Pharmacy Focus:
2018 Opioid Updates

Scenario Overview

In 2014, more than 60 percent of drug-related overdose deaths involved opioids.[1] Opioids include prescription opiates like hydrocodone and morphine, as well as heroin and illicitly manufactured fentanyl.[1,2]

The challenge posed by prescription opioids is that they are used for pain management, and pain intensity is highly subjective, making pain management extremely difficult. The ultimate goal is not necessarily complete pain relief, but being able to manage the pain as effectively as possible to enable patients to achieve their life goals.[3]

There are different types of pain for different lengths of time. To help contain costs and reduce the abuse and misuse of opioids, it is important for self-funded groups to thoughtfully consider opportunities to support nationally recommended prescribing practices in their plan documents. These best practices can help to better manage the challenges of opioids while also considering the needs of those with immediately identifiable diagnoses so that they do not go without pain management.

(Note: Medications used for the management of dependence, such as buprenorphine, methadone and naloxone-containing products are beyond the scope of this Pharmacy Focus.)

Self-Funded Plan Administration Considerations for Managing Opioid Cost and Use Challenges

- **Implement Appropriate Plan Language** – Ensure the use of opioids is addressed from the start in the details of the plan document
- **Incorporate a Pain Management Program** – These programs help set and enforce parameters for use
- **Enlist a Utilization Management Team** – Patient monitoring, drug and/or therapy utilization and alternative treatments should be recommended and followed for each scenario
- **Monitor Triggers** – Recognize which diagnoses and situations are commonly known to trigger the use and misuse of opioids
- **Prepare for a Spectrum of Expenses** – Expenditures related to opioids can be both during and after use, so costs can extend over a long period of time

ICD Codes Typically Associated with Opioid Use

ICD-10 D49 – Neoplasm
ICD-10 D57 – Sickle Cell
ICD-10 F11 – Opioid-Related Disorders
ICD-10 F19 – Other Psychoactive Substance Dependence
ICD-10 G35 – Multiple Sclerosis
ICD-10 G89 – Chronic Pains *(including cancer pains)*
ICD-10 M05 – Rheumatoid Arthritis
ICD-10 M54 – Chronic Back Pain
ICD-10 M79 – Fibromyalgia
ICD-10 Z51 – Palliative Care

Three Types of Pain with Common Examples[4]

- **Neuropathic** (diabetic pains, shingles, phantom limb, Trigeminal Neuralgia)
- **Nociceptive** (Sickle Cell, burns, cuts, abrasions, appendicitis, kidney stones, chest pain, chronic pancreatitis)
- **Mixed** (cancer-related pains, fibromyalgia, lower back pains)

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Duration of Pain[5]

- Acute (lasting seconds to weeks)
- Chronic (lasting beyond three months)
- Disease management for chronic, non-cancer pain (underlying disease, condition, treatment or inflammation)
- Palliative (during or immediately after cancer treatments, disease crisis or exacerbations or disease progression)
- End of Life (end-stage cancer, Kaposi's Sarcoma)

Opiate Management Considerations

- Require prior authorization for claims of opiate quantities above certain limits (i.e., 30 doses or a five-day supply unless a qualified diagnosis is provided)[5]
- Limit the total plan year opiate quantity dispensed to prior authorization unless a qualified diagnosis is provided*
- Limit opiates to a minimal number of providers and dispensers (i.e., two doctors, one pharmacy location)*
- Cap the total morphine milligram equivalent (MME) per dose (i.e., < 90MME per dose) without prior authorization*
- Deny claims for long-acting or extended release formulations until immediate acting doses attain consistent pain management[5]
- Restrict opiates (including cough suppressants) for anyone less than 25 years of age due to incomplete brain development, something that can lead to a higher risk of damage and a higher risk of abuse/misuse[5]

Chronic Pain Management Opportunities[5]

Before authorizing chronic opiates for certain conditions, Utilization Management Teams evaluate:

- Prescription benefit claims for non-opiate pharmaceuticals, including NSAIDs like ibuprofen, TCAs, SNRIs and anti-convulsants
- Medical benefit claims for physical therapy and treatments to build muscle, increase exercise and lose weight (consider aquatherapy, aerobics and resistance training requirements)
- Medical benefit claims for injections at the pain site

Opioids and Stop Loss

Expenses involving opioids do not typically impact Stop Loss claims. However, it is important to HM Insurance Group that our partners and self-funded clients are aware of the challenging trends associated with the use of these pain medications. In order to better protect their bottom line, self-funded groups may wish to incorporate tactics to help manage the use and expenses associated with opioids prescribed to those within their covered populations.

Pharmacy Focus provides valuable information about pharmaceutical industry developments and their associated costs that can impact the growing claims trend in the self-funded insurance market. Be aware of influences and gain insight into approaches that may help to contain costs. Please share topic suggestions or feedback with **HMPharmacyServices@hmig.com**.

References: [1]Nora Volkow, M.D., and A. Thomas McLellan, Ph.D., "Opioid Abuse in Chronic Pain – Misconceptions and Mitigation Strategies," New England Journal of Medicine, March 31, 2016; [2]Centers for Disease Control and Prevention, "Opioid Overdoses Treated in Emergency Departments," https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html, accessed July 12, 2018; [3]Robert Edwards, Ph.D., "The Right Goal When Managing Pain," Harvard Health Blog, December 18, 2015; [4]John Markman, M.D., and Sri Kamesh Narasimhan, Ph.D., "Overview of Pain," Merck Manual, https://www.merckmanuals.com/professional/neurologic-disorders/pain/overview-of-pain, accessed July 24, 2018; [5]Centers for Disease Control and Prevention, "CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016," March 18, 2016.

*Certain considerations based on standard plan prior authorization practices.

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