

# Opioid Challenges in the United States and Thoughts to Address Them

September 1, 2018



## Opioid Crisis?

### Some Signs Seem to Say "Yes"

In 2016, prescribers wrote 66 opioid prescriptions for every 100 Americans

Drug overdose deaths more than tripled from 1999 to 2015 driven by opioids

Opioid abuse costs US employers \$18 billion in sick days and medical expenses

In 2016, there were more opioid-related overdose deaths than deaths due to car accidents

***175 people in the United States Die Everyday Due to an Opioid Overdose***

## Opioid Crisis?

### Some Signs Seem to Say “No”

Prescription opioid overdose is actually stabilizing, but opioid overdose rates are rising due to spiraling heroin use

94% of opioid overdoses involve other substances

Only 25% of people taking opioids for non-medical reasons have them prescribed

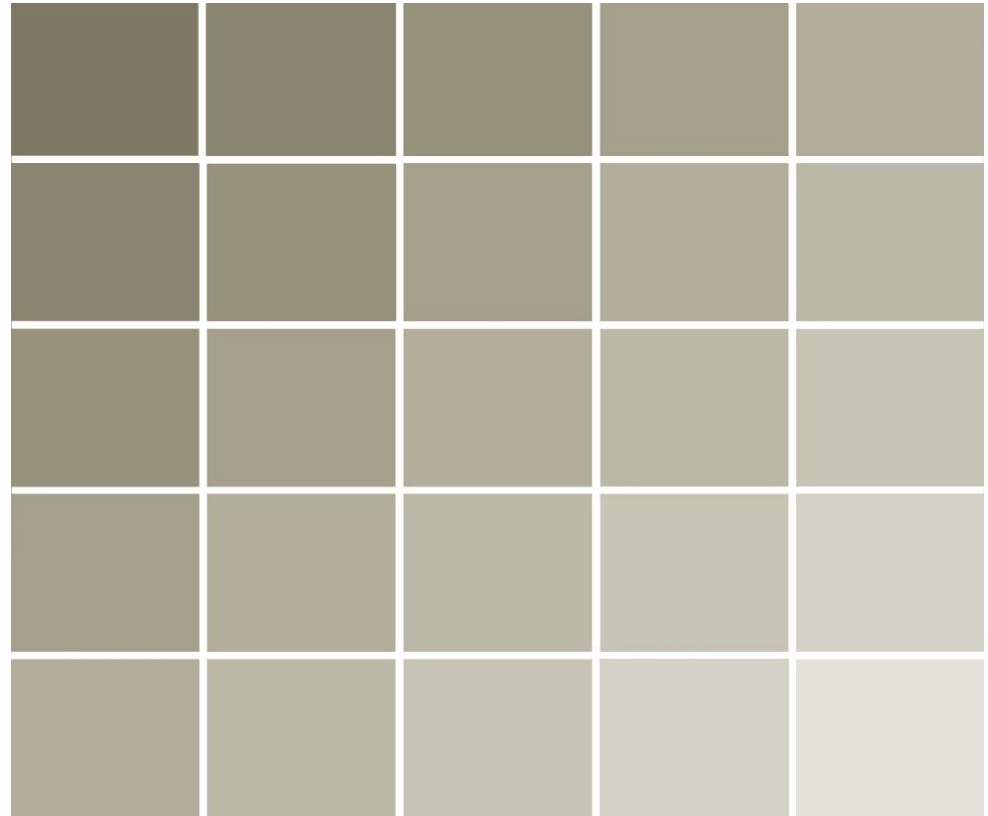
Opioid-related overdose rates for chronic pain patients under the care of a physician are 0.2%

***The Addiction Rate of Patients Prescribed Opioids is About 1%***

## **So Does this Country Have an Opioid Problem? CERTAINLY!**

- Prior to regulatory changes, there was enough of a supply of prescribed opioids in New Jersey to treat every man, woman and child with morphine for a year.
- At Blue KC there are about 1,600 patients at any given time taking the equivalent of at least 8 Oxycodone 15mg SR tablets a day.

Nuances are  
critical when  
seeking  
solutions to  
the opioid  
problem



## There is an important difference between “addiction” and “dependence”

### Addiction

- Inability to stop using
- Tolerance
- Altered lifestyle

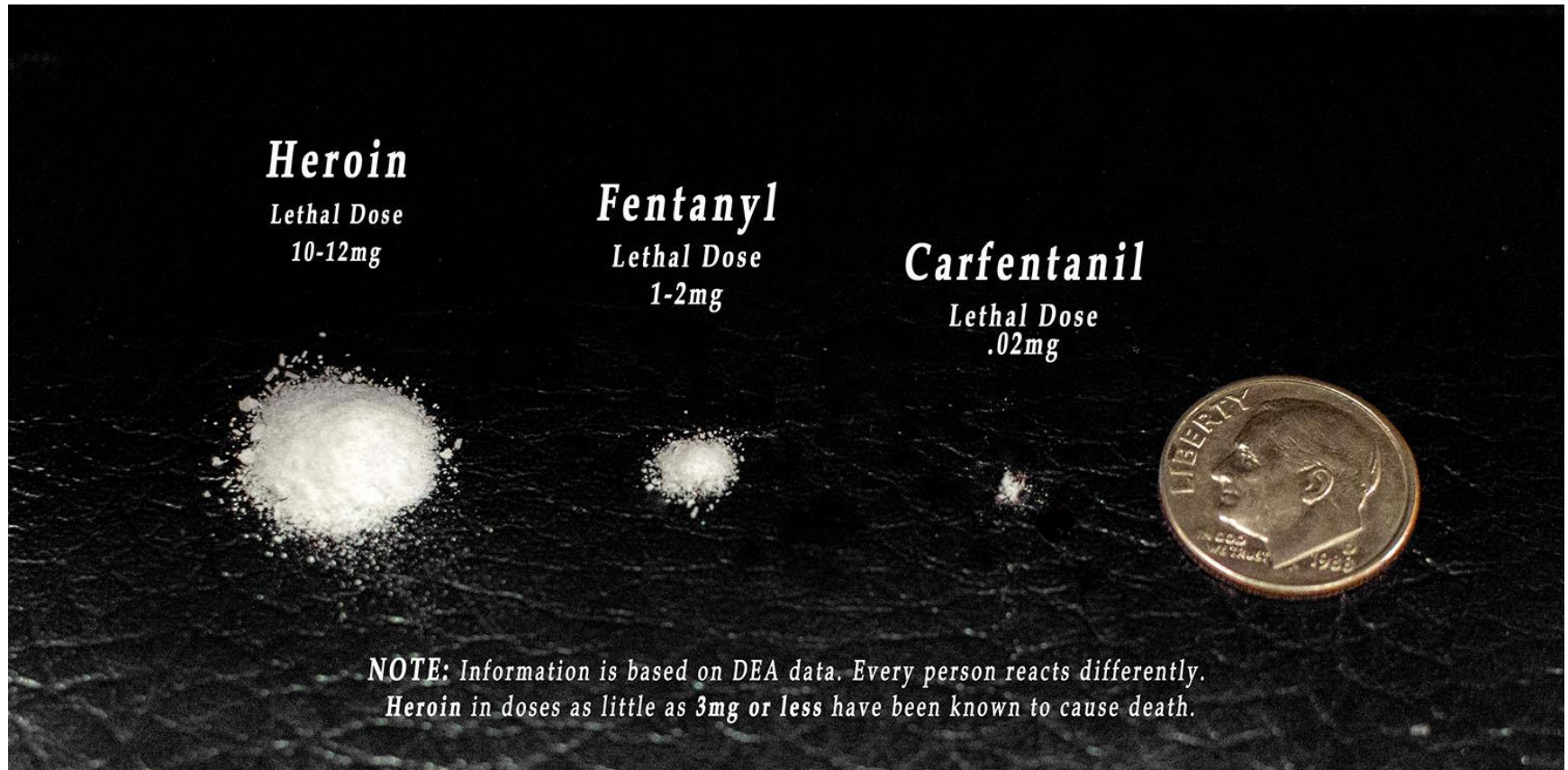
### Dependence

- Withdrawal symptoms when drug is taken away

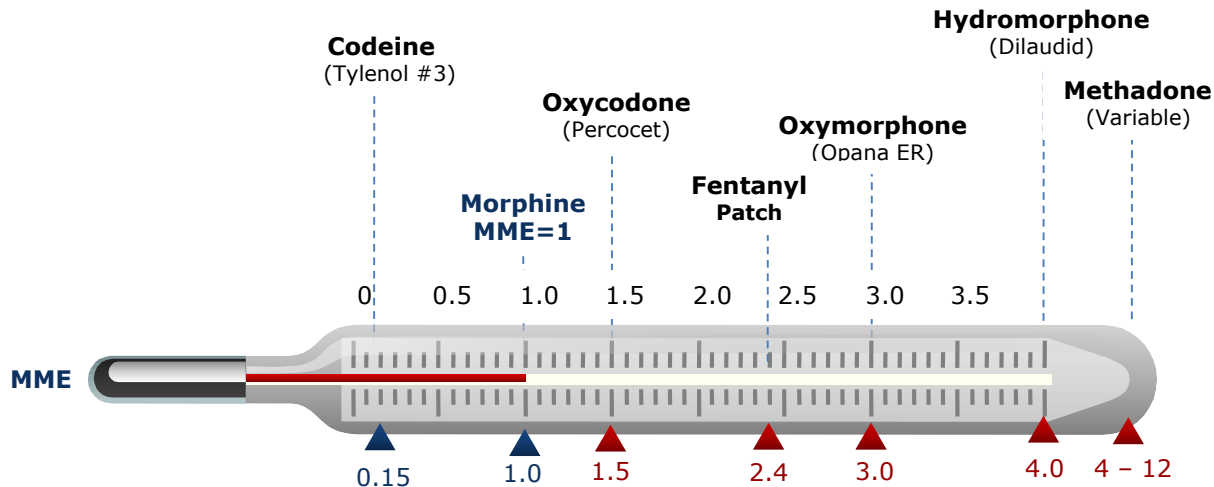
***Preventing or removing an opioid stockpile may prevent addiction but will do little to assist in the treatment of dependence***



# Not All Opioids are Created Equal



# Morphine Milligram Equivalent



*Not all opioids are prone to causing addiction and death. The more potent (as measured by MME) opioids come with greater risk. However, user 50 MME per day doubles the risk of overdose relative to using 20 MME per day. Alternatively, remember that under treated pain is one of the most common reasons for ED use.*



## Duration of Opioid Use is Critical

*Use of opioids for more than 5 consecutive days exponentially increases the likelihood that one will still be taking opioids a year from now.*

# Treatment of Acute Pain is Very Different than Chronic Pain

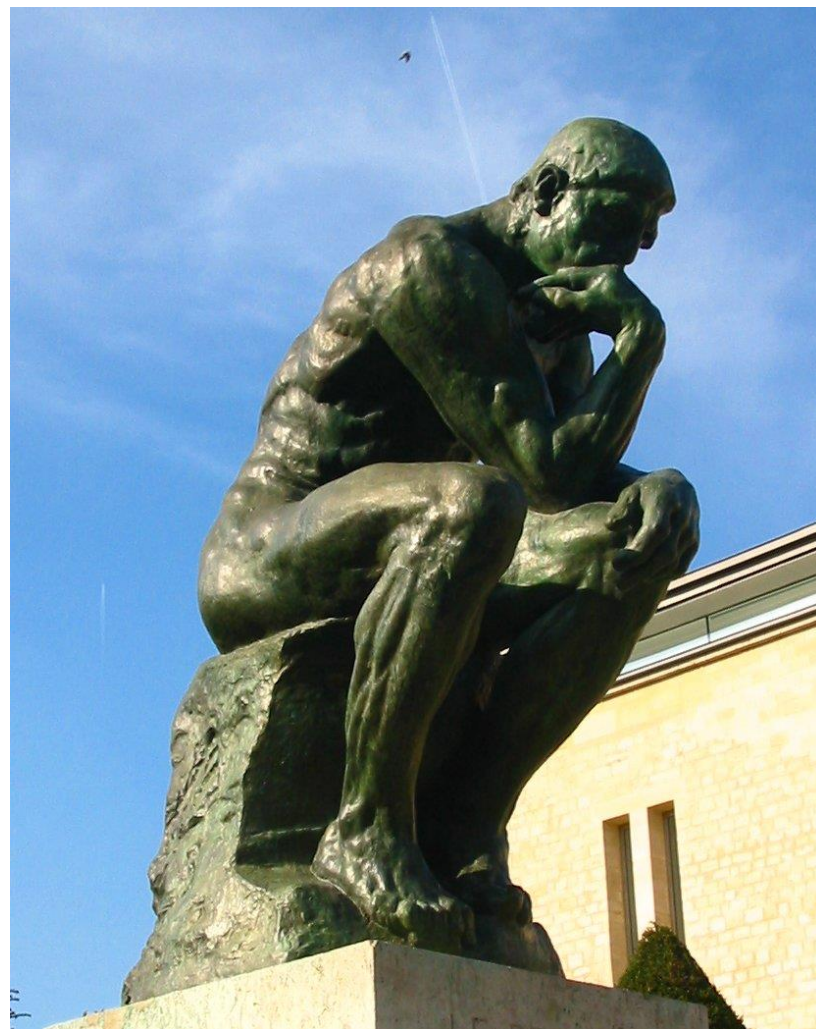
Acute Pain: Usually the result of surgery, dental procedures, cuts and burns, child birth, broken bones. Lasts less than 6 months.

- Lends better to opioids
- Even temporary relief can be satisfying

Chronic Pain. Usually the result of headache, arthritis, cancer, nerve pain, back pain fibromyalgia. Lasts longer than 6 months.

- Opioids have limited use not only because of duration, but also inflammatory and neural nature of pain.

# So What Can and Should be Done?



## Legislative Involvement Is Important

Blue KC's Government Affairs team continues to advocate for the Prescription Drug Monitoring Program in Missouri



### Missouri

- **4/16/18:** the Missouri senate pulled funding on the proposed \$375,000 PDMP program
- Providers wrote 90 opioid prescriptions per 100 persons (National average was 70/100 in 2015)



### Kansas

- **9/2017:** Kansas partnered with Appriss Health Partners to integrate with K-Tracs, the state Board of Pharmacy PDMP for use with EHR system
- Providers wrote 86.2 opioid prescriptions per 100 persons (National average was 70/100 in 2015)

***But most PDMPs do not consider the MME concept or the number of patients seen....serious limitations.***

# Reconsider How We Treat Heroin in This Country

Heroin does not need to be an inherently “dirty” street drug

- Was legal in this country until 1924
- Still widely used in pain management in the United Kingdom, Canada and many other 1<sup>st</sup> world countries

Establish heroin clinics like in Canada and the UK

- Drug is pharmaceutical grade
- Available only in clinics each day where clean needles are provided
- Most patients are employed and actually detox themselves off the drug

# Aggressively Facilitate Treatment of Abuse and Dependence



- Only 1 in 10 people with an opioid addiction are seeking active treatment for it.
- In the greater Kansas City area:
  - About 120,000 people are addicted to opioids
  - There are only about 225 authorized prescribers of buprenorphine.
  - Thus, on average, one physician would have over 500 patients under their active care.
- *We need to recruit more buprenorphine prescribers and make better use of telemedicine.*

# **So What is Blue KC Doing to Address the Opioid Problem?**



## Blue KC Opioid Management Program

- *Blue KC will assist in the effort to prevent its members from becoming addicted to opioids*
- *Once a member is addicted, Blue KC will facilitate appropriate treatment*
- *If opioid addiction has been an issue for a member in the past, Blue KC will assist in preventing relapses*

## ***Blue KC will assist in the effort to prevent its members from becoming addicted to opioids***

- POS edits (voluntary messaging) notifying a pharmacy if a member is receiving more than 7 days supply or more than 90 MME collectively
- Blue KC will make its own PDMP available to participating prescribers
  - Crosses state lines
  - Uses MME standards
  - Makes available letter templates that physician can use to communicate with their own patients in their name

*If a member is addicted, Blue KC will facilitate appropriate treatment*

- If someone has had 200 MME or more of opioids in their possession for the last 8 weeks and has not met exclusion criteria (cancer, hospice or palliative care) member and physician will be informed:
  - No more fills in 30 days unless:
    - Prescriber can explain, or---
    - Member and physician commit to lock-in
    - Physician submits treatment plan
    - Treatment plan is approved
  - If physician cannot or will not provide a treatment plan, member will be directed to providers who can provide such care
  - Goal is to continually ratchet down the 200 MME and 8 weeks to where 90 MME and 2 weeks become a standard

*If opioid addiction has been an issue for a member in the past, Blue KC will assist in preventing relapses*

- Blue KC will use past member claim experience for medication use, treatment history and lock-in history to determine whether member was previously addicted. If so:
  - Will warn member if dose escalation and/or possession days are increasing
  - When meets threshold for addiction, will invoke addiction protocol described on previous page

**Questions? Comments?**

# Management Strategies for the Specialty Medication Market

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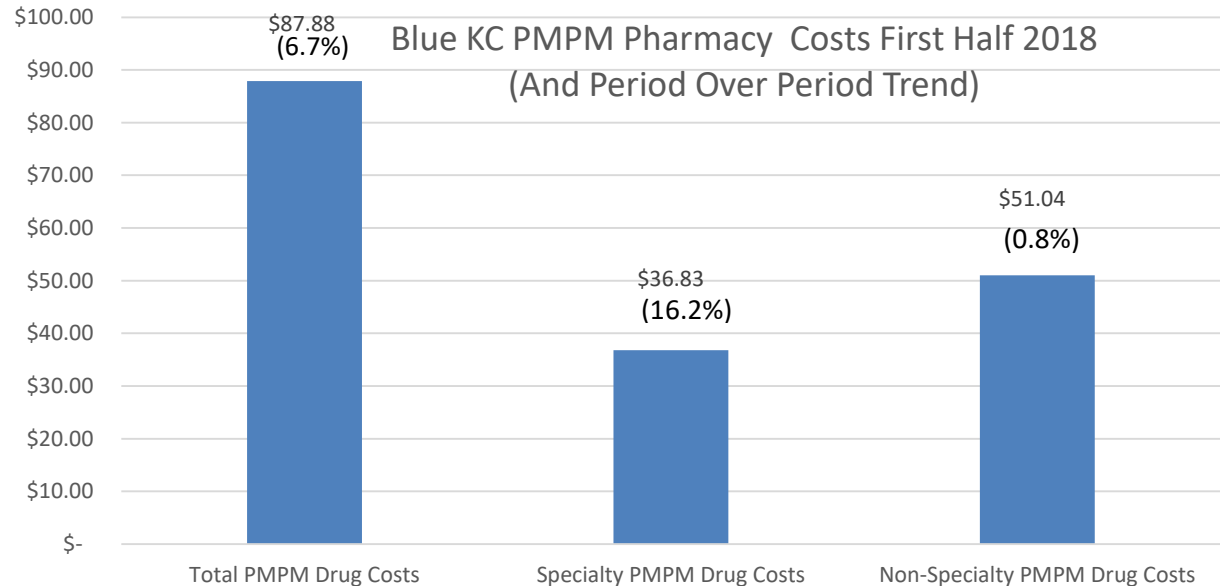


## Specialty Medications Tend To....

- Treat complex conditions
- Often require specialty monitoring and/or handling---they are often injections or infusion
- May be billed under the pharmacy or medical benefit
- Usually costs \$1K or more per dose



Consistently across the nation, specialty drug costs are driving all pharmacy costs. Also, specialty pharmacy costs are now making up more than 40% of total pharmacy costs.



# Plan sponsors should not feel helpless when managing specialty costs. Many strategies are available:



## New specialty drug launches will slightly outpace generic and biosimilar releases

New Drugs

There will be key new drugs in the areas of:

- Cancer
- Multiple Sclerosis
- Clotting

Biosimilars

Two new competitors for:

- Herceptin
- Neulasta

Generics

Key cancer and multiple sclerosis drugs will lose their patents

**Questions? Comments?**