

Anthem's Commitment to Address the Prescription Opioid Epidemic in Colorado

THE OPIOID IMPACT:

Opioid overdose deaths resulting from opioid misuse is a growing national epidemic and public health emergency. Addiction, overdose and deaths involving non-medical prescription drug use, and illicit drug use, have risen dramatically during the last decade:

- From 2014 to 2015, drug overdose deaths increased by 5,349 (11.4%), signifying a continuing trend observed since 1999.¹
- Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioid overdoses have quadrupled since 1999.¹
- The rate of babies born with Neonatal Abstinence Syndrome (NAS) has increased five-fold since 2000. Every 25 minutes a baby is born in the U.S. suffering from opioid withdrawal.²

In Colorado, substance use and opioid use is also a significant issue:

- From 2000-2015, there have been 10,552 drug overdose deaths.³
- Opioid-related overdoses tripled from 2000 to 2015.⁴
- The number of babies born with NAS with Medicaid has increased 52% from 2012 to 2016.⁵

ANTHEM'S COMMITMENT:

With over 74 million people served by its affiliated companies nationally, including approximately 40 million with our family of health plans, Anthem is taking a leadership role in addressing the national opioid epidemic. We recognize the serious nature and necessity for a robust, multi-pronged approach to address the prescription opioid epidemic through prevention, early and accurate treatment, furthering integrated care, and fraud intervention.

Preventing Unnecessary Prescribing and Overprescribing of Opioids:

In Colorado, Anthem's efforts in this area have reduced the amount of opioids dispensed by 15% for Individual and Employer-Sponsored members from June 2016 – June 2017. Anthem has aligned our pharmacy benefit management strategies with the March 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. Limiting initial short acting opioid prescriptions to 7 days and put in place a prior authorization for all long-acting opioids at initiation and continuation of therapy.

- Anthem promotes the use of naloxone as a life-saving emergency drug to reverse opioid overdose, consistent with the CDC guidelines. Recognizing its importance, Anthem does not require prior authorization.
- Anthem also recognizes the existence of multiple formulations of naloxone. There are also no prior authorization requirements for Suboxone, buprenorphine/naloxone sublingual tablets, Bunavail, or Zubsolv.
- Anthem is operating a Pharmacy Home program across our commercial fully insured and Medicaid lines of business. This program assigns individuals to one pharmacy and/or one provider to receive their opioid prescriptions. This program allows physicians to monitor access to opioids and help ensure members are receiving counseling and mental health supports.
- Anthem's Medicare Opioid Overutilization Management Program is designed to meet CMS mandates to reduce Medicare program opioid fraud and abuse. The program uses pharmacist driven retrospective drug utilization review (rDUR) to identify members who potentially overuse or abuse opioids and conduct outreach to reduce inappropriate utilization.

Early Identification and Treatment of Opioid Addiction:

By partnering with our vast network of providers, we are working to minimize the risk of opioid misuse, enable earlier identification of members facing substance use related conditions, and support members with substance use disorders as they engage in recovery:

- Partnering with NICU facilities and their providers to establish care practices that follow established standards of care for newborns with NAS, while encouraging non-pharmacologic treatment, parent involvement, rooming in and protocols to decrease the severity of symptoms and improve outcomes.
- Supporting members with substance use disorders, including opiate use disorders through treatment and recovery.

Supporting Integrated Care:

- Anthem participates in the Colorado State Innovation Model which touches nearly every aspect of our health system, setting the stage for a sweeping transformation that will help us accelerate our progress toward the Triple Aim of lower costs, better care and improved population health. Central to transforming the Colorado health system is the integration of behavioral health and primary care, a necessary step in our accelerated achievement of the Triple Aim.
- Anthem's Colorado Behavioral Health Provider Collaboration initiatives for 2017 include a substance use facility pay for performance (P4P) for commercial business. It is based upon a metrics scorecard performance and specified measurement period.

Deterrence from Opioid Waste, Fraud, and Abuse:

Anthem has a range of strategies that leverage data mining and analytic capabilities to identify and address instances of opioid waste, fraud and abuse as well as diversion. Anthem's Special Investigations Unit (SIU) contains a team of professionals trained to combat fraud and abuse utilizing various methodologies, including monitoring of claims for potential fraudulent or abusive behavior, data mining for top prescribers, drugs and therapy classes, review of pharmacies when identified for high volume dispensing of controlled substances, monitoring cases of potential "doctor shopping," where individuals obtain prescriptions for frequently misused drugs from multiple prescribers and fill them at different pharmacies.

CHALLENGES FACING THE HEALTH CARE SYSTEM:

- Prescription Drug Monitoring Programs (PDMP) are statewide electronic databases designed to monitor the prescribing and dispensing of controlled substances. PDMPs have been shown to assist providers in identifying patterns of prescribing and abuse. In Colorado, health plans do not have access to the PDMP. Health plans should be granted access to PDMP to support opioid prevention, intervention, and treatment. Resources should also be reserved for pilot programs to test data sharing and interoperability between state PDMPs.
- Greater resources need to be dedicated to research, understanding opioid misuse, substance use disorders and related conditions, and the establishment of evidence-based treatment guidelines for NAS.
- Due to a lack of accessible pain medicine specialists, non-specialists and primary care providers are left to manage some of the most complex patients with chronic pain and painful conditions.
- Recommend additional resources are dedicated to support physician, nurse practitioner, and physician assistant training to prescribe and dispense buprenorphine in areas of the state where the physician capacity is unable to meet patient demand.

¹ Centers for Disease Control and Prevention, Drug Overdose Death Data, Dec, 2016: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

² National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services: Patrick et. Al., JAMA 2012, Patrick et. Al., Journal of Perinatology 2015

³⁻⁴ Colorado Department of Health Care Policy & Financing. Examining Opioid and Heroin-Related Drug Overdose in Colorado. November 2016.

⁵ Colorado Department of Health Care Policy & Financing, Opioid Use in Colorado: Colorado Medicaid Addresses Addiction. March 2017.