A Pharmacy Solutions Approach to the Opioid Epidemic

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Magellan Rx Management
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Magellan Health: One company, two unique platforms

**Focused on Complex Populations, Delivering Differentiated Services**

- State Medicaid programs and integrated management for special populations, including individuals with serious mental illness and those needing long-term services and supports
- Behavioral health management and employee assistance programs
- Specialty healthcare management, including musculoskeletal, cardiac and advanced imaging

**Magellan Healthcare**

- **25.3 million** commercial behavioral lives
- **25.1 million** commercial specialty lives
- **5.1 million** lives in government programs

**Magellan Rx Management**

- **13.3 million** medical pharmacy lives
- **1.9 million** commercial PBM lives
- **26 states** & Washington, DC in State Medicaid PBA business

- **26 states**
- **10,000** Total Employees

**Full-Service PBM Focused on High-Growth Specialty Spend**

- Full-service Pharmacy Benefit Manager (PBM) that expands beyond traditional core services
- Value-driven solutions: targeted clinical and powerful engagement strategies, advanced analytics, leading-edge specialty pharmacy programs
- More than 40 years of Medicaid and more than 30 years of self-funded employer experience
- Medicare Part D Prescription Drug Program
Objectives

Upon completion of this activity, participants should be able to:

- Demonstrate an understanding of the impact of the opioid crisis
- Outline ways that pharmacies can manage opioids through utilization management criteria
- Understand the value of a patient centric approach in opioid monitoring
- Identify methods for which patients can safely dispose of opioids
The Opioid Epidemic

Over 90 Americans die every day after overdosing on opioids.

The misuse of and addiction to opioids is a serious national crisis that affects public health as well as social and economic welfare.

The Centers for Disease Control and Prevention estimates that the total “economic burden” of prescription opioid misuse alone in the United States is $78.5 billion a year.

https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis
Prescribing Patterns by State

Number of painkiller prescriptions per 100 people

Lowest

Average

Highest

State Abbreviation  GA  91  Number of painkiller prescriptions per 100 people

SOURCE: IMS, National Prescription Audit (NPA™), 2012.

https://www.cdc.gov/vitalsigns/opioid-prescribing/infographic.html
PA Drug-poisoning Death Rates Higher than the US Rate


The U.S. rate is 14.7 per 100,000 population.

NOTE: Drug-poisoning death rates are age-adjusted deaths per 100,000 standard population.
How Do You Approach Opioids?

Opioid addiction has become an epidemic.

We help clients confront this issue to reduce abuse and dependence.

SOLUTION

An approach that is clinically appropriate and member-centric.

Clinical Interventions

- Enhanced point-of-service (POS) edits and utilization management (UM) criteria
- Claim surveillance and advanced analytics to identify outliers
- Member and provider support, engagement and education
2016 Centers for Disease Control Guidelines for Prescribing Opioids for Chronic Pain

- Nonpharmacologic therapy and non opioid pharmacologic therapy are preferred for new starts
- Use immediate-release for new starts
- Use the lowest effective dose
- Use shortest durations for acute pain
- Review prescription drug monitoring program (PDMP)
- Avoid concurrent opioid and benzodiazepine use
Agenda: 5 Ways to Approach Opioids through Pharmacy

1. Clinical Edits and Dosing Limits
2. Comprehensive Prior Authorization Criteria
4. Prescription Drug Monitoring Program (PDMP)
5. Patient Engagement & Intervention
   - Care Management
   - Patient Education
   - Drug Disposal
   - Narcan (naloxone)
Clinical Edits and Dosing Limits
Risk of Continued Opioid Use Increases at 4-5 Days

Likelihood of continuing to use opioids

Source: Centers for Disease Control and Prevention
Credit: Sarah Frostenson
Clinical Edits and Dosing Limits

Opioid-specific edits and limits reinforce clinically-based best practices requiring review and authorization based:

- Morphine milligram equivalent (MME) dose
- Duration of treatment
- Number of claims
- Quantity limits
- Use of a specific type of opioid
- Duplication of therapy
Comprehensive Prior Authorization Criteria
Comprehensive Prior Authorization Criteria

• Appropriate use criteria designed using evidence based data and clinical guidelines

• Ensures medication therapy is safe and effective and helps avoid inappropriate drug use

• Drugs that require prior authorization will only be approved when conditions for the drug are met

• Criteria inclusion examples:
  − Diagnosis, dose restrictions, urine drug screen
  − Trial of non-opioid alternatives or non-pharmacologic options
  − Pain contracts/patient education
  − Avoidance of other drugs that can impact safety
Claims Surveillance, Advanced Analytics and Pharmacist-Led Academic Detailing
Comprehensive Management through Monitoring and Engagement

- Improved patient care
- Outreach to prescribers of all specialties
- High-touch, academic detailing focused on improving best practice prescribing
- Multi-channel outreach: provider mailing telephone
  Face-to-face with pain management clinical pharmacist
- Comprehensive healthcare data identification (medical and pharmacy claims)
- Robust health informatics and reporting capabilities
Academic Detailing

- A multi-disciplinary team which includes physicians, pharmacists, nurses and social workers with pain management experience along with psychiatrists and substance abuse specialists
  - Quarterly evaluations of the most recent clinical guidelines, literature, and prescribing trends will lead to the development of new algorithms
  - Create provider letters
  - Review and update current algorithms and provider material
Sample Algorithms for Advanced Analytics

Pharmacy Data Algorithms

• High Morphine Equivalent Dosing
• Doctor Shopping
• Opioids with Concomitant Medications that Pose Safety Risks
• Medication Assisted Treatment (MAT) Drugs in Combination with Opioid Medications
• Multiple Short Acting Agents/Multiple Long Acting Agents
• Rapid dose escalation
• Consistent Early Refills

Pharmacy and Medical Data Algorithms

• Respiratory Disorder (COPD, asthma, etc.) Plus High Dose Opioid
• Opioid Overdose/Opioid Detox/Acute Opioid Intoxication with Continued Opioid Use
• History of Substance Abuse on High Dose Opioid
• Multiple Emergency Room Visits Yielding Narcotic Prescriptions
• Respiratory Depression Claim with Continued Opioid Use
• High Risk for Overdose Without a Prescription for Naloxone
Value of Whole Patient Health Management

**Face-to-face delivery makes a difference**
- Facilitates clinical discussion around new data, guidelines, and best practices
- Promotes coordination of care through sharing of claims data
- High provider satisfaction - 9 out of 10 providers responded positively when asked about the helpfulness of the consultations

**Pain Management clinical expertise**
- Protocols and provider materials are developed using Magellan’s Pain Management Center of Excellence

**Sentinel effect**
- As providers change prescribing patterns to align with best practice guidelines they begin to change not just for one patient but for **ALL** patients

**Positive Outcomes**
- Reduction in outlier prescribing
- Savings in both medical and pharmacy expenditures
Prescription Drug Monitoring Program (PDMP)
Prescription Drug Monitoring Programs (PDMPs)

- Tool for prescribers, pharmacists, and their delegates to easily look up their patients’ controlled substance prescription history before prescribing and dispensing
  - Pennsylvania Department of Health Prescription Drug Monitoring Program: PA PMP AWARxE
  - [https://pennsylvania.pmpaware.net](https://pennsylvania.pmpaware.net)

- Helps to identify patients:
  - Receiving opioid dosages or dangerous combinations that put them at high risk for overdose
  - That may be abusing opioids or suffering from substance use disorder

- PDMPs now exist in 49 states
PDMP Recommendations for Practice Integration

• Have all prescribers and pharmacists register for accounts
  – Prescribers can delegate their authority to licensed staff such as nurses

• Incorporate accessing PDMP information into the office visit workflow
  – Prior to patient visits and place a copy in the patient’s medical chart

• When should the PDMP be checked?
  – Prior to prescribing opioids for the first time for a patient
  – For transferred patients already using opioids
  – When transitioning patients from acute opioid therapy to chronic
  – Routinely for patients on chronic opioids and/or other controlled substances
  – Regularly for patients being treated for an addiction disorder
  – When there is evidence of aberrant behavior
Red Flags

PDMP Findings

• Doses above 90 MME
• Doctors located 100 miles from pharmacy
• Filling multiple prescriptions for the strongest formulations
• Filling controlled substances in multiple pharmacies and from multiple prescribers
• A large portion (75%) of prescriptions filled by the pharmacy are controlled substances written by one particular physician
• Patient repeatedly seeks pain medication from Emergency Department/Urgent Care

Patient Discovered Finding

• Patients travel in groups to the pharmacy
• Filling a large percentage of cash prescriptions
• Requests for early refills/lost medication/vacation supply
• Patient alters, forges, or rewrites prescriptions
• Patient appears sedated, intoxicated or exhibits withdrawal symptoms
• Patient suffers unintentional or intentional overdose
Patient Engagement & Interventions
A Care Management Design

Member Identification

Outreach & Engagement

Member Assessment

Individualized Plan & Care Management
Care Management – A Pharmacist’s Role

• Pharmacist is in a unique position to uncover gaps in care based on paid claims data

• By performing a medication reconciliation, the common issues below are often identified
  – Doctor Shopping
  – Patterns of early refills
  – Emergency room opioid prescriptions
  – Discharge medication errors
  – Physical health disease states that may be contributing to pain issues not adequately treated (ex: diabetes)

• Member education

• Provider education
  – Opioid and non opioid pain management options
  – Tapering
  – Coordination of care
Patient Education

• Provide education to all patients who have been prescribed opioids for the first time.

• Include topics such as:
  − Directions for use
  − Side effects
  − How to dispose of leftover medication

• Videos, online educational tools, and patient handouts can supplement verbal education

• Goal is to ensure patients understand how to use their opioids appropriately and understand the safety risks of their medications.
Drug Disposal
Why is Drug Disposal Important?

Patients commonly have leftover opioids, many share them or leave them in places that are easily accessible by others

- Nearly 6 out of 10 people had leftover opioids they kept for “future use”
- 20% shared their medications with friends or relatives
- Only 10% kept their medications locked up
Deterra Drug Deactivation Pouches

• Safe way to inactivate and dispose of unused opioid medications

• Attorney General Josh Shapiro has a drug deactivation and disposal pouch initiative
  – Providing 300,000 pouches to almost 300 pharmacies in 12 Pennsylvania counties

• List of pharmacies by county that have these pouches:
  [https://www.attorneygeneral.gov/Drug_Deactivation/](https://www.attorneygeneral.gov/Drug_Deactivation/)
### Participating Pharmacies in Butler County

<table>
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<td>CHICORA DRUG</td>
<td>100 W SLIPPERY ROCK ST</td>
<td>CHICORA</td>
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<tr>
<td>EVANS CITY DRUG</td>
<td>201 EAST MAIN STREET</td>
<td>EVANS CITY</td>
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<td>558 PITTSBURGH ST.</td>
<td>MARS</td>
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<td>CRANBERRY TOWNSHIP</td>
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<td>TARGET STORE IN STORE</td>
<td>200 BUTLER COMMONS</td>
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<td>296 CHURCH STREET</td>
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Drug Disposal Kiosks

• Offers one of the best ways to ensure medications are not accidentally used or intentionally misused

• Kiosks have been installed throughout Pennsylvania
  - CVS has over 1500 kiosks at stores across the nation
    - Locate list by zip code
      http://www.cvs.com/content/safer-communities-locate
  - Walgreens has installed kiosks in over 600 pharmacies across 45 states

• Pennsylvania Department of Drug and Alcohol Programs offers a website to find drug take back locations
  - Locate by zip code or county
    https://apps.ddap.pa.gov/-gethelpnow/pilldrop.aspx
11 Drug Disposal Sites in Butler County

<table>
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<tr>
<th>Location</th>
<th>Address</th>
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<th>State</th>
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<td>200 West New Castle Street</td>
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<td>Butler County Prison</td>
<td>202 South Washington Street</td>
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<td>290 South Duffy Road</td>
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<td>157 East Airport Road</td>
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<td>200 Barracks Rd.</td>
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<td>PA</td>
<td>16001-2689</td>
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<td>Butler</td>
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<td>2525 Rochester Road</td>
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<td>PA</td>
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<tr>
<td>Adams Township Police Dept.</td>
<td>690 Valencia Road</td>
<td>Mars</td>
<td>PA</td>
<td>16046</td>
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<tr>
<td>Saxonburg Borough Police Dept.</td>
<td>420 West Main Street</td>
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<td>PA</td>
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<tr>
<td>Slippery Rock Borough Police Dept.</td>
<td>306 East Water Street</td>
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<td>16057</td>
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<tr>
<td>Jackson Township Police Dept.</td>
<td>140 Magill Road</td>
<td>Zelienople</td>
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<td>16063</td>
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</table>
US Drug Enforcement Agency (DEA) Take Back Days

- Occurs twice a year in April and October
- DEA provides posters, pamphlets
- Collection sites include police departments, college campuses, schools, community centers, fire departments, public libraries
- Specific collections sites can be found on https://www.deadiversion.usdoj.gov/drug_disposal/takeback/
Narcan (naloxone)
Narcan (naloxone)

4,624 persons died of an overdose in Pennsylvania in 2016; 37% increase over 2015*

- Reverses the effect of an opioid overdose (prescription or illicit)
- Does not require specialized medical training to use
- Available without a prescription in some pharmacies in Pennsylvania
  - CVS
  - Walgreen’s
- Availability is considered a key prevention initiative to reduce the burden of opioid overdose.

Conclusion

- The CDC estimates the total “economic burden” of prescription opioid misuse alone in the United States is $78.5 billion a year.
- Opioid-specific edits and limits reinforce clinically-based best practices requiring review and are authorization based.
- Deterra drug pouches and medication kiosks are a safe way to dispose of unused opioid medications.
- PDMPs are a great resource to identify patients receiving opioid dosages or dangerous combinations that put them at high risk for overdose.
- A comprehensive care management plan is an essential component of managing long term chronic pain.
Questions

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Disclosure

Dr. Crystal L. Henderson has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest.
References


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