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National Institute for Health Care Management Foundation Webinar

Blue Cross Blue Shield of Massachusetts Opioid Safety Management Program

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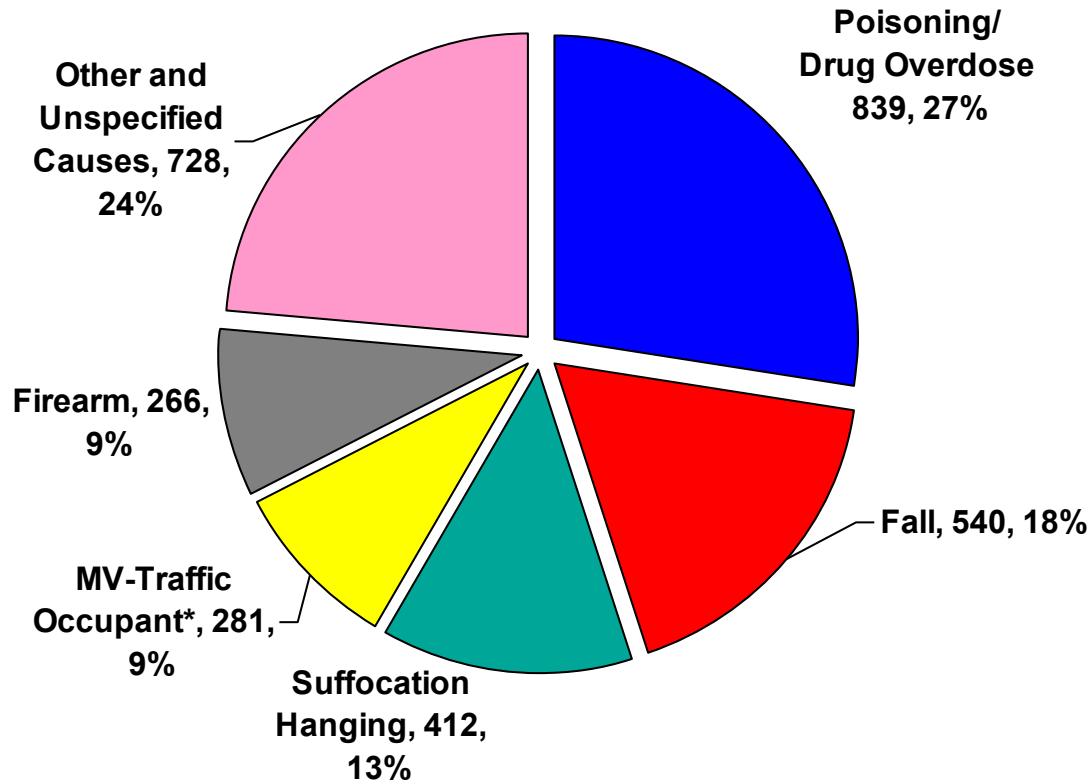
November 2, 2015

- 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)



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Age Adjusted Rate: 43.3 per 100,00 (vs. 57.0 per 100,00 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

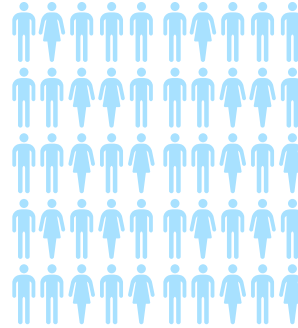


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**259
million**

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



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- 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



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- ***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



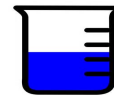
Internal cross-functional team review of outliers



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 service⁴

*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

Opioid Safety Management Program



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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

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
2. Interagency Guideline for Chronic Non-cancer Pain: An Educational Aid to improve the care and safety of Opioid therapy: 2010 update; www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf
3. Opioid Treatment Guidelines: Clinical Guidelines for the Use of Opioid Therapy in Chronic Noncancer Pain; The Journal of Pain, Vol 10, No.2 (February), 2009 pp 113-130.
4. <https://www.youtube.com/watch?v=W8xkOATHWMc&feature=youtu.be>

Questions



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