Opioid epidemic and PEHP
Agenda

• Overview of opioid crisis
• Utah perspective
• PEHP: clinical interventions
• Impact of interventions
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
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)

<table>
<thead>
<tr>
<th>Morphine Equivalency Dosing for Common Opioid Analgesics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Morphine</td>
</tr>
<tr>
<td>Hydrocodone</td>
</tr>
<tr>
<td>Hydromorphone</td>
</tr>
<tr>
<td>Oxycodone</td>
</tr>
<tr>
<td>Oxymorphone</td>
</tr>
</tbody>
</table>
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!
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%
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
Utah perspective

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

Number of prescriptions written for opioids decreased from 2012 to 2015
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!
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)
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
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
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
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
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
Opioid units dispensed vs member lives

Avg # opioid units per member

2014: 28
2015: 22
2016: 20
2017: 18