



AMCP Webinar Series

Responding to the Opioid Addiction Epidemic

July 29, 2015



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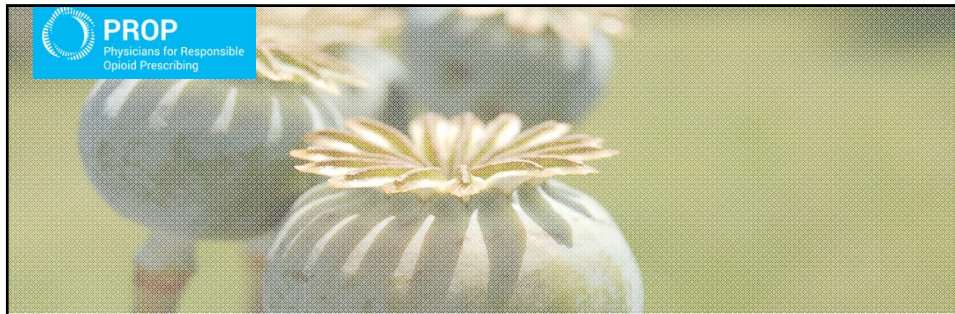
Today's Speakers

Andrew Kolodny, MD
 Chief Medical Officer, Phoenix House
 Executive Director, Physicians for Responsible Opioid Prescribing (PROP)

- ❑ Dr. Kolodny was previously the Chair of Psychiatry at Maimonides Medical Center in New York City. Dr. Kolodny has a long standing interest in Public Health. Prior to his position at Maimonides, he was the Medical Director for Special Projects in the Office of the Executive Deputy Commissioner for the New York City Department of Health and Mental Hygiene.
- ❑ For New York City, he helped develop and implement multiple programs to improve the health of New Yorkers and save lives, include city-wide buprenorphine programs, naloxone overdose prevention programs and emergency room-based screening, brief intervention and referral to treatment (SBIRT) programs for drug and alcohol abuse.

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PROP
Physicians for Responsible
Opioid Prescribing

The Opioid Addiction Epidemic: *How marketing and regulatory failure led to a public health crisis*


Andrew Kolodny, M.D.
*Chief Medical Officer, Phoenix House Foundation Inc.
Executive Director, Physicians for Responsible Opioid Prescribing
Senior Scientist, Heller School for Social Policy and Management, Brandeis University
Research Professor, Global Institute of Public Health, New York University*



Phoenix House
Rising Above Addiction

The Opium Poppy

Papaver Somniferum



Papaver somniferum
Photo by Eric Clausen, © 2000 Erowid.org

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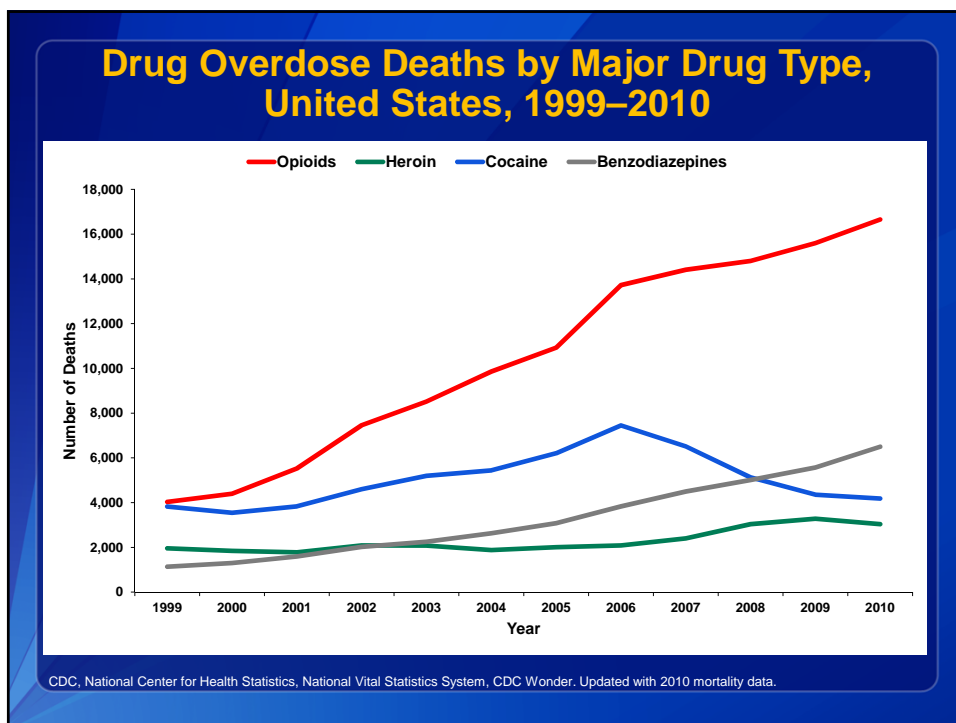
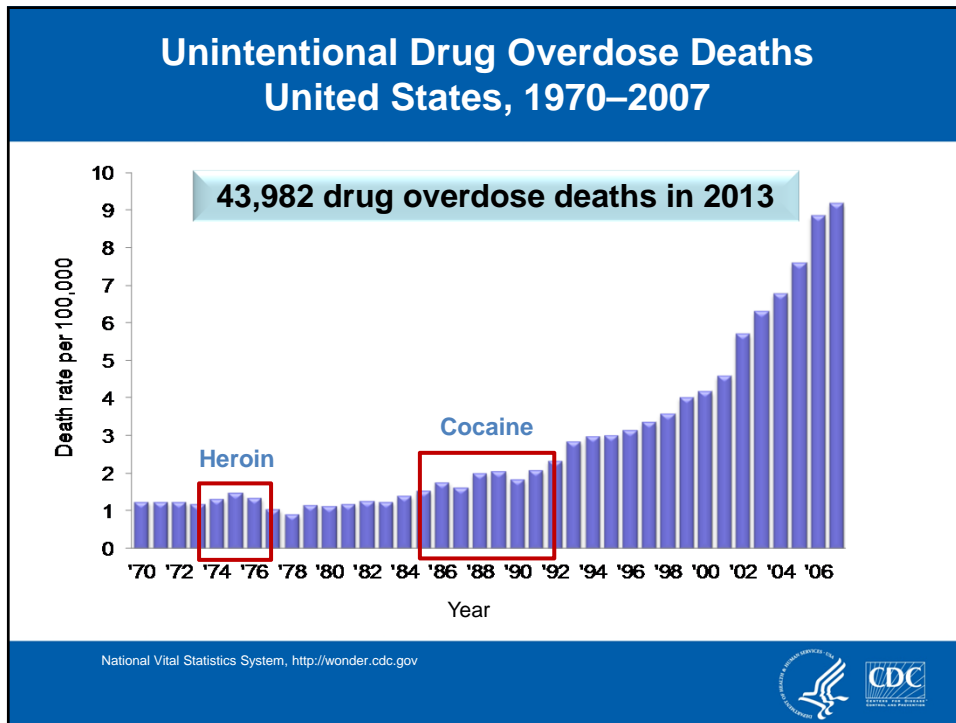
Opium

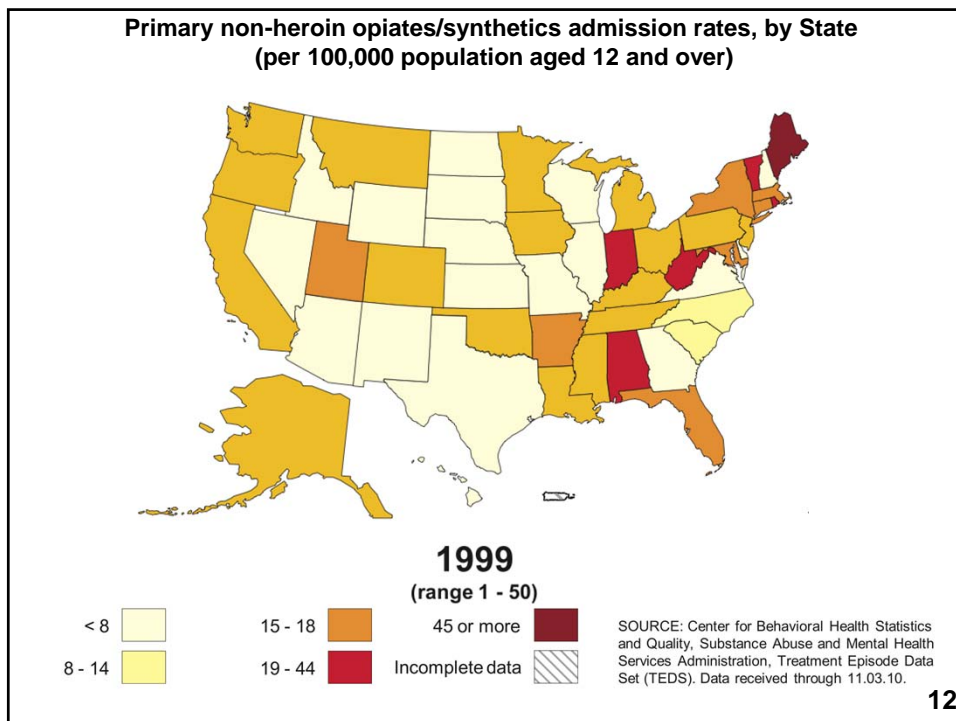
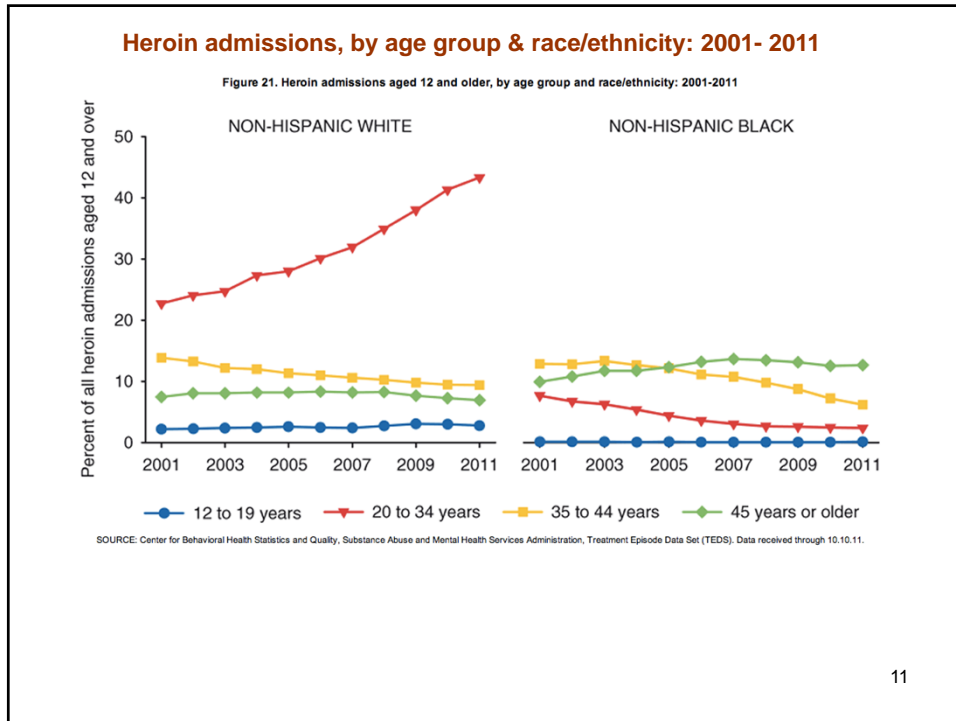


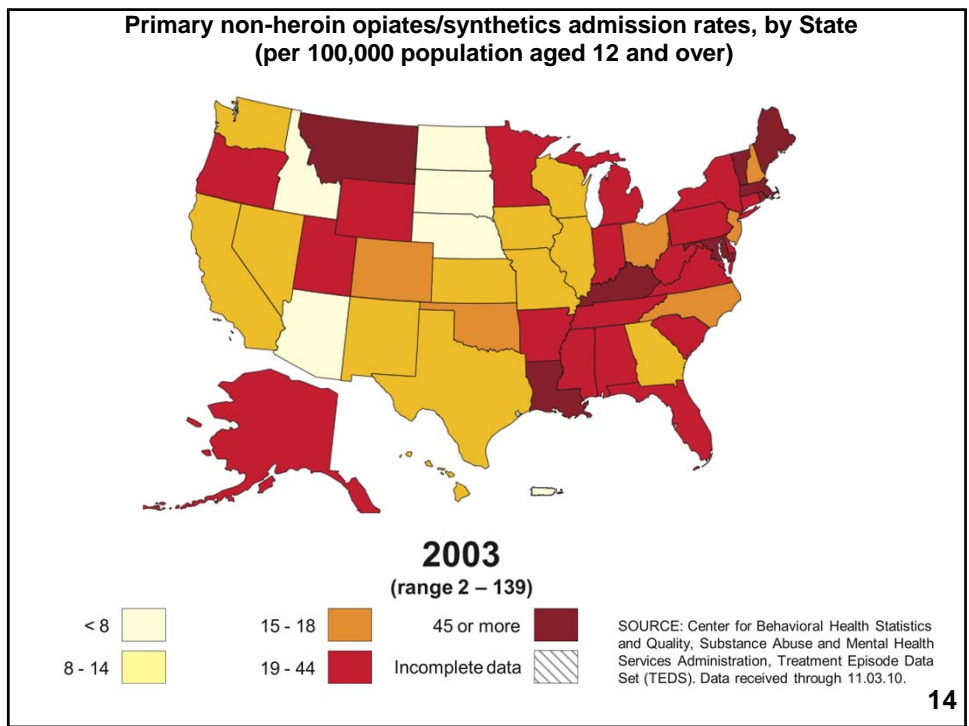
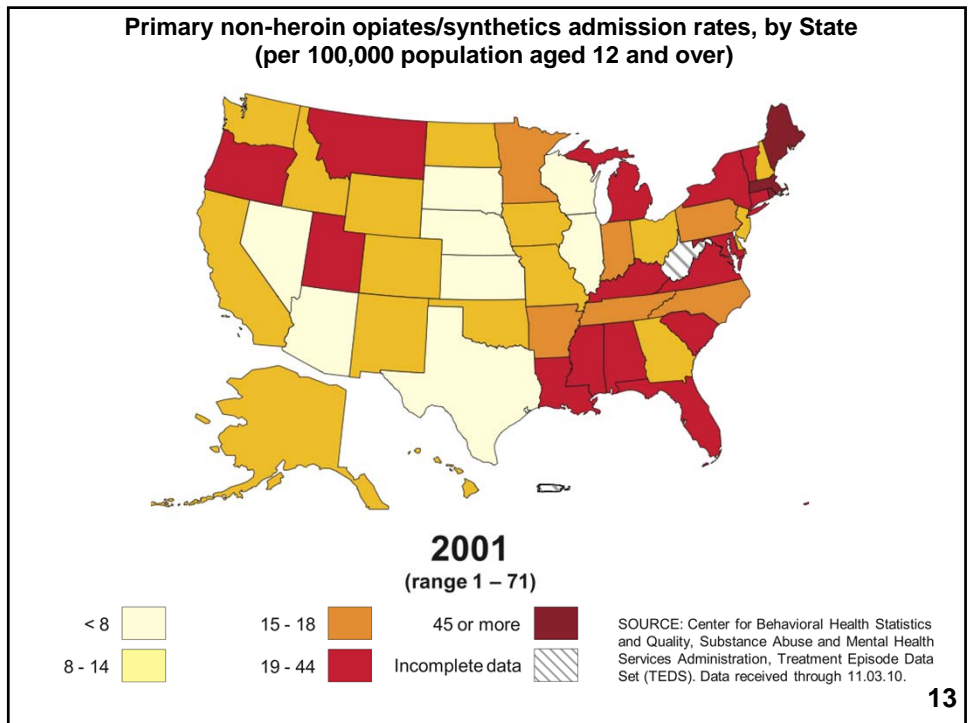
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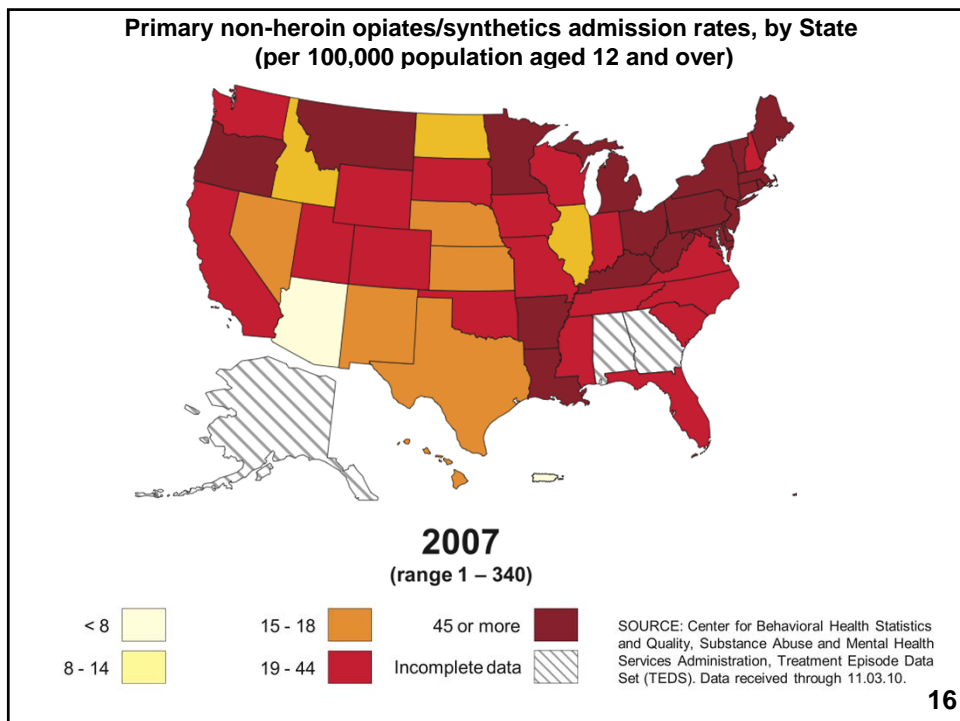
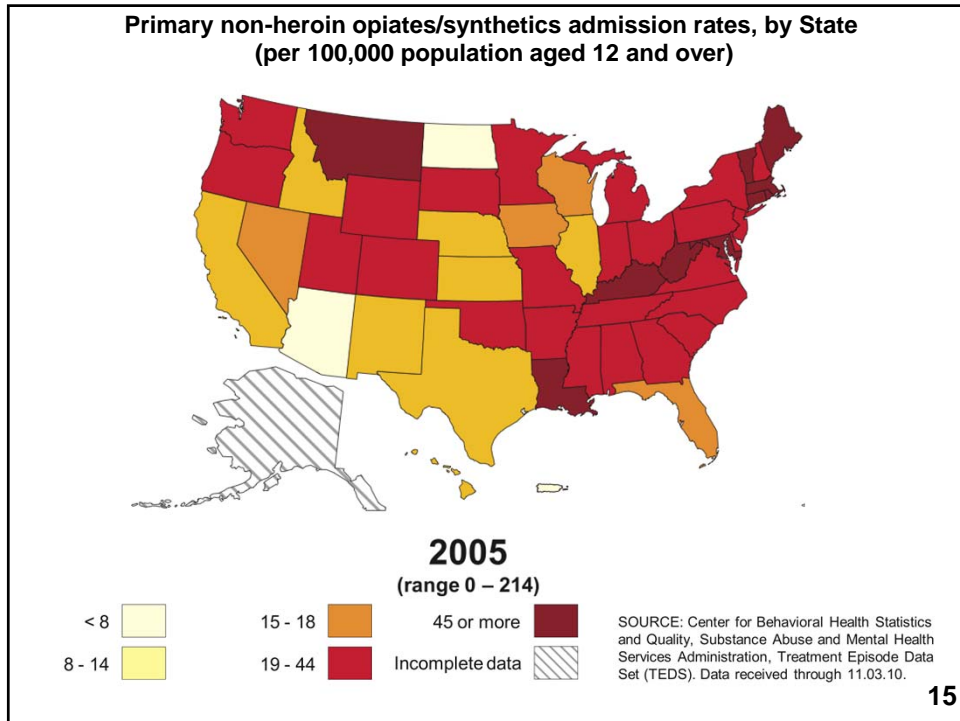
Opioids

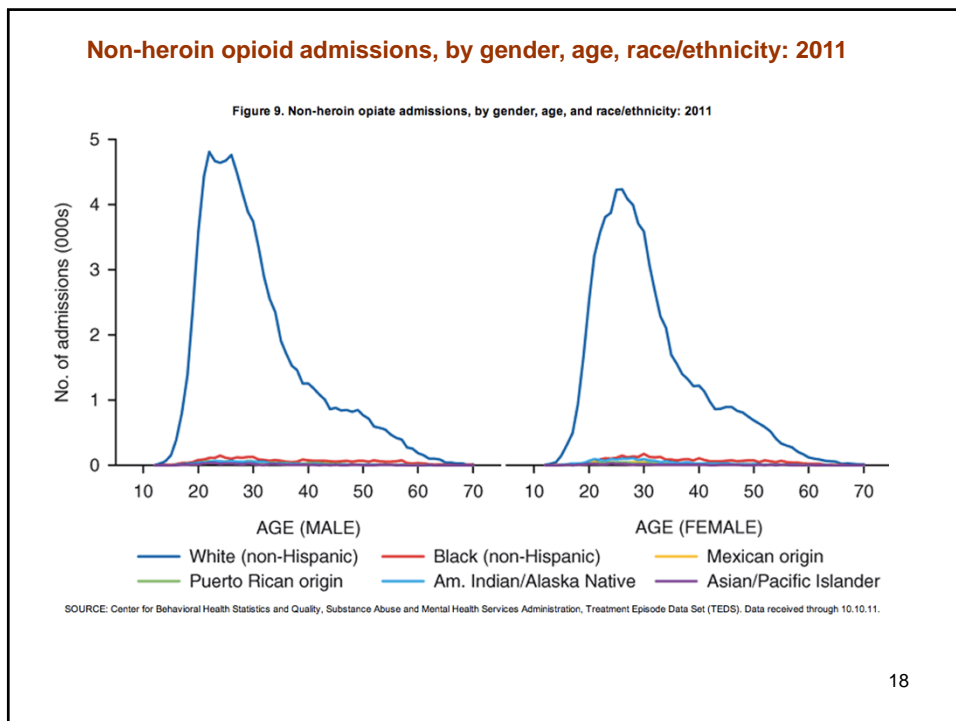
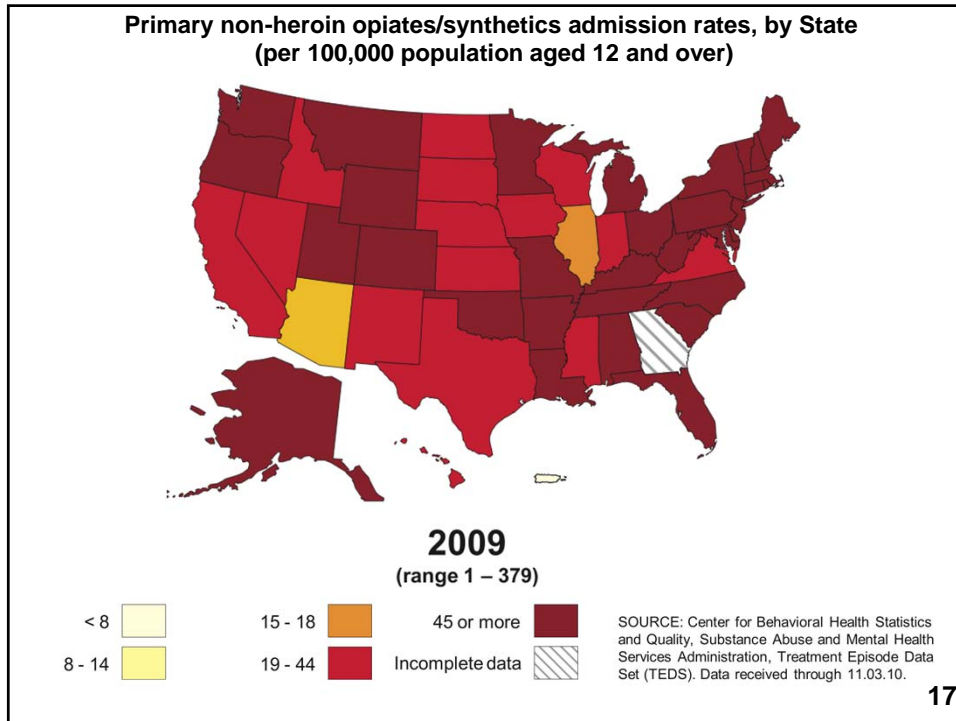
- **Morphine**
 - **Codeine**
 - **Thebaine**
- Naturally occurring opioids-
also called opiates
- **Diacetylmorphine (Heroin)**
 - **Hydrocodone (Vicodin)**
 - **Oxycodone (Oxycontin)**
 - **Oxymorphone (Opana)**
 - **Hydromorphone (Dilaudid)**
- Semi-synthetic
opioids



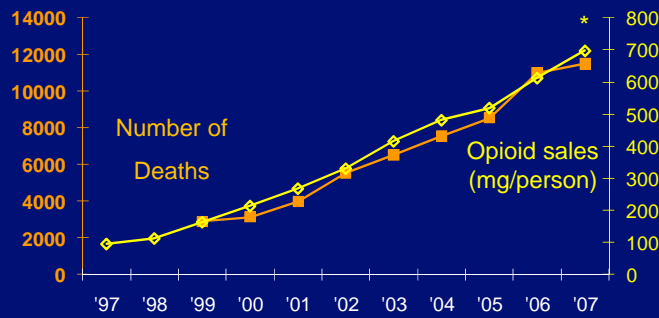






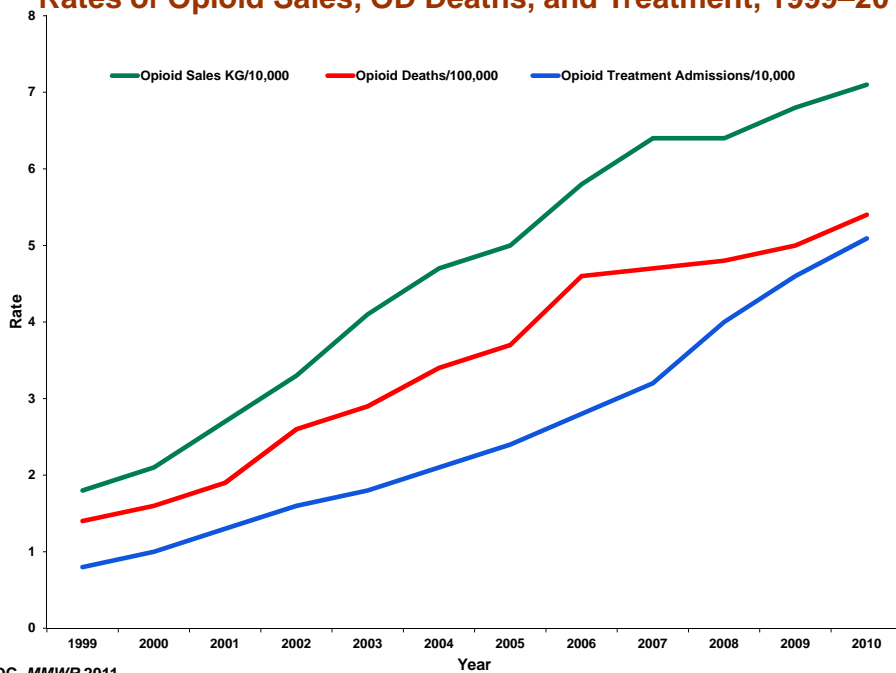


Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



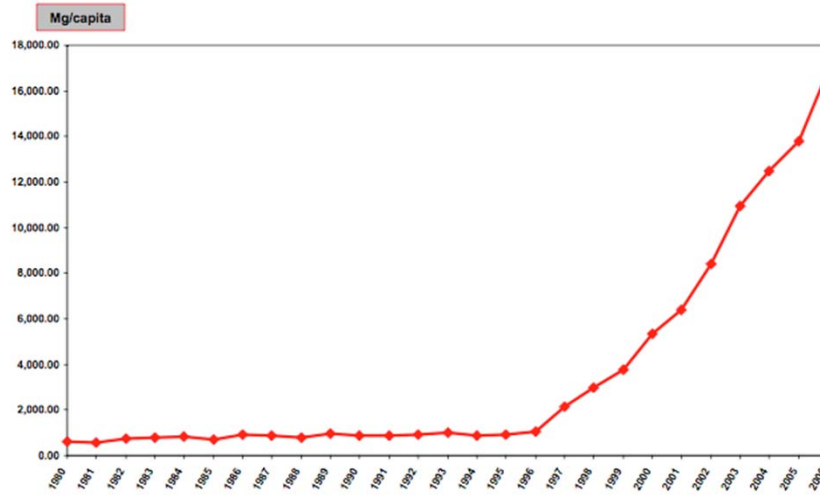
Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS
 * 2007 opioid sales figure is preliminary.

Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010



CDC. MMWR 2011

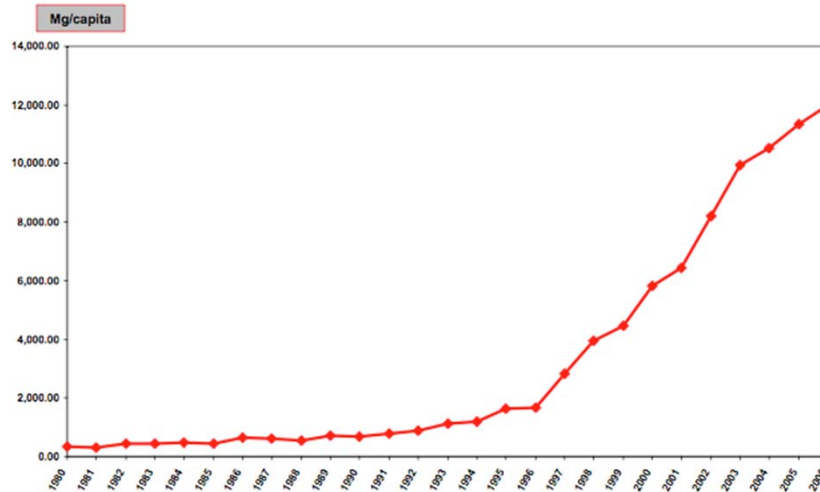
New York Consumption of Oxycodone 1980 - 2006



Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control

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New York Consumption of Hydrocodone 1980 - 2006

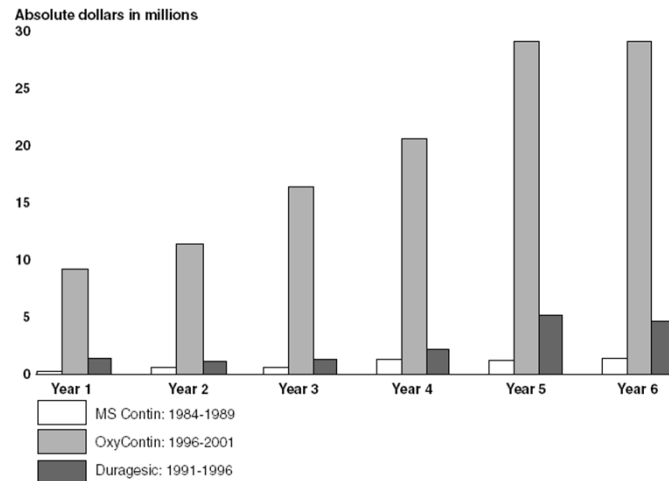


Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control

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Dollars Spent Marketing OxyContin (1996-2001)

Figure 1: Promotional Spending for Three Opioid Analgesics in First 6 Years of Sales



Source: United States General Accounting Office: Dec. 2003, "OxyContin Abuse and Diversion and Efforts to Address the Problem."

Industry-funded "education" emphasizes:

- Opioid addiction is rare in pain patients.
- Opioid therapy can be easily discontinued.
- Physicians are needlessly allowing patients to suffer because of "opiophobia."
- Opioids are safe and effective for chronic pain.

Industry-funded organizations campaigned for greater use of opioids

- Pain Patient Groups
- Professional Societies
- The Joint Commission
- The Federation of State Medical Boards



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“The risk of addiction is much less than 1%”

Porter J, Jick H. *Addiction rare in patients treated with narcotics*. N Engl J Med. 1980 Jan 10;302(2):123

Cited 824 times (Google Scholar)

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N Engl J Med. 1980 Jan 10;302(2):123.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program
Waltham, MA 02154 Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

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By 2001, OxyContin Sales Exceeded \$1 Billion

Table 2: Total OxyContin Sales and Prescriptions for 1996 through 2002 with Percentage Increases from Year to Year

Year	Sales	Percentage increase	Number of prescriptions	Percentage increase
1996	\$44,790,000	N/A	316,786	N/A
1997	125,464,000	180	924,375	192
1998	286,486,000	128	1,910,944	107
1999	555,239,000	94	3,504,827	83
2000	981,643,000	77	5,932,981	69
2001	1,354,717,000	38	7,183,327	21
2002	1,536,816,000	13	7,234,204	7

EDITORIAL

Long-term Opioid Treatment of Nonmalignant Pain

A Believer Loses His Faith (REPRINTED) ARCH INTERN MED/VOL 170 (NO. 16), SEP 13, 2010 WWW.ARCHINTERNMED.COM
1422

Annals of Internal Medicine

EDITORIAL

Chronic Noncancer Pain Management and Opioid Overdose: Time to Change Prescribing Practices



BMJ 2011;343:d5142 doi: 10.1136/bmj.d5142

Facing up to the prescription opioid crisis

Deaths resulting from prescription opioids tripled in the United States between 1999 and 2007 and are also increasing in many other countries, including the United Kingdom. **Irfan A Dhalla**, **Navindra Persaud**, and **David N Juurlink** describe how this situation developed and propose several ways to reduce morbidity and mortality from opioids

Annals of Internal Medicine

IDEAS AND OPINIONS

Long-Term Opioid Therapy Reconsidered

Michael Vos Korf, ScD; Andrew Kolodny, MD; Richard A. Devo, MD, MPH; and Roger Chou, MD



A Flood of Opioids, a Rising Tide of Deaths

Susan Okie, M.D.

The NEW ENGLAND JOURNAL of MEDICINE



The Journal of the American Medical Association

Viewpoint

Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences

Aleksandra Zgierska, MD, PhD; Michael Miller, MD; David Rabago, MD

EXPANDED

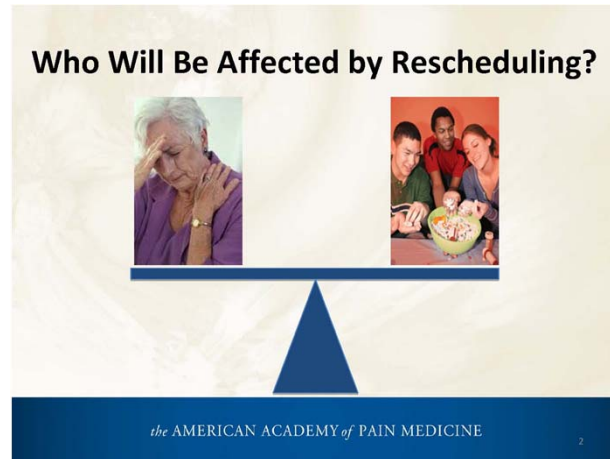
Controlling the epidemic:

A Three-pronged Approach

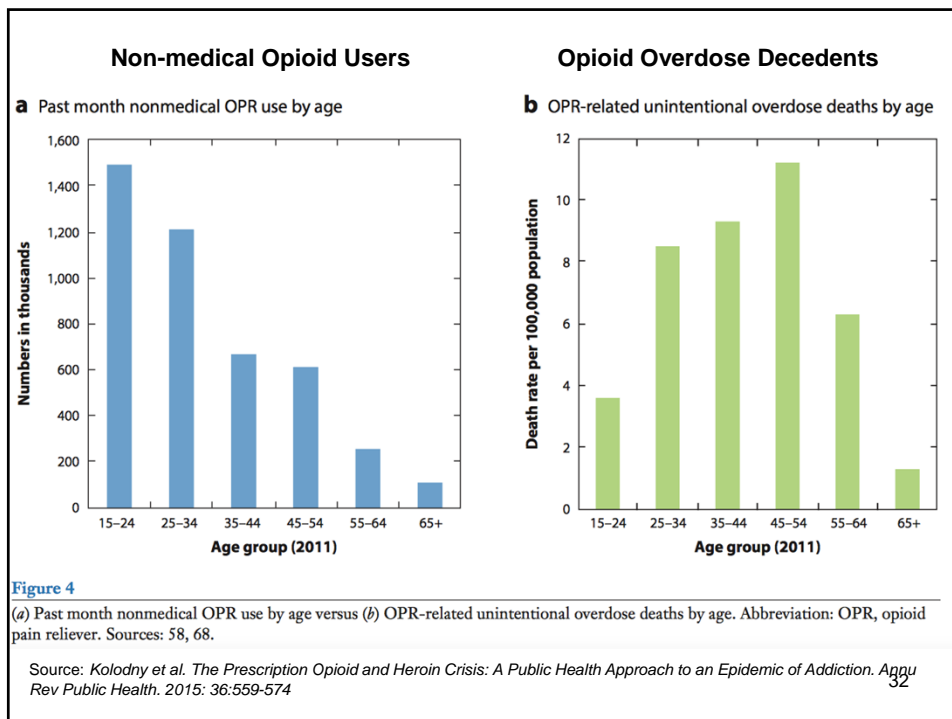
- **Prevent** new cases of opioid addiction.
- **Treatment** for people who are already addicted
- **Supply control-** Reduce over-prescribing and black-market availability.

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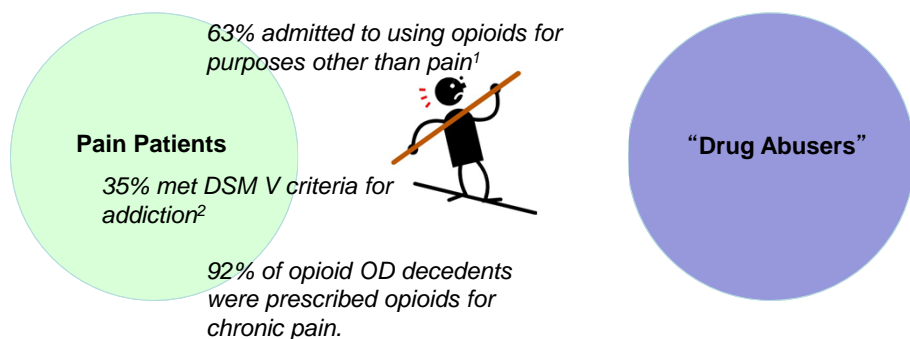
How the opioid lobby frames the problem:



Source: Slide presented by Lynn R. Webster MD at FDA meeting on hydrocodone up-scheduling, January 25th, 2013.



This is a **false dichotomy**
 Aberrant drug use behaviors are common in pain patients



1. Fleming MF, Balousek SL, Klessig CL, Mundt MP, Brown DD. Substance Use Disorders in a Primary Care Sample Receiving Daily Opioid Therapy. *J Pain* 2007;8:573-582.

2. Boscarino JA, Rukstalis MR, Hoffman SN, et al. Prevalence of prescription opioid-use disorder among chronic pain patients: comparison of the DSM-5 vs. DSM-4 diagnostic criteria. *J Addict Dis*. 2011;30:185-194.

3. Johnson EM, Lanier WA, Merrill RM, et al. Unintentional Prescription Opioid-Related Overdose Deaths: Description of Decedents by Next of Kin or Best Contact, Utah, 2008-2009. *J Gen Intern Med*. 2012 Oct 16.

Summary

- The U.S. is in the midst of a severe epidemic of opioid addiction caused by overprescribing
- To bring the epidemic to an end:
 - We must prevent new cases of opioid addiction
 - We must ensure access to treatment for people already addicted

How to Ask A Question


Raise your hand to ask verbally

Or, type your question in the 'Questions' area (preferred)

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Today's Speakers



Laurie Wesolowicz, Pharm.D.
 Director II of Pharmacy Services Clinical
 Blue Cross Blue Shield of Michigan

- ❑ As Director, Laurie's expertise is in formulary development, specialty pharmacy initiatives, physician and pharmacy pay-for-performance incentives, medication safety and clinical utilization management operations, including pharmacy-related fraud and abuse.
- ❑ Laurie was recently appointed to the Michigan Governor's Task Force on Prescription Drug Abuse.

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Health Plan Management of Opioid Utilization: Opportunities, Outcomes and Challenges and Experience with the Michigan Prescription Drug Monitoring Program

Laurie Wesolowicz, Pharm.D.
Director II, Pharmacy Services Clinical
Blue Cross Blue Shield of Michigan
July 29, 2015



BCBSM approach to opioid management

- Background on Blue Cross Blue Shield of Michigan (BCBSM)
- Development of collaborative efforts
- Establishing medical policy and utilization management
- Patient care management
- Ongoing monitoring efforts
- Experience with prescription drug monitoring program
- Next steps



Blue Cross Blue Shield of Michigan

- Largest commercial insurer in Michigan
- Manage pharmacy benefit for 2.9 million members with commercial, marketplace, Medicare Part D, and HMO benefits
- Contract with over 2,400 Michigan pharmacies for 10 different networks
- Manage 7 formularies
- “In house” Pharmacy and Therapeutics Committee, formulary and utilization management program (e.g. prior authorization, pharmacy provider call center)



Collaboration to address opioid management

- BCBSM Pharmacy collaboration with Corporate Financial Investigations (CFI)
 - Investigators who have previous law enforcement experience (FBI, state and local law enforcement) investigating complex financial crimes, surveillance, undercover narcotics, auditing, internal affairs, accounting and finance
 - Support staff of analysts, a proactive data mining specialist, a statistician and administrative support
- Pharmacy Fraud, Waste and Abuse Team
 - 3 FTE (Manager, Clinical Pharmacist, Health Care Analyst)
- Contracts with addiction and pain management experts
- Collaboration with DEA, DOJ and local law enforcement
- “On demand” analytics



Controlled substances workgroup

- Advisory group related to policy and program development
 - Prescriber prescription block
 - Medication use policy to address appropriate use of opioids in chronic non-cancer pain
 - Management of patients with identified opioid addiction
 - Updates to pharmacy benefit and provider contracts
- Membership includes
 - Pharmacy (clinical, administrative, pharmacy network)
 - Internal investigators
 - Legal
 - Medical directors
 - Behavioral health
 - Care management
 - Audit
- Established separate workgroup to address pharmacy network related fraud and abuse

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Prescriber prescription block

- Edit set up through pharmacy benefit manager (PBM)
 - Prevents claims coverage from a health plan sanctioned or “blocked” prescriber
 - Pharmacist receives point-of-service (POS) message “Prescriber not covered”
- Written policy in place developed through Controlled Substances Workgroup
- Prescriber blocks reviewed and approved by Audit Investigative Committee (AIC)
 - Includes compliance officers, senior legal and investigations leadership
- Doctors notified in writing via certified mail
- Members notified in advance to allow legitimate prescriptions to be transferred to another approved prescriber
- Prescribers have appeal rights
- Twelve prescribers blocked starting in 2013



BCBSM rankings of top 20 Scheduled medications (Dr. BAD vs ~5,500 other similar specialists)
2012

TRADE NAME	Dr. BAD Rx Count	Dr. BAD Rank	Remaining Specialists	Remaining Specialist Rx Count	Dr. BAD % of Total
HYDROCODONE-ACETAMINOPHEN	1750	1	1	12326	12.4%
OXYCONTIN	531	2	25	806	39.7%
CARISOPRODOL	457	3	13	1373	25.0%
ALPRAZOLAM	368	4	4	5551	6.2%
ZOLPIDEM TARTRATE	260	5	5	3758	6.5%
FENTANYL	194	6	20	934	17.2%
DIAZEPAM	192	7	6	3221	5.6%
ANDROGEL	182	8	85	31	85.4%
MORPHINE SULFATE ER	161	9	23	832	16.2%
EXALGO	158	10	114	10	94.0%
ACETAMINOPHEN-CODEINE	129	11	14	1169	9.9%
VIMPAT	121	12	8	2597	4.5%
KETAMINE HYDROCHLORIDE	120	13	103	15	88.9%
TEMAZEPAM	108	14	19	945	10.3%
TESTIM	101	15	131	6	94.4%
CLONAZEPAM	97	16	2	10442	0.9%
LYRICA	97	17	3	6310	1.5%
LORAZEPAM	96	18	7	2980	3.1%
NUVIGIL	92	19	15	1123	7.6%
PROMETHAZINE-CODEINE	83	20	73	43	65.9%

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Dr. BAD data on ProPublica.org – 2011

How Does This Prescriber Compare to Peers?

On Prescriptions

ProPublica analyzed providers based on which drugs they prescribed and how much. The graphic shows how this provider compares to others in the same specialty and state. Darker colors are clusters of practitioners with similar patterns to each other. Those least like their peers are farthest to the right. Hover over the bar to see names of other prescribers.

Prescribers more like their peers ← → Prescribers less like their peers

KEY: HOW TO READ THESE CHARTS

← Fewer Prescribers More Prescribers ↑ This Prescriber

Average Prescriber Hover to see more prescribers

The table below shows this prescriber's top-ranked drugs next to each drug's rank among all prescribers in the same specialty and state. If the provider wrote prescriptions for fewer days than others (say, 7 days vs. one month), his or her prescription count may be higher.

This provider is among the top 10 Medicare Part D prescribers in the country for one drug. These are indicated in **GOLD**.

Drug Name	Prescriptions Filled	THIS DRUG'S RANK	
		For this Prescriber	For All Prescribers in This Specialty in Michigan
HYDROCODONE-ACETAMINOPHEN Used to relieve moderate to...	1,459	1	6
OXYCONTIN Oxycodone is used to reliev...	736	2	26
MORPHINE SULFATE Morphine is used to reliev...	718	3	24
LEXAPRO	335	4	37

On Patients

The graphics below compare characteristics of this prescriber's patients to those of others in the same specialty and state. Darker colors indicate larger clusters of practitioners. We chart antipsychotics because they can be risky for older patients and narcotics because they often are abused. Data is for Medicare Part D only; a prescriber may have many other patients.

- 74%** have filled at least one narcotics prescription
444 patients
- 3%** have filled at least one antipsychotic prescription
20 patients
- 13%** are 65 or over
79 patients

Avg 9% Avg 2% Avg 52%

About this Data
ProPublica obtained prescribing data from Medicare's prescription drug benefit, known as Part D, under the Freedom of Information Act. The data for 2010 includes 1.1 billion prescriptions written by 1.7 million doctors, nurses and other providers. This database lists 360,000 of them, including sales.

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Dr. BAD data - 2013

Drug Name	Total Prescriptions Filled with Refills	Prescriptions to 65+	Patients Receiving this Drug	Category	For this Prescriber	For All Prescribers in This Specialty in Michigan
HYDROCODONE-ACETAMINOPHEN	3,431	344	536	S3	1	5
SUBSYS	1,161	116	258	S2 10	2	56
MELOXICAM	962	98	247		3	45
ORXYCONTIN	959	132	125	S2 10	4	49
MORPHINE SULFATE ER	847	93	127	S2	5	36
VIMPAT	620	74	90	10	6	16
GABAPENTIN	580	59	117		7	1
VIBRYD	548	23	112	10	8	77
ALPRAZOLAM	522	68	115	B	9	19
TOPIRAMATE	510	86	98		10	6
ZOLPIDEM TARTRATE	504	92	98		11	47
TRAMADOL HCL	488	68	122		12	28
CARISOPRODOL	465	71	108	R	13	42
LIDODERM	439	41	104		14	74
DIAZEPAM	436	22	113	11	15	38

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Source: ProPublica.org

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Utilization management

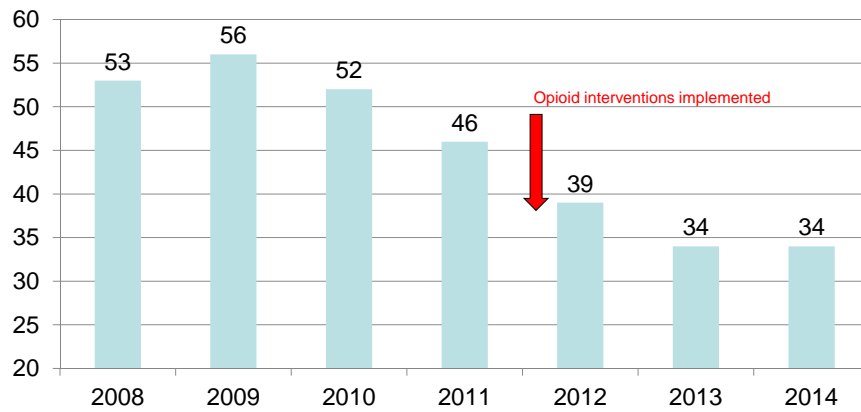
- Prior authorization criteria
- Quantity Limits
- Identification of members over utilizing medications (non-abuse)
 - Care management challenges
 - Addiction specialists
 - Customer groups with substance abuse treatment limits
- Identification of members potentially abusing opioids
 - Prescriber and pharmacy outreach
 - Law enforcement engagement

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Opioid drug costs to a commercial health plan

Annual Opioid Expenditure in Millions (\$)



47 Approximate 2 million commercial members; excludes HMO, Medicare and Medicaid



Ongoing monitoring – “Dr. Shopper”

- Implemented a monthly claims review to identify patients receiving opioid prescriptions from multiple pharmacies and prescribers
- Letter faxed to prescribing physicians to inform the prescriber of the potential “Dr. Shopper” and provide instructions on how to use the Michigan Automated Prescription System (MAPS)
- Number of members appearing on “Dr. Shopper” report per year

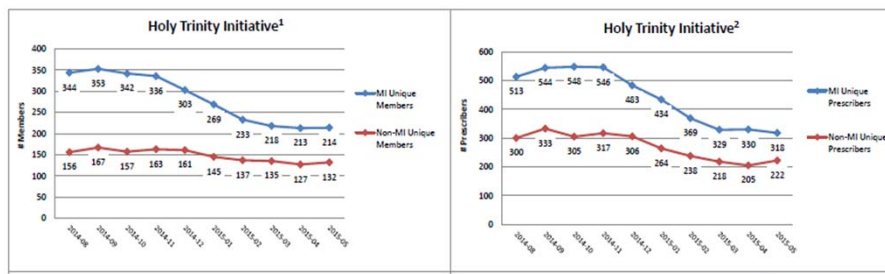
Year	Total Members	Data Months	Ave Members Per Month	Change
2012	462	10	46	N/A
2013	377	12	31	N/A
2014	338	12	26	- 43%
2015	45	2	24	-48%

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Ongoing monitoring – “Holy Trinity”

- Carisoprodol is often abused in combination with other drugs, particularly an opioid containing hydrocodone and a benzodiazepine such as alprazolam
- This combination of drugs is commonly referred to as “Holy Trinity”, “party pack” or in some parts of the country a “Las Vegas Cocktail” or “Houston Cocktail”
- Combination of these drugs together significantly increase the risk of opioid overdose and death without providing additional medical benefit
- Patients are identified and prescribers are provided with letters outlining the risks of the drug combination



1, 2 – only address in-state prescribers



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Michigan Prescription Drug Monitoring Program (MAPS)

- Michigan Automated Prescription System (MAPS)
 - Reporting of schedules 2 through 5 controlled substance prescriptions
 - Dispensed by pharmacies, dispensing prescribers and veterinarians
 - Reported on a daily basis
- Available to practitioners and dispensers to obtain patient-specific reports via online query process
- Law enforcement and health plans may obtain information but each request must be approved by program staff (not available 24/7)
- Participates in the National Association of Boards of Pharmacy (NABP) hub



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Challenges with MAPS

- Current program implemented in 2003; technology not updated
 - System uploads of pharmacy data often results in errors
 - Prone to system downtime on busiest days of week
- No consistent data fields between states
- Time consuming for health plans and law enforcement to obtain reports
- Pharmacies or dispensing physicians may request waivers to send via mail if unable to submit electronically (7 days allowed)
- Prescribers not mandated to check MAPS report prior to prescribing controlled substances



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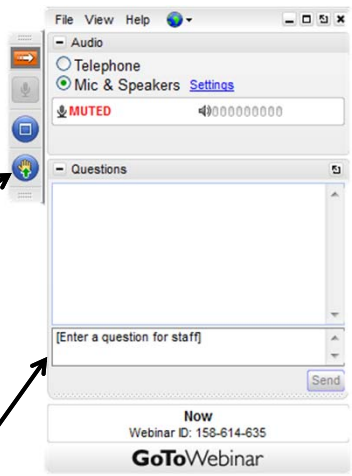
Next steps:

- Electronic prescribing of controlled substances initiative
- Developing enhanced analytic capabilities (predictive fraud assessment)
- Provision of physician data to physician organizations
 - Dashboards with ability to drill down and review specific prescriber data
- Leveraging health plan relationships at State and Federal Level
 - Michigan Prescription Drug and Opioid Abuse Task Force
 - AMCP
 - Health plan lobbyists



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How to Ask A Question



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Questions?

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