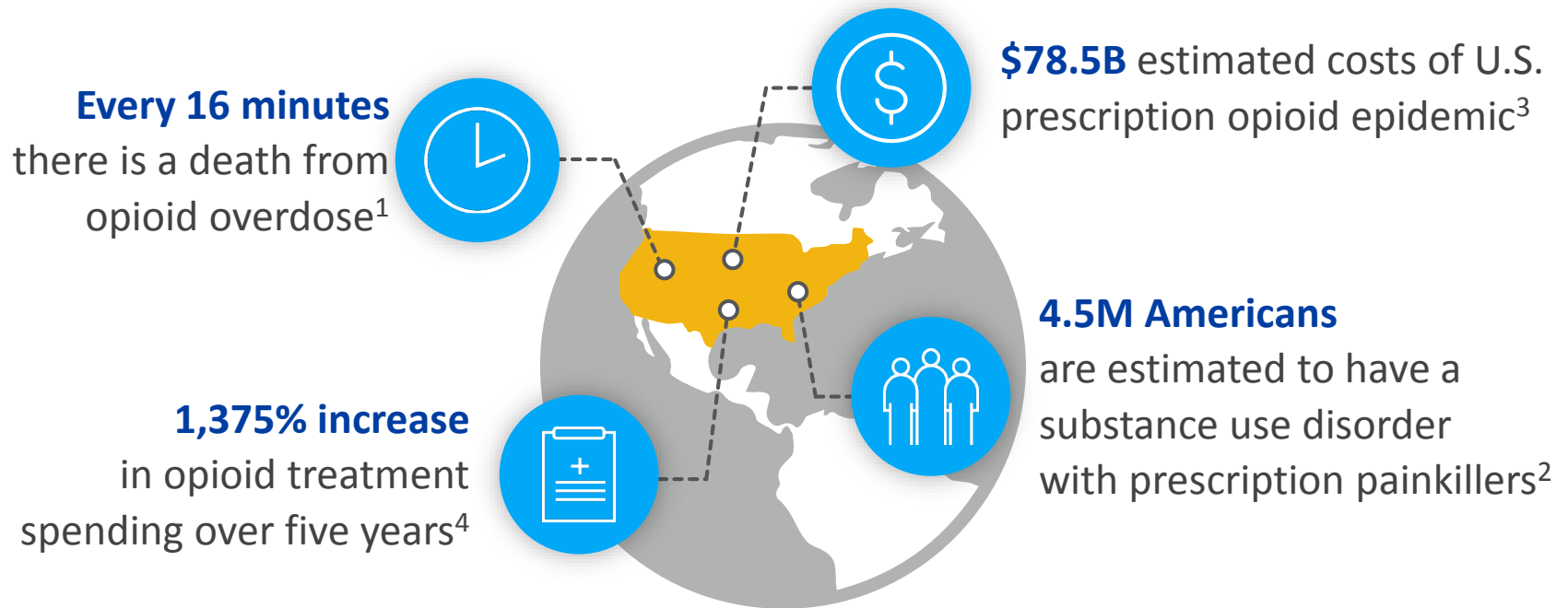


# Opioid abuse: A national health care crisis



**The U.S. consumes 80% of all world prescription opioid supply.<sup>5</sup>**

1. Understanding the Epidemic: Drug Overdose Deaths in the United States Continue to Increase in 2015. Centers for Disease Control and Prevention. Accessed Aug. 25, 2107; 2. Kolodny A, Courtwright DT, Hwang CS, Kreiner P, Eadie JL, Clark TW, Alexander GC. The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. Annual Review of Public Health, 2015; 36:559-574. 3. Florence CS, Zhou C, Luo F, Xu L (2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care: Oct 2016 – Volume 54 – Issue 10 – p 901–906. 4. FAIR Health Study: The Impact of the Opioid Crisis on the Healthcare System: A Study of Privately Billed Services, September 2016. 5. National Institute on Drug Abuse, May, 2014;

Approximately 4.5 million estimated US citizens are addicted to prescription opioids<sup>1</sup>



**80%**

US consumption of all world prescription opiate supply<sup>2</sup>



**56**  
Billion

US prescription opioid abuse cost<sup>3</sup>



**25%**

Of all workers' compensation costs relate to opioids<sup>4</sup>

### Opioid Utilization Jan –Sept 2017

Plan Paid spend from Opioids: \$113,119 (1.9% of plan paid) YTD

\*Plan Paid for Opioids down \$270,696 from previous period

Rx Count for Opioids: 1,692 YTD

Member Utilization for Opioids: 471 YTD

Top-5 Opioids being dispensed are:

- OXYCODONE-ACETAMINOPHEN
- FENTANYL
- HYDROCODONE/ACETAMINOPHEN
- ROXICODONE
- OXYCODONE HCL

1. Annual Revenue of Public Health 2015; 36: 559-574) 2. National Institute on Drug Abuse, May, 2014. 3. Pain Medicine 2014; 15: 1450-1454) 4. HR Today. Combatting the Prescription Drug Crisis. March 1, 2016. Accessed at: <https://www.shrm.org/hr-today/news/hr-magazine/0316/pages/combating-the-prescription-drug-crisis.aspx> on 09.23.2016.



## Our Multi-Tiered Opioid Management Plan

UnitedHealthcare is invested in reducing the abuse of opioids, while ensuring the safe and effective treatment of pain. We are utilizing a multi-tiered approach to combat this epidemic.

### Opioid Multi-tiered Approach:

#### Reduce unnecessary opioid use through promotion of more clinically appropriate treatments:

- Prior authorization for long-acting opioids.
- Limitation of use of transmucosal fentanyl products to members who have pain due to cancer or are receiving palliative care.
- Adherence to CDC guideline recommendations for long-acting opioid supply limits (<90 MED) for non cancer, non end of life pain.
- Cumulative dose review for outlier opioid utilizers.

#### Monitor prescription and utilization behaviors by:

- High utilization narcotic program.
- Pharmacy lock-in.
- High cost claimant program.
- Identification of prescriber outliers.
- Concurrent prescription of unsafe or inappropriate combinations: opioid + medications for the treatment of opioid dependence, opioids + benzodiazepines.
- Fraud/waste/abuse detection and referral.

### Action Plan for Overdose and Opioid Use Disorder

- Providing benefit coverage for medication assisted treatment to ensure people who develop opioid dependence receive the support they need.
- Coverage of naloxone (used for the prevention of opioid overdose) without prior authorization.
- Promoting and providing open access to a new 24 hour/7 days a week Substance Use Treatment Helpline (1-855-780-5955) available to all UnitedHealthcare members which is staffed by mental health professionals.

1. 2015 UnitedHealthcare Q3 claims data

2. Member Successes defined as the count of unique members no longer meeting criteria in the most recent quarter.

- Quantity limits and prior authorization
- Cumulative morphine equivalent dose (MED) safety alert
  - Ensure providers are aware that high opioid dosing will be dispensed to their patients and to prevent potentially unsafe opioid dosing
  - Calculates MED a retiree receives over a period of time
  - Requires provider attestation for approval as medically necessary
- Case Management
  - Retrospectively identify potential opioid overutilizers and provide appropriate case management aimed at coordinated care
  - Restrictions may be implemented

## SFHSS Opioid Utilization

- 3,614 retirees have had at least one prescription for an opioid medication YTD
- 13,470 prescriptions YTD
- Top 5 opioid drugs

Drug	Rxs
HYDROCODONE/ACETAMINOPHEN	5,535
TRAMADOL HCL	1,756
OXYCODONE HCL	1,349
OXYCODONE/ACETAMINOPHEN	1,107
ACETAMINOPHEN/CODEINE	881

# Retiree Opioid Management



- Narcotic drug utilization review
  - Provider targeted communication with a comprehensive retiree specific report that includes clinical issue of concern, prescription utilization details, and recommended action
- Controlled substance diversion program
  - Assist in identify prescribers who are suspected of engaging in diversion
- Medication assisted therapy
  - Allow access to formulary MAT by not employing a Prior Authorization requirement
  - Naloxone (Narcan), which is used for the treatment of overdose, is also on the formulary with no UM requirement