioid rx from >2 prescribers and/or >2 pharmacies
- **Suboxone®/buprenorphine Case Management Program developed and integrated into Opioid Management Program effective 9/2013**
  - Efforts will focus on:
    - The 2% of the Suboxone®/buprenorphine members utilizing multiple pharmacies in a given month
    - The 10% of the Suboxone®/buprenorphine members utilizing 2 or more prescribers per month
    - The 1% of the member utilizing both an opioid and Suboxone®/buprenorphine for 2 or more consecutive months

# Opioid Management Program, Next Steps

- Opioid Compounding management
- Continued Support of National Take Back Drug Day: April 26, 2014
- Chronic Opioid Case Management
  - Medical Benefit
  - Home Infusion
  - LTC
  - Hospice
- Opioid PPVA reporting
- Tramadol management
- Gabapentin management
- **APAP limit change to 3g/day**
- ER Overdose analysis:
  - Rx drugs
  - OTC drugs
  - ETOH

# The Boston Globe

## Blue Cross cuts back on painkiller prescriptions

An 18-month effort targets opiate abuse

By [Brian MacQuarrie](#)

| GLOBE STAFF APRIL 08, 2014

*...has cut prescriptions of narcotic painkillers by an estimated **6.6 million pills in 18** months as part of a campaign to curb abuse of the powerful drugs...*

## References:

1. Model Policy for the Use of Controlled Substances for The Treatment of Pain; Federation of State Medical Boards of the United States, Inc.; [www.fsmb.org/pdf/2004\\_grpol\\_Controlled\\_Substances.Pdf](http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.Pdf)
2. Interagency Guideline for Chronic Non-cancer Pain: An Educational Aid to improve the care and safety of Opioid therapy: 2010 update; [www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf](http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf)
3. Opioid Treatment Guidelines: Clinical Guidelines for the Use of Opioid Therapy in Chronic Noncancer Pain; The Journal of Pain, Vol 10, No.2 (February), 2009 pp 113-130.