



# A Pharmacy Solutions Approach to the Opioid Epidemic

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Magellan Rx Management

October 25, 2017



# 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

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**25.3 million**  
commercial  
behavioral lives

**25.1 million**  
commercial  
specialty lives

**5.1 million**  
lives in  
government  
programs



Offices in 26  
states & D.C.



## *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

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**13.3 million**  
medical pharmacy  
lives

**1.9 million**  
commercial  
PBM lives

**26 states**  
& Washington, DC  
in State Medicaid  
PBA business



10,000  
Total Employees

# 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

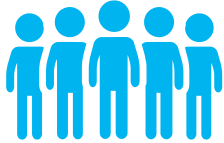


Understand the value of a patient centric approach in opioid monitoring



Identify methods for which patients can safely dispose of opioids

# The Opioid Epidemic



Over 90 Americans die every day after overdosing on opioids.

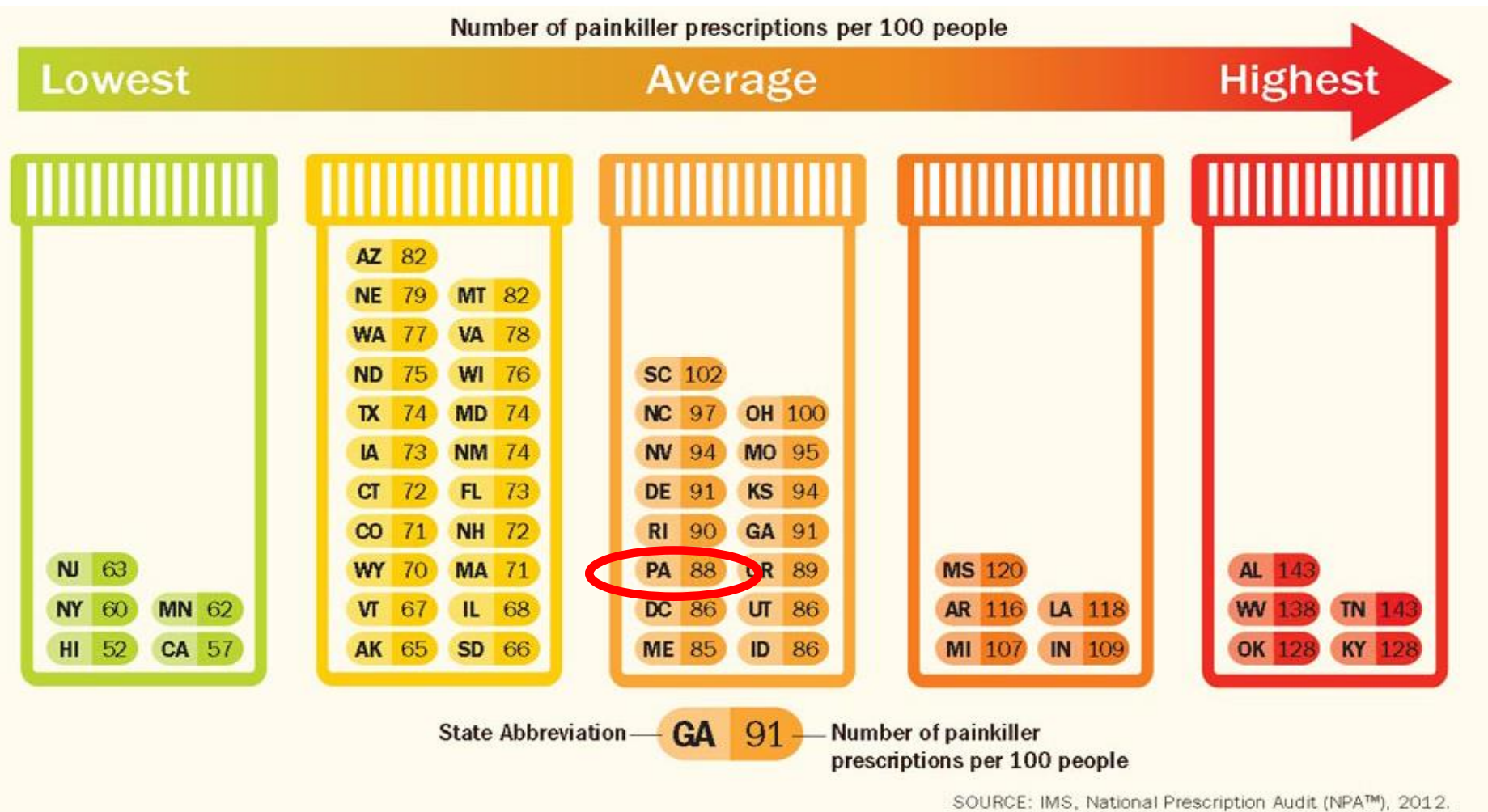


The misuse of and addiction to opioids is a serious national crisis that affects public health as well as social and economic welfare.



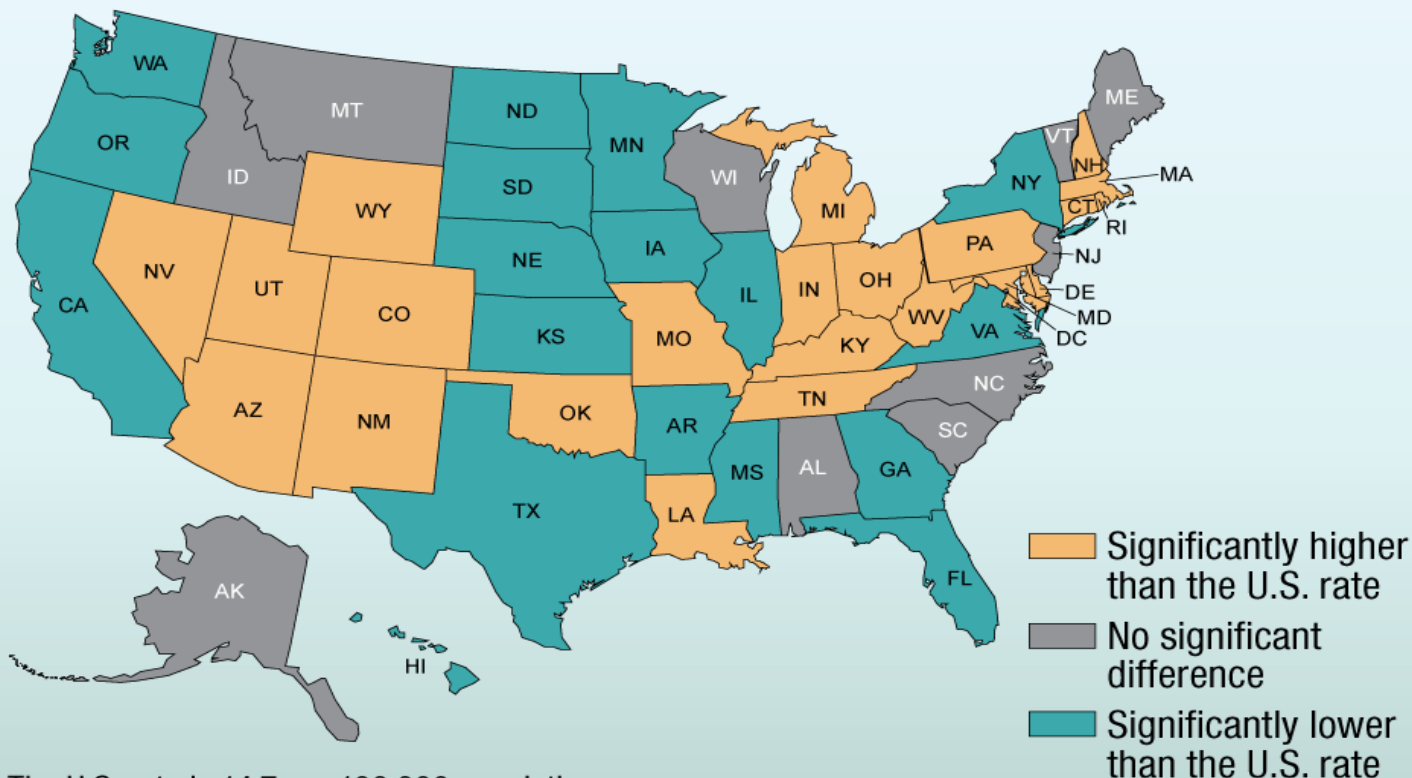
The Centers for Disease Control and Prevention estimates that the total “economic burden” of prescription opioid misuse alone in the United States is **\$78.5 billion a year**.

# Prescribing Patterns by State

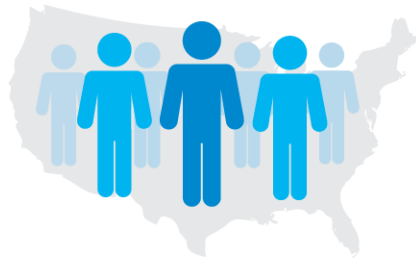


# PA Drug-poisoning Death Rates Higher than the US Rate

## Drug-poisoning death rates, by state: United States, 2014



# 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

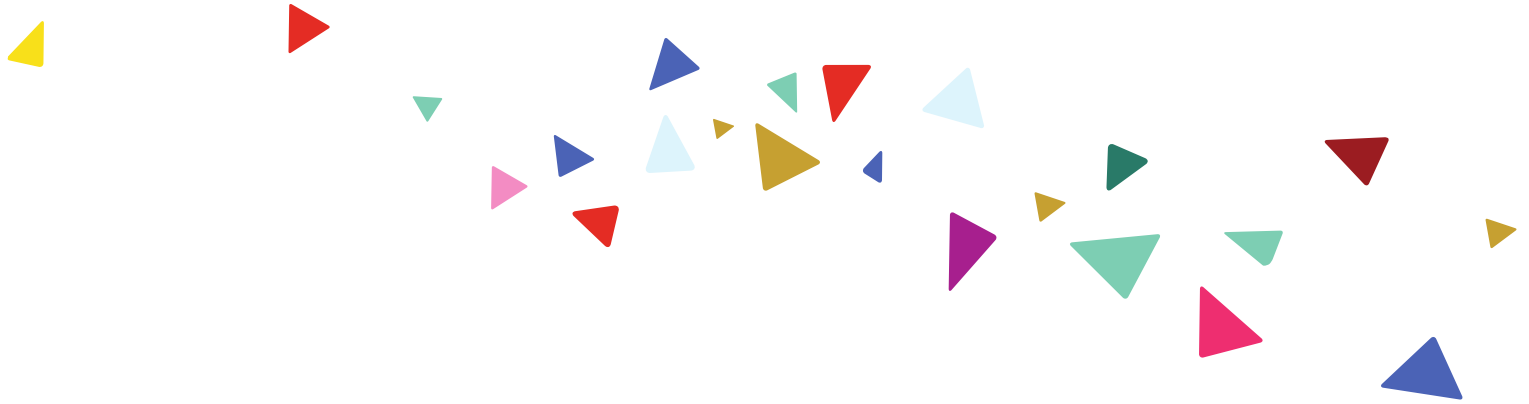
- Nonpharmacologic therapy and non opioid pharmacologic therapy are preferred for new starts
- Use immediate-release for new starts
- Use the lowest effective dose
- Use shortest durations for acute pain
- Review prescription drug monitoring program (PDMP)
- Avoid concurrent opioid and benzodiazepine use



# Agenda: 5 Ways to Approach Opioids through Pharmacy

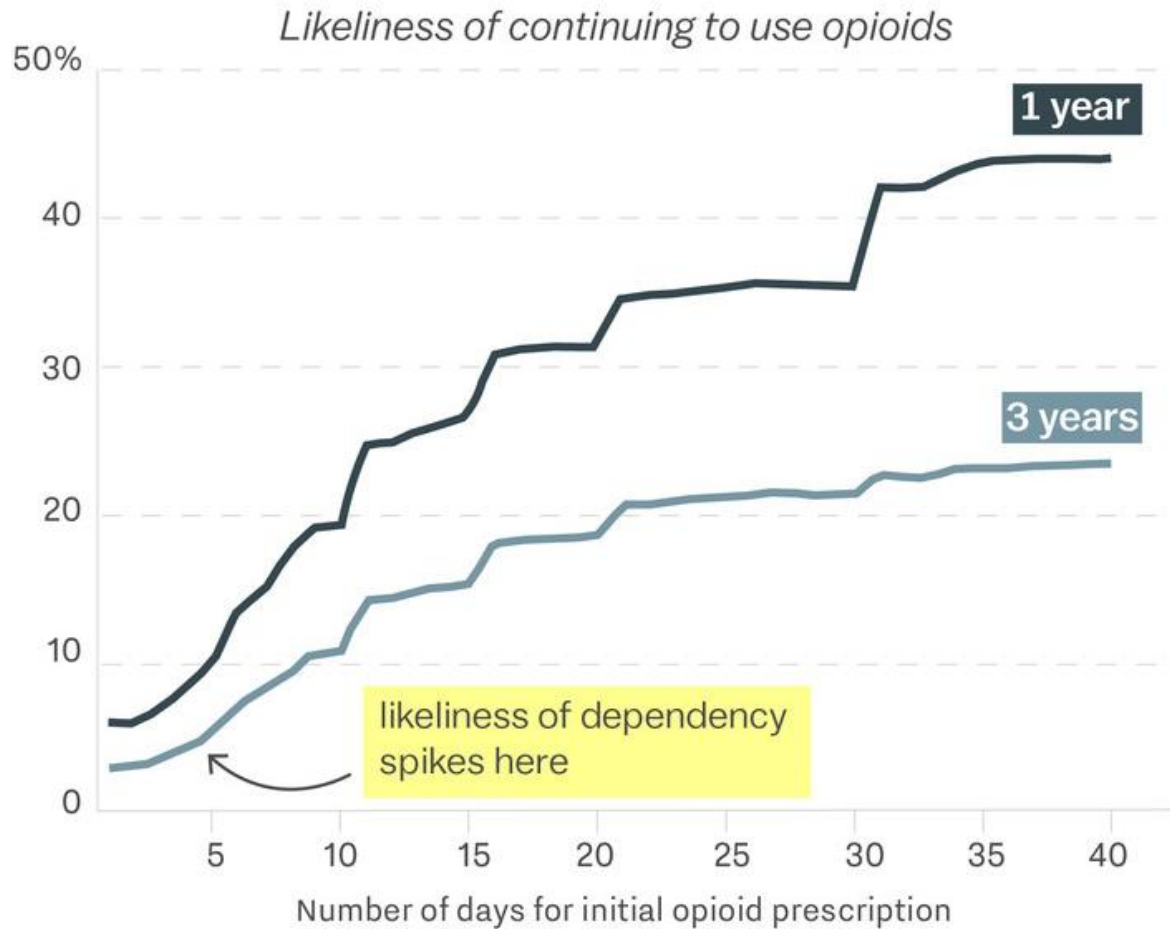
1. Clinical Edits and Dosing Limits
2. Comprehensive Prior Authorization Criteria
3. Claims Surveillance, Advanced Analytics and Pharmacist-Led Academic Detailing
4. Prescription Drug Monitoring Program (PDMP)
5. Patient Engagement & Intervention
  - Care Management
  - Patient Education
  - Drug Disposal
  - Narcan (naloxone)





# Clinical Edits and Dosing Limits

# Risk of Continued Opioid Use Increases at 4-5 Days



Source: Centers for Disease Control and Prevention

Credit: Sarah Frostenson

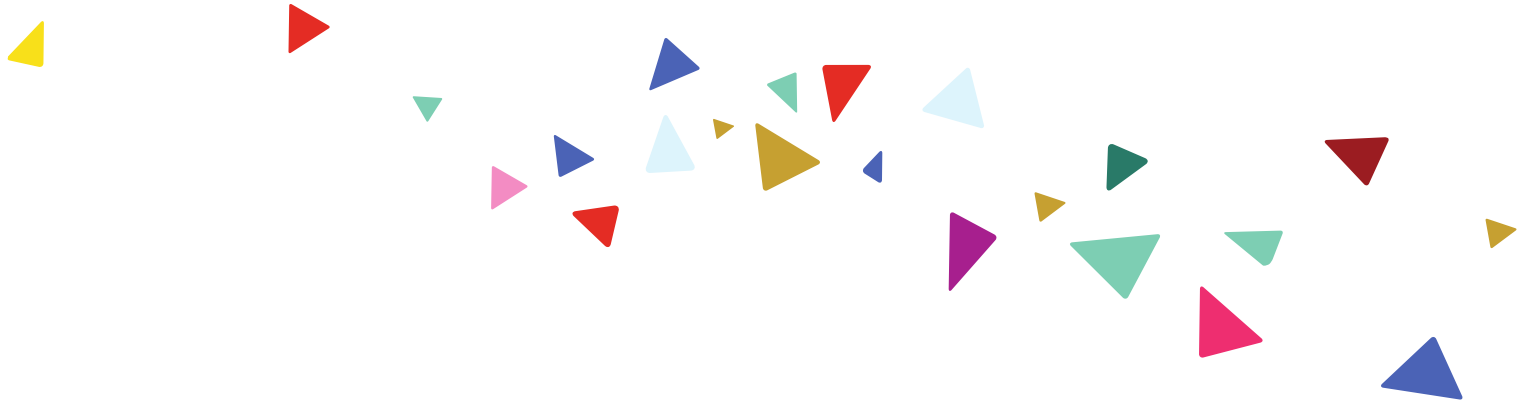
**Vox**

# 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

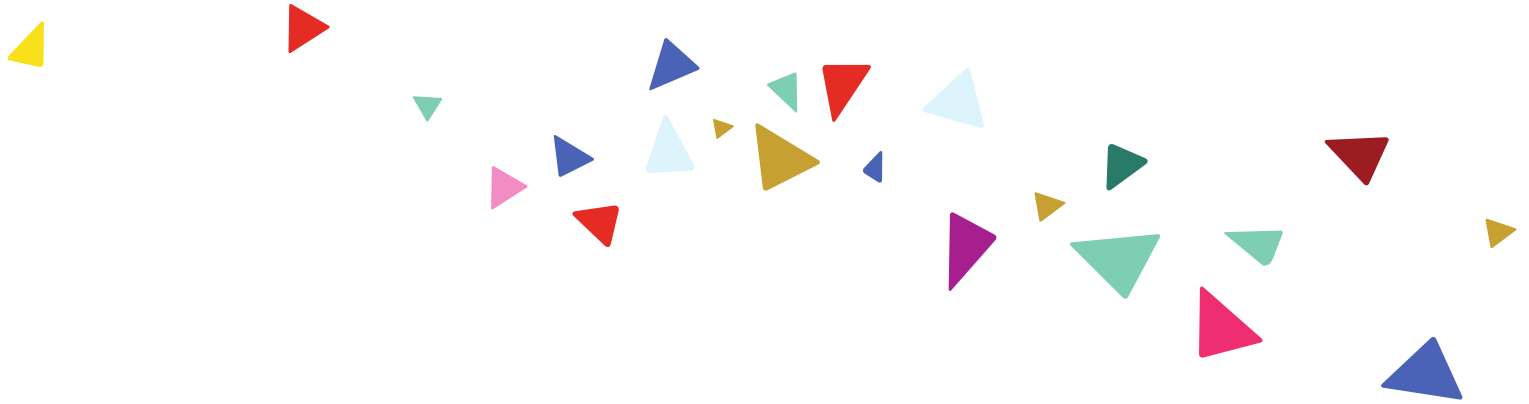




# Comprehensive Prior Authorization Criteria

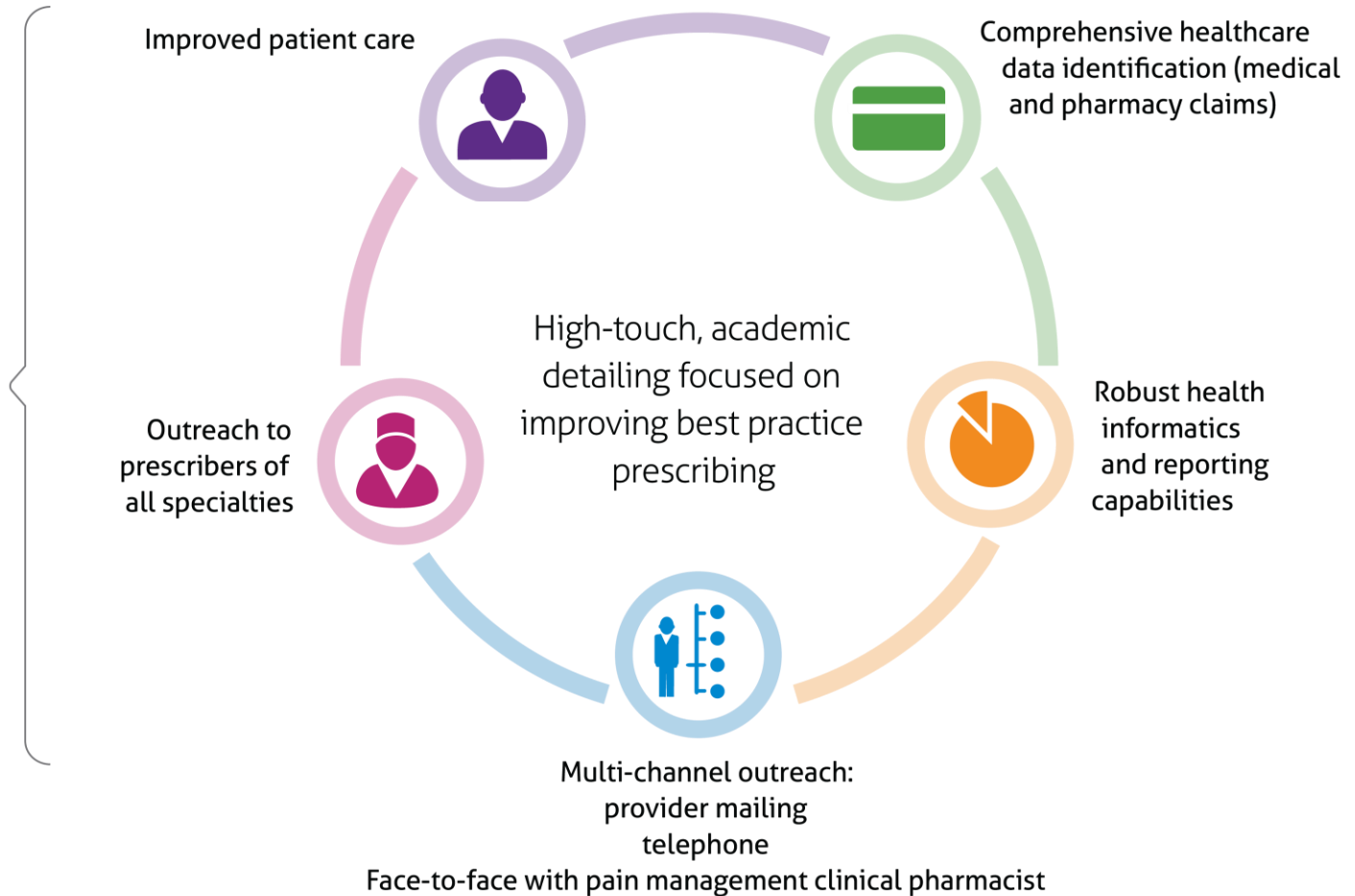
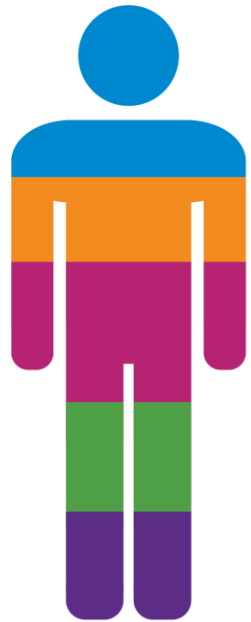
# Comprehensive Prior Authorization Criteria

- 
- 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





# 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



Experts in Pain  
Management



Peer-to-Peer  
Discussions



Policy  
Development



New Drug  
Reviews



Treatment  
Guidelines

# 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



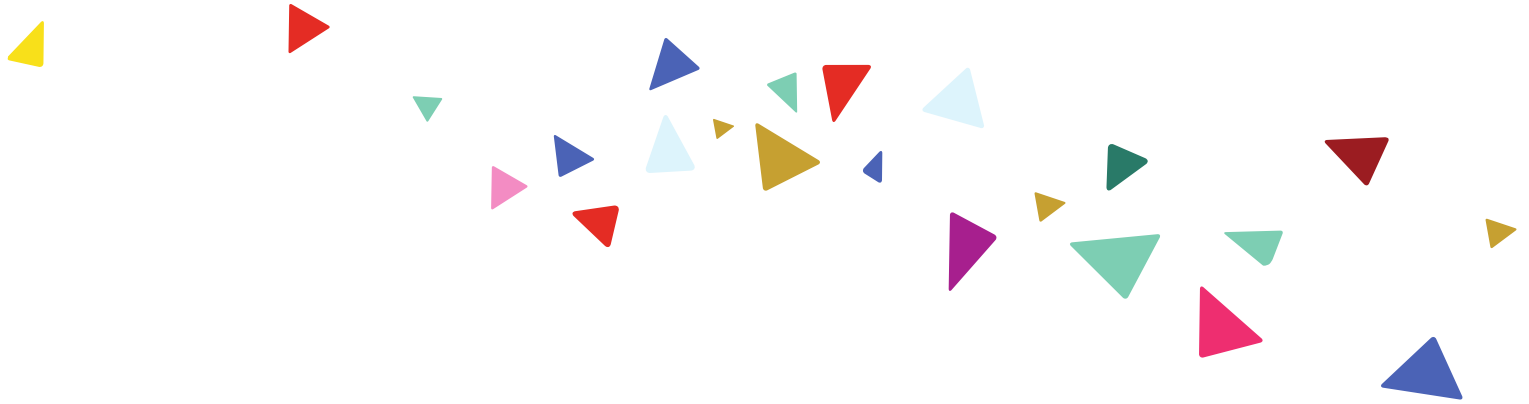
## Sentinel effect

- 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 AWAREx
  - <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



## Patient Rx Request

4 of 7

**Patient Report** [Refine Search](#)

Report Prepared: 08/12/2016 Date Range: 01/05/2015-12/01/2015

▶ John Doe

Summary Prescriptions:4 Prescribers:4 Pharmacies:3 Private Pay:3 Active Daily MME:0

▼ Prescriptions

Filed	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	MME/D	Pynt	Type	PMP
12/01/2015	1	11/30/2015	TRAMADOL HCL 50 MG TABLET	30.0	30	D TES	0098749	B PHA (1119)	0	5.0	Comm Ins	DO	
02/25/2015	2	02/25/2015	HYDROCODONE-ACETAMINOPH 10-325	90.0	30	E TES	000013	C PHA (2222)	0	18.0	Private Pay	DO	
02/18/2015	2	02/18/2015	HYDROCODONE-ACETAMINOPH 10-325	90.0	30	D TES	000012	C PHA (2222)	0	18.0	Private Pay	DO	
02/04/2015	3	02/04/2015	HYDROCODONE-ACETAMINOPH 10-325	90.0	30	C TES	000011	B PHA (1111)	0	18.0	Private Pay	DO	

\*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

▼ Prescribers

Name	Address	City	State	Zip	Phone
TESTPRESCRIBER, C	2910 HIGH ST	WICHITA	KS	67203	
TESTPRESCRIBER, D					
TESTPRESCRIBER, D	890 NO PLACE ST	WICHITA	KS	67203	
TESTPRESCRIBER, E	10110 TEST ST	WICHITA	KS	67204	

▼ Dispensers

Pharmacy	Address	City	State	Zip	Phone
C PHARMACY CHAIN (2222)	2nd NOWHERE ST	WICHITA	KS	67206	3365550000
B PHARMACY (1111)	1234 NOT-A-REAL-PLACE DR	WICHITA	KS	67202	3160000000
B PHARMACY (1119)	1234 NOT-A-REAL-PLACE DR	WICHITA	KS	67202	

### Viewing Results

When a match is found, the Patient Report is automatically displayed.

#### Report Sections

- 1. Patient Information:** An expandable section containing a cluster of patients whose records were linked to make up this Patient Rx history, as well as the criteria entered to run the report
- 2. Summary:** Total number of Prescriptions, Prescribers, Pharmacies, and Private Pay, as well as the Active Daily MME
- 3. Prescriptions:** Prescriptions filled within the Date Range requested
- 4. Prescribers:** Prescribers who wrote the prescriptions shown
- 5. Dispensers:** Dispensers (Pharmacies) that filled the prescriptions shown

Each section has mouse over hints that provide explanations or further information.

# 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



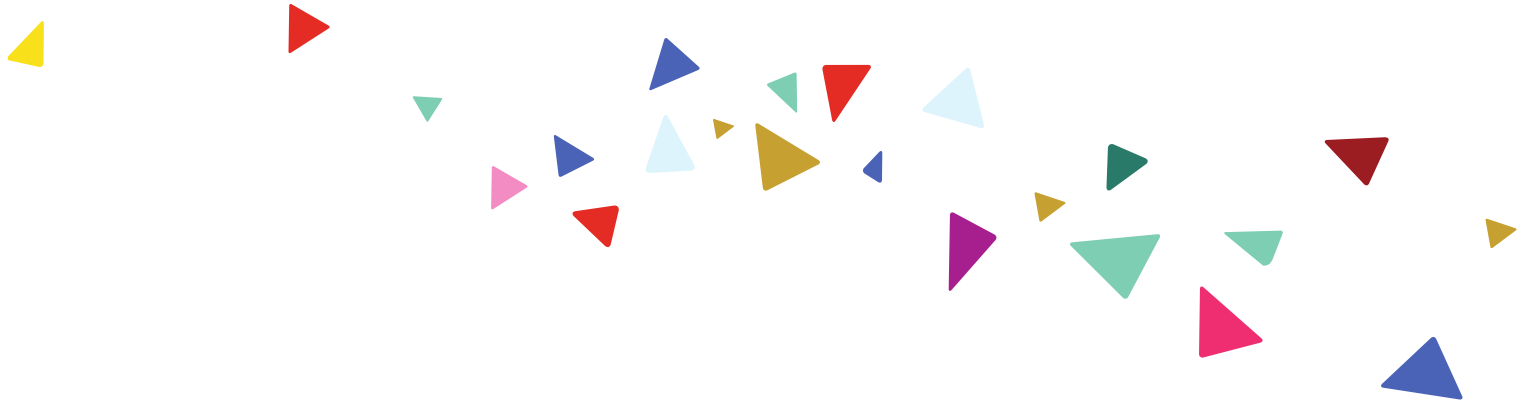
# Red Flags

## 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

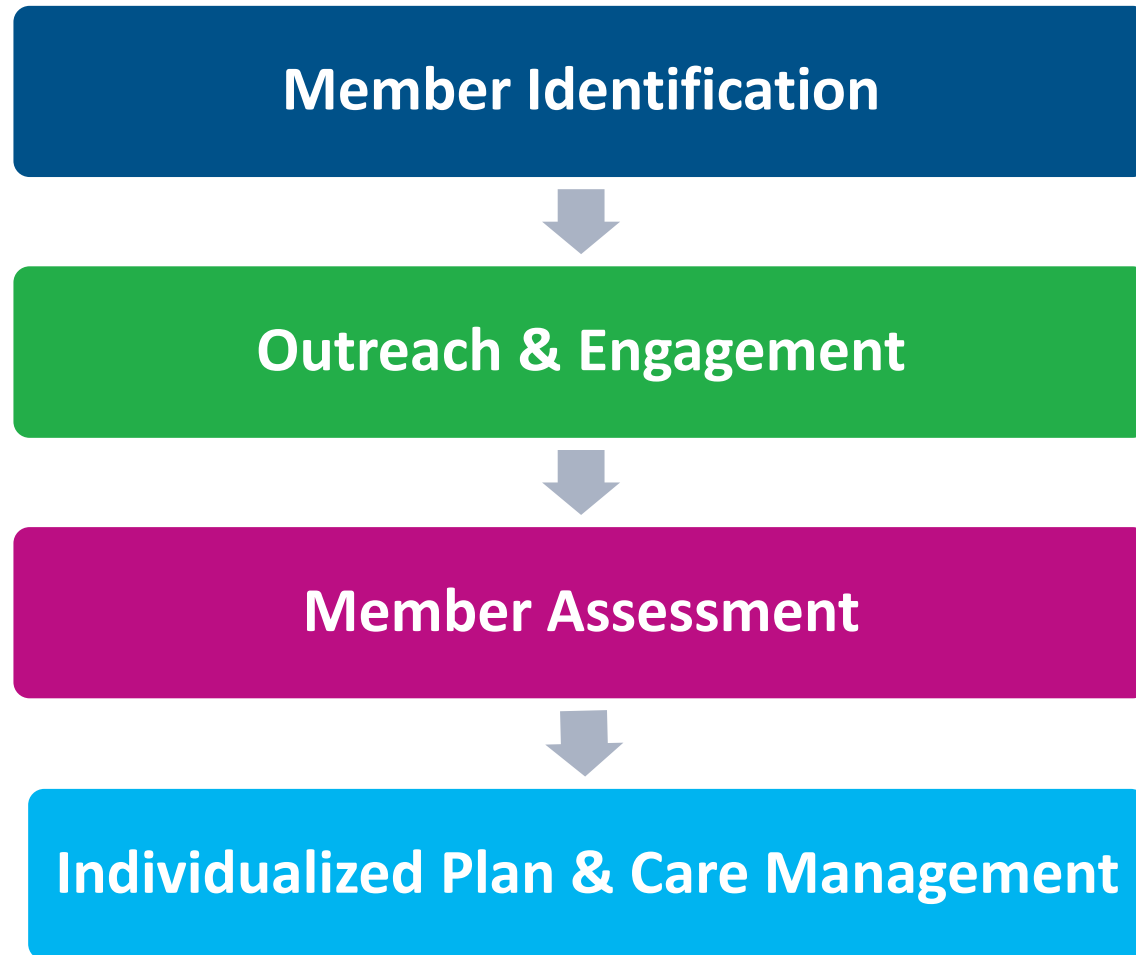
- Patients travel in groups to the pharmacy
- Filling a large percentage of cash prescriptions
- Requests for early refills/lost medication/vacation supply
- Patient alters, forges, or rewrites prescriptions
- Patient appears sedated, intoxicated or exhibits withdrawal symptoms
- Patient suffers unintentional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



# Patient Engagement & Interventions



# A Care Management Design



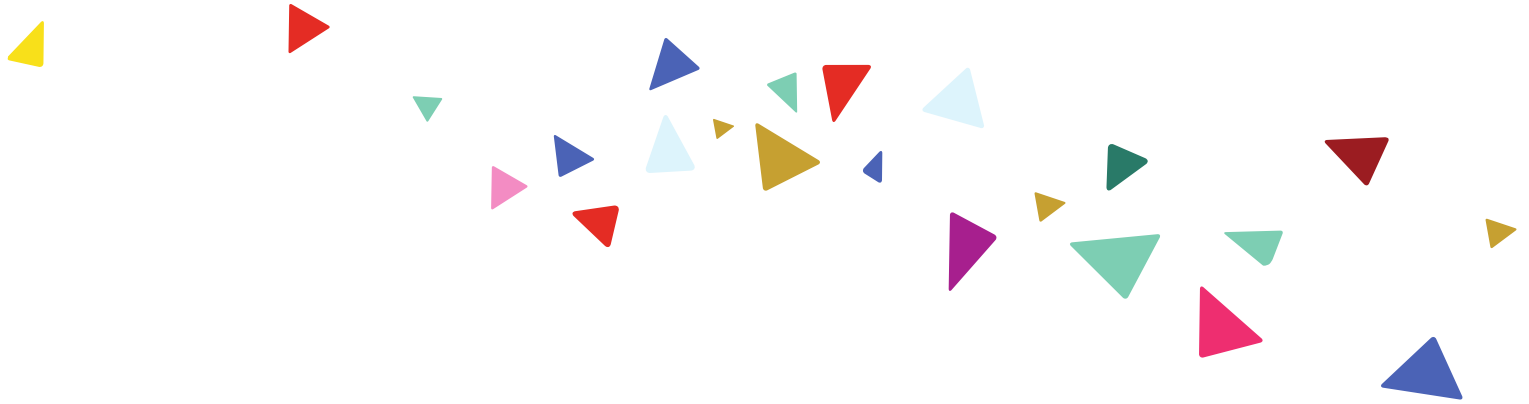
# Care Management – A Pharmacist's Role

- 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

CHICORA DRUG	100 W SLIPPERY ROCK ST	CHICORA	16025
EVANS CITY DRUG	201 EAST MAIN STREET	EVANS CITY	16033
RETAIL CVS/PHARMACY	558 PITTSBURGH ST.	MARS	16046
RETAIL CVS/PHARMACY	1181 FREEDOM RD.	CRANBERRY TOWNSHIP	16066
TARGET STORE IN STORE	1717 ROUTE 228	CRANBERRY TOWNSHIP	16066
TARGET STORE IN STORE	200 BUTLER COMMONS	BUTLER	16001
RITE-AID	20480 ROUTE 19	CRANBERRY TWP	16066
RITE-AID	1520 N MAIN STREET EXT	BUTLER	16001
RITE-AID	129 GRAND AVE	MARS	16046
RITE-AID	100 SEVEN FIELDS BLVD	SEVEN FIELDS	16046
RITE-AID	25 NORTHGATE PLAZA	HARMONY	16037
RITE-AID	178 POINT PLAZA	BUTLER	16001
RITE-AID	200 GREATER BUTLER MART	BUTLER	16001
RITE-AID	221 GROVE CITY ROAD	SLIPPERY ROCK	16057
RITE-AID	139 SOUTH MAIN STREET	BUTLER	16001
WALMART	20245 ROUTE 19	CRANBERRY TWP	16066
WALMART	400 BUTLER CMNS	BUTLER	16001
SAMS	200 MORAIN POINT PLZ	BUTLER	16001
PETROLIA PHARMACY	296 CHURCH STREET	PETROLIA	16050

# 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>





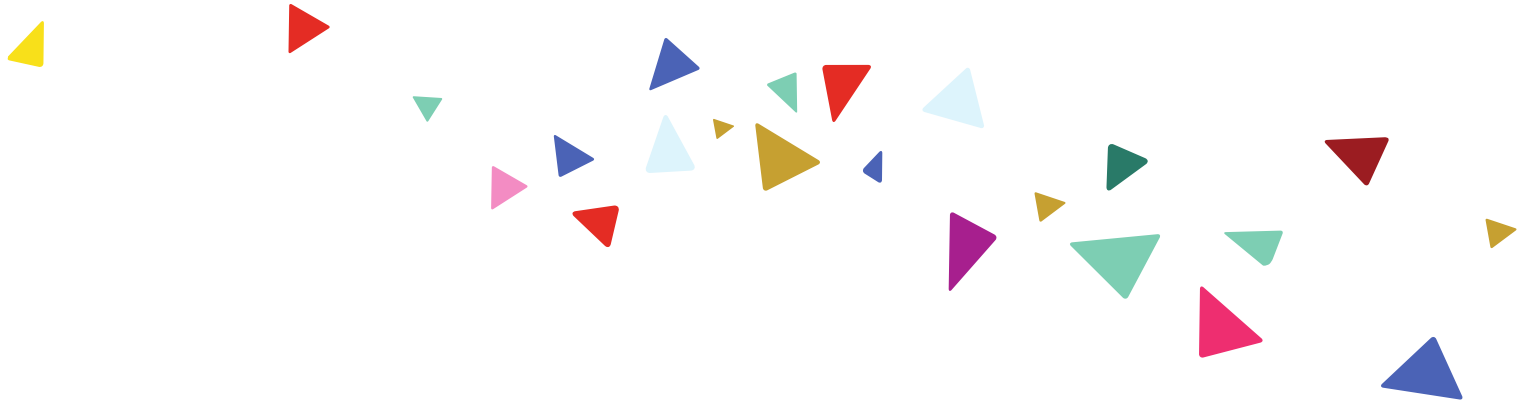
# 11 Drug Disposal Sites in Butler County

Butler City Police Dept.	200 West New Castle Street	Butler	PA	16001
Butler County Prison	202 South Washington Street	Butler	PA	16001
Butler Township Police Dept.	290 South Duffy Road	Butler	PA	16001
Penn Township Police Dept.	157 East Airport Road	Butler	PA	16002
State Police-Troop D / Butler	200 Barracks Rd.	Butler	PA	16001-2689
Walgreens Pharmacy (Butler Location)	280 New Castle Rd	Butler	PA	16001
Cranberry Township Police Dept.	2525 Rochester Road	Cranberry Township	PA	16066
Adams Township Police Dept.	690 Valencia Road	Mars	PA	16046
Saxonburg Borough Police Dept.	420 West Main Street	Saxonburg	PA	16056
Slippery Rock Borough Police Dept.	306 East Water Street	Slippery Rock	PA	16057
Jackson Township Police Dept.	140 Magill Road	Zelienople	PA	16063

# 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.dea.gov/diversion/usdoj.gov/drug\\_disposal/takeback/](https://www.dea.gov/diversion/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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