National Institute for Health Care Management Foundation Webinar

Blue Cross Blue Shield of Massachusetts Opioid Safety Management Program

Thomas Kowalski, RPh

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National and Local Concern

- National
  - Pain management growing for aging population with increasing co-morbidities
  - Prescription drug abuse more prevalent than the combination of cocaine, heroin, hallucinogens, and ecstasy
  - 2008: 6.2M reported using rxs for non-medical use in last 6 months
  - 2011: 30% of non-medical users obtained drug from MD

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

- **Poisoning/Drug Overdose**: 839, 27%
- **Fall**: 540, 18%
- **Suffocation Hanging**: 412, 13%
- **MV-Traffic Occupant**: 281, 9%
- **Firearm**: 266, 9%
- **Other and Unspecified Causes**: 728, 24%

Age Adjusted Rate: 43.3 per 100,000 (vs. 57.0 per 100,000 in U.S.)

*Includes occupants, motorcyclists, and unspecified persons

Sources: Registry of Vital Records and Statistics, MA Department of Public Health; CDC, WISQARS
The Toll Opioids Take on the Nation

259 million
PRESCRIPTIONS FOR OPIOIDS WRITTEN IN 2012

50 Americans
DIE EVERY DAY FROM PRESCRIPTION DRUG POISONING

$53.4 billion
ANNUAL COST OF NONMEDICAL USE OF OPIOIDS IN THE U.S.

America claims less than 5% of the world’s population, yet it consumes roughly 80% of the world’s opioid supply

Source: CDC/NCHS, National Vital Statistics System
BCBSMA Population Data

• 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® prescriptions were receiving these prescriptions from multiple prescribers**, raising the possibility of fragmented care and possible medication misuse or abuse.
Opioid Safety Management Objectives

• Affordable, accessible and appropriate pain care

• Reduced risk of member addiction

• Reduced diversion of prescription drugs
Opioid Safety Management Program

Our multi-pronged approach:

- Block opioids from mail order
- 4g/day Rx APAP limit*
- Short-acting opioids require PA after two 15-day** fills within 60 days of the original fill
- PA long-acting opioids for new starts
- Internal cross-functional team review of outliers
- Buprenorphine and combination products limited to 16mg/day, PA required for greater doses
- Outlier reports for individual and group practices
- UDT annual limits
- Medical Director educational video series for sales and service

*Changed to 3g/day on 7/2014
**Changed 5/2013 to allow for multiple short-day supply fills, not to exceed two 15 days supply in 60 days, i.e. dentists
BCBSMA’s Opioid Safety Management Program was developed with an internal cross-functional team of doctors, nurses, pharmacists, actuaries, lawyers and data analysts. This team consulted with external doctors and pharmacists who specifically treat patients with pain and addiction. Additionally, BCBSMA reached out to the Massachusetts Medical Society, MA Department of Public Health, MA Board of Medicine, MA Board of Pharmacy and the top ten opioid dispensing pharmacies in MA to educate them about our new program prior to implementation, on July 1, 2012

- Prior Authorization requires:
  - 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 roles, responsibilities and 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

The three year program has resulted in an estimated 21 million fewer opioid doses dispensed. Cancer patients and terminally ill patients are excluded. Addictionologist on staff for internal and external consultation. Naloxone covered without a prescription at participating pharmacies.
Appendix

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


Questions