Mid-Ohio Valley Safety Council
BWC Pharmacy Update
Impacting Opioid Utilization

August 16, 2017

• John Hanna, MBA, R.Ph.
  Pharmacy Director
• Nicholas Trego, Pharm D
  Pharmacy Clinical Operations Manager
Discussion Overview

- BWC Prescription Benefit Program – 2016
- Program Activity & Initiatives - 2016
- Drug Utilization - 2016
- Injured Workers & Opioids – 2011 - 2016
- Mission Focus Going Forward
The BWC Pharmacy Program

CY-2016 vs CY-2015

- 38,037 Injured Workers received an Rx (-12%)
- 767,258 Prescriptions covered (-10%)
- $85.6M total prescription cost (-7.7%)
  - Average Unit cost/Rx = $108.55 (+2.8%)
  - Average Rx Cost/Injured Worker = $2,250 (+5.1%)
- Generic Dispensing Rate = 86%
The BWC Pharmacy Program Mission

Manage drug utilization to ensure coverage for necessary medications to allow proper care of injured workers in a fiscally responsible manner.
Drug Utilization Management Tools

- Formulary
- Relatedness Drugs & Prior Authorization Requirements
- Drug Utilization Reviews
BWC Pharmacy Program Initiatives
2010 - 2017

2010  Introduction of Morphine Equivalent Doses (MED)
2010  BWC Formulary and Acetaminophen Monitoring
2012  Initiated Significant Changes to the BWC Formulary
2013  Developed Formal Criteria for Selecting Claims for a DUR
2014  Access to OARRS for Data to Assess Opioid Prescribing
2015  Covers Naloxone Products for Overdose Prevention
2016  Moves Opioid Prescribing Guidelines to OAC
2017  Major Revamping of Opioid Coverage
Pharmacy Program 2016 Initiatives

- Medication Reviews added to MCO contracts
  - Based on high risk drug regimens & age
    - Joint Work Group will be reviewing outcomes
- Prior Authorization Process brought into the pharmacy department
  - Pharmacy staff handles on average 60 PAs/day
  - Avg Turnaround is 4 hours (vs previous 2.5 days)
  - Pharmacy call center averages 68 calls per day
Pharmacy Program 2016 Initiatives

- Opioid Prescribing Rule (Effective 10/1/16)
  - BWC is the first state agency in Ohio to link best prescribing practices to prescription coverage
  - This rule allows for treatment of opioid dependence without it being allowed in the claim
    - Joint Work Group will be developing tools for MCOs to apply the rule.

- Developed Patient Education around Opioid Use
  - [https://www.bwc.ohio.gov/provider/brochureware/OpioidEducate/default.asp](https://www.bwc.ohio.gov/provider/brochureware/OpioidEducate/default.asp)
Pharmacy Program 2016 Initiatives

- Revision of opioid coverage (Effective 1/1/17)
  - BWC is the first state agency in Ohio to use the OAC to limit covered quantities of opioids
  - Stopped coverage of use of concurrent immediate release opioids
  - Stopped coverage of post-op use of sustained release opioids
  - Requires a decrease in IR opioid when SR is started.
The BWC Formulary
(O.A.C. 4123-6-21.3)

- What is a drug formulary?
- Why was it implemented?
- What makes BWC’s unique?
- How was it designed?
- When did it become effective?
- How is it managed?
Pharmacy & Therapeutics Committee Actions
June 2016 – May 2017

• Effective 1/1/2017

Sustained Release (SR) Opioid Coverage

• Concurrent use of any SR opioid, with any injectable opioid will not be covered.
• SR Opioids will **NOT** be covered post-op unless prescribed in the claim before surgery
• Duplicate therapy with long acting opioids will not be allowed
• Oxycontin coverage requires 60 days with Immediate Release (IR) Oxycodone or failure of IR Morphine
• Quantity Limits based on approved FDA dosing.
  – PA required to exceed this level (includes current claims)
Pharmacy & Therapeutics Committee Actions
June 2016 – May 2017

• Effective 1/1/2017

Immediate Release (IR) Opioids
  – First Opioid Rx coverage limited to 7 days or 30 doses
  – Concurrent use of >1 IR opioid not covered
  – Methadone no longer covered as an IR drug
  – Quantity limit of 6 doses/day (PA required to exceed)
  – 50% dose reduction required within 6 months of starting SR Opioid
Pharmacy & Therapeutics Committee Actions
June 2016 – May 2017

• Effective 10/01/2017

Formulary Coverage Revisions:

• Marinol - step therapy (except with chemotherapy)

• Lyrica - quantity and max dose limits

• ED medications (Viagra, Cialis) - prevent duplicate therapy

• Opioid Induced Constipation (OIC) medications (Movantik, Amitiza, Relistor) - step therapy

• Lidocaine 4% and 5% products - step therapy
Pharmacy & Therapeutics Committee Actions
June 2016 – May 2017

• Effective 10/01/2017
  – Medication Removals:
    • Opana® ER
    • Fluoxetine tablets
    • Alprazolam
    • Pexeva
    • Methyl salicylate liquid- common topical compound component
Formulary Impact: Drug Utilization

**FY2016 vs FY2011**

- **44%** fewer Injured workers received opioids
  - Opioid prescriptions (-48%)
- **69%** fewer Injured workers received muscle relaxants
  - Muscle relaxant prescriptions (-80%)
- **83%** fewer injured workers received anti-ulcer drugs
  - Anti-Ulcer prescriptions (-85%)
Formulary Impact: Drug Costs

FY2016 vs FY2011

➢ Total drug costs: -$46 million (-34%)
  o Opioids:     -$22 million (-40%)
  o Muscle relaxants: -$2.9 million (-80%)
  o Anti-ulcer drugs: -$6 million (-95%)
Annual Rate of Change in Claims Volume
FY2010 - FY2016

Average Changes Since 2012 (First Full Year of Formulary):
Total Statutory Claims Avg -8%/yr (-81,272)  
Total Rx Claims Avg -10.3%/yr (-4546/yr)  
Total New Claims Avg -3%/yr (-4384/yr)
Injured Workers Receiving Medications 2001 to 2016

Total Injured Workers Receiving Prescriptions

Injured Workers Receiving an Opioid Prescription
Percent of Injured Workers Receiving Medications Also Receiving Opioids 2001 - 2016
Opioid Dependence
(Injured Workers Above 60mg MED/Day)

Q4 TOTALS
2011 = 8029
2014 = 5476
2015 = 4313
2016 = 4098

77% Drop
70% Drop
92% Drop
Going Forward in 2017

- Implement an automated process to identify high risk medication regimens and trigger direct clinical staff contact with the prescriber.
- Enforce the opioid prescribing rule
- Automate the PA Process to reduce the administrative workload on prescribers
- Initiate a retail pharmacy based medication therapy management program to coordinate medications in high risk claims.
Thank You!

Questions?