Opioid epidemic and PEHP

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Agenda

- Overview of opioid crisis
- Utah perspective
- PEHP: clinical interventions
- Impact of interventions

PEHP Health & Benefits

Why are we here?

In the 1990s, the medical establishment came to believe that opiates were safe and effective for long term non-cancer pain.

- Based on short-term studies.
- Mandating pain reporting
- Medications being marketed as safer and less-addicting

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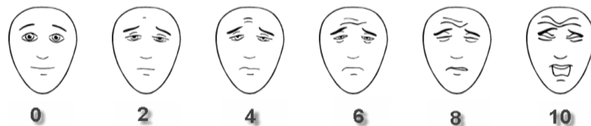
Additional history

- VA adopted pain as the 5th vital sign in 1999



- Pharma to blame?
  - Marketed opioids as safe and effective
  - Oxycontin was a primary offender
- Uniformity in dose calculation (MED)

Morphine Equivalency Dosing for Common Opioid Analgesics		
Medication	Conversion Ratio (morphine:alternate agent)	MED
Morphine	–	100 mg
Hydrocodone	1:1	100 mg
Hydromorphone	4:1	25 mg
Oxycodone	1.5:1	66.7 mg
Oxymorphone	3:1	33.3 mg

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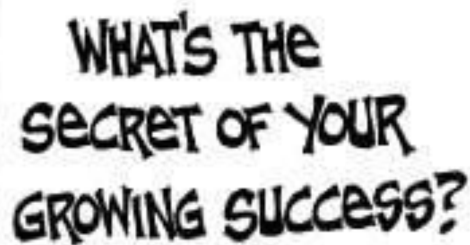
Why are we here?

- Not much more effective than placebo and often less effective than non-opioid alternatives
- Information on long-term use is lacking
- Concern safety profile
  - Fatigue
  - Constipation
  - Increased risk of fractures
  - Depression
  - Low testosterone
  - Cardiovascular risk
  - Respiratory depression
  - Increased pain


WHAT'S THE SECRET OF YOUR GROWING SUCCESS?
I DON'T PLAY FAVORITES! RICH OR POOR, WHITE, BROWN OR BLACK, YOUNG OR OLD, "A" STUDENT OR DROPOUT... I'M AN EQUAL-OPPORTUNITY REAPER!
HEROIN
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National impact

- Overdoses are now the leading cause of death of Americans under age 50
- In 2016, 174 overdose death each day
- Impacts all demographics – young, old, male, female
- From 2015 - 2016:
  - 18% increase in overdose rates nationally
  - States with the highest increases
    - West Virginia – 25%
    - Ohio – 31%
    - Pennsylvania - 44.1%

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Utah perspective

- From 2000-2016, deaths in Utah due to prescription medications increased 300%, from 60 to 250
- Average number of opioid prescriptions per patient increased 60% since 2002
- In additional, higher doses are being prescribed.
- Since 2002, we have seen a 76% increase in total dose being prescribed
- 7,000 prescriptions for opioids are filled daily in Utah

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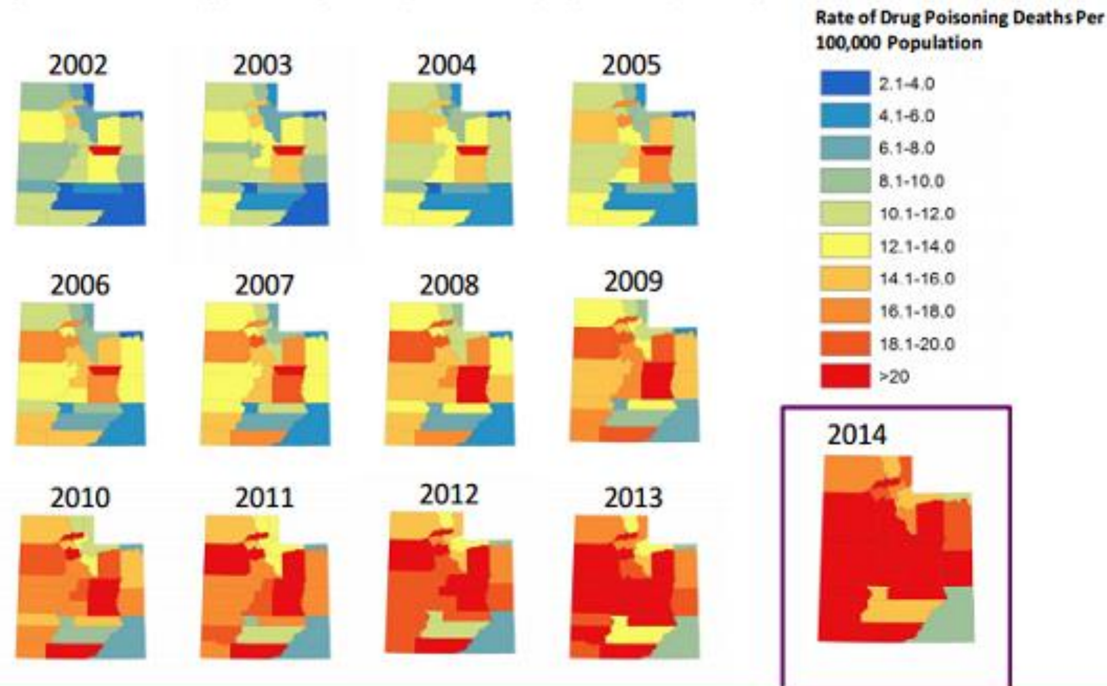
Utah prespective

- 6 deaths per week
- 7th highest drug overdose rate in the nation
- Fentanyl and methadone overdoses



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Why is there a concern?

High death rates!!!!!

- Significant increase in number of opioids prescribed since 1999
  - Three times higher in 2015 than in 1999
- Even short durations of use can increase risk of addiction
- A daily morphine equivalency dose of 50 doubles the risk of death due to opioid use
- 80% of heroin users started with prescription opioids

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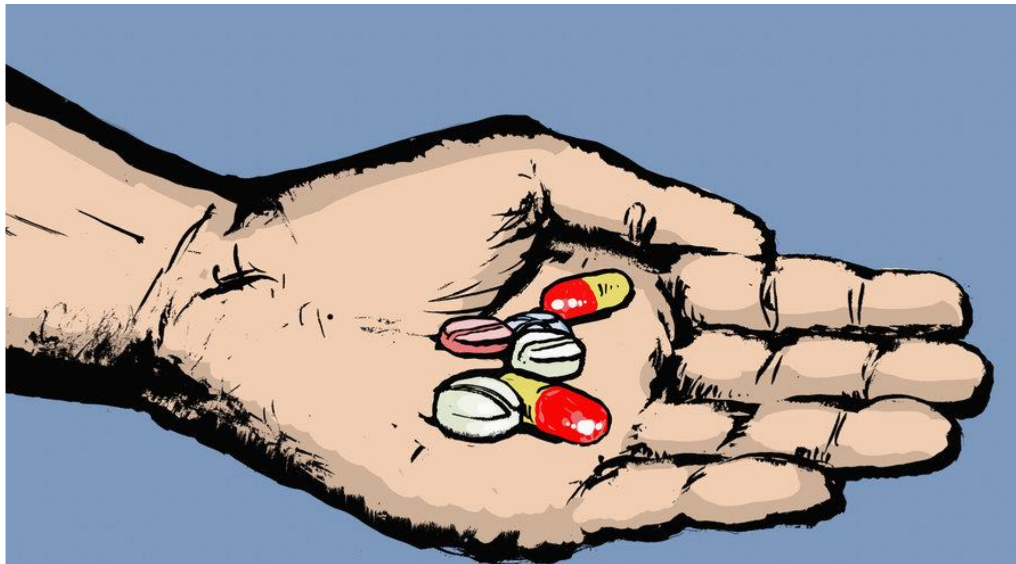
Some good news?

Number of prescriptions written for opioids decreased from 2012 to 2015



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Preventing a problem

- Only take opioids prescribed to you
- Never take more than directed by your doctor
- Properly dispose of ALL unused medication
- Tell your doctor and pharmacist about the other medications you are taking
- Remember: Opioids DO NOT have the same rules as antibiotics!

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Warning signs

Friends/family/associates

- Taking more medication than directed by doctor
- Often re-filling early
- “losing” medications
- Distracted behavior
- Unable to focus
- Unexplained weight changes
- Difficulty sleeping
- Taking medications for reasons other than pain
- Seeing more than one doctor
- Using more than one pharmacy
- Mixing medicine (alcohol, anxiety medicine)

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CDC recommendations

To insurance providers:

- ✓ Refer to the CDC guideline when setting up claim review programs to identify and address improper prescribing and use of opioids
- ✓ Increase coverage of proven alternative pain management treatments including physical therapy and non-opioid pain medicine
- ✓ Cover clinician's time when ensuring safe use of pain medications and/or addressing addiction
- ✓ Limit barriers to use of non-opioid medicine
- ✓ Limit barriers to treatments for addiction

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What is PEHP doing?

- Developed pain management program in 2014
  - Identified members through pharmacy claims data
  - Implemented outreach and monitoring for members at increased risk of opioid-related complications
  - Established care coordination with clinician from PEHP for members enrolled in program
  - Worked with and directed members to local pain specialists to help ensure appropriate opioid utilization

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What is PEHP doing?

Formulary management

- Increased member access to non-opioid treatment alternatives
- Required prior authorization for short-acting and long-acting opioids
- Instituted quantity limits for opioids
- Required specialist prescribing of methadone and fentanyl due to increased safety concerns
- Require members to be seen by preferred pain specialist or taper dose for continued authorizations

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What is PEHP doing?

Formulary management

- Required prior authorization for continued use of dangerous combinations
  - opioids and benzodiazepines
- 7-day first fill limit for patients naïve to opioids
- Instituted point-of-sale morphine calculator to assist in identifying new members
- Removed Oxycontin, replaced with safer alternative
- Increased Naloxone coverage
  - Injectable and nasal

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Realized impact of this changes since 2014

of members enrolled in pain management program: 181

- Average MED change: -75

# of members who have graduated: 93

- Average MED change: -93

Prescription data:

- 76% reduction in methadone prescriptions
- 34% reduction in fentanyl patch prescriptions

Average number of opioid units dispensed per member decreased from #28 in 2014 to #18 in 2017

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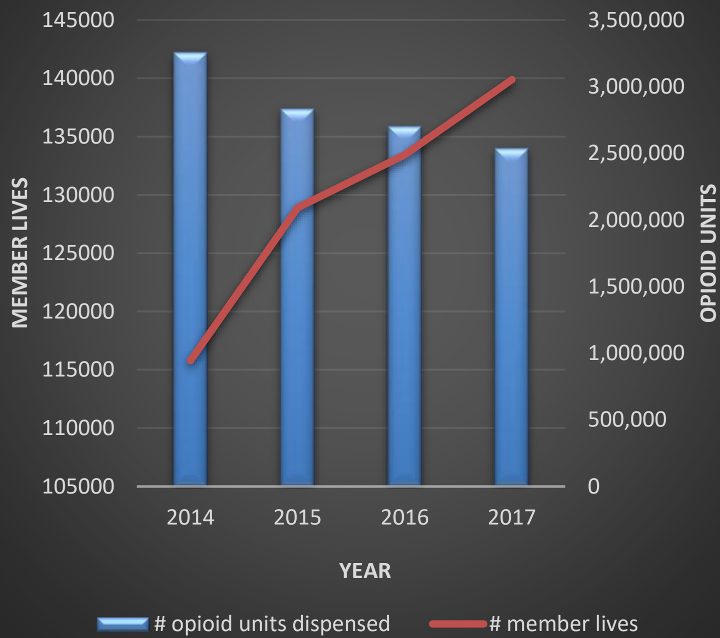

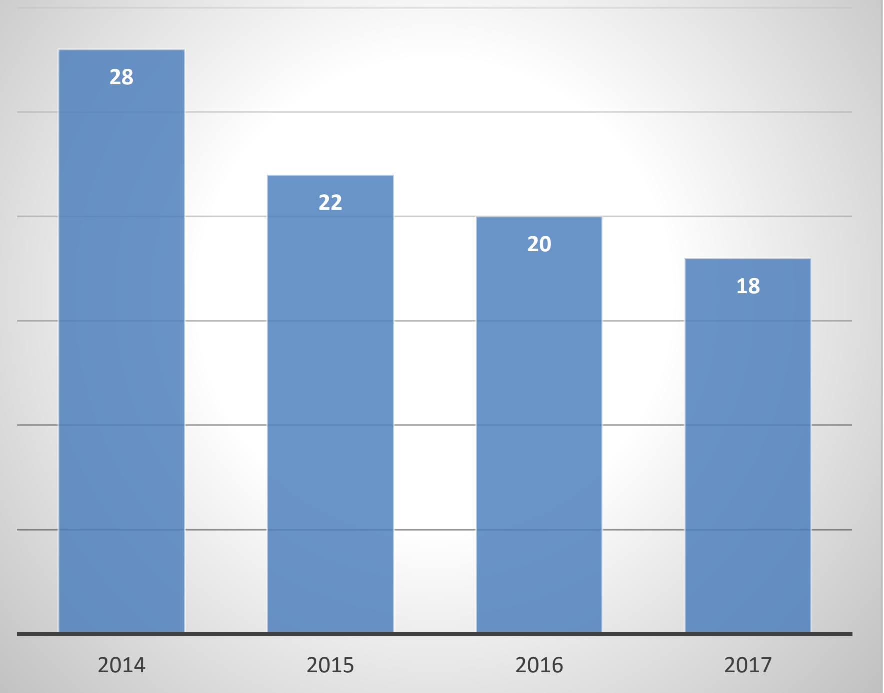

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