

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

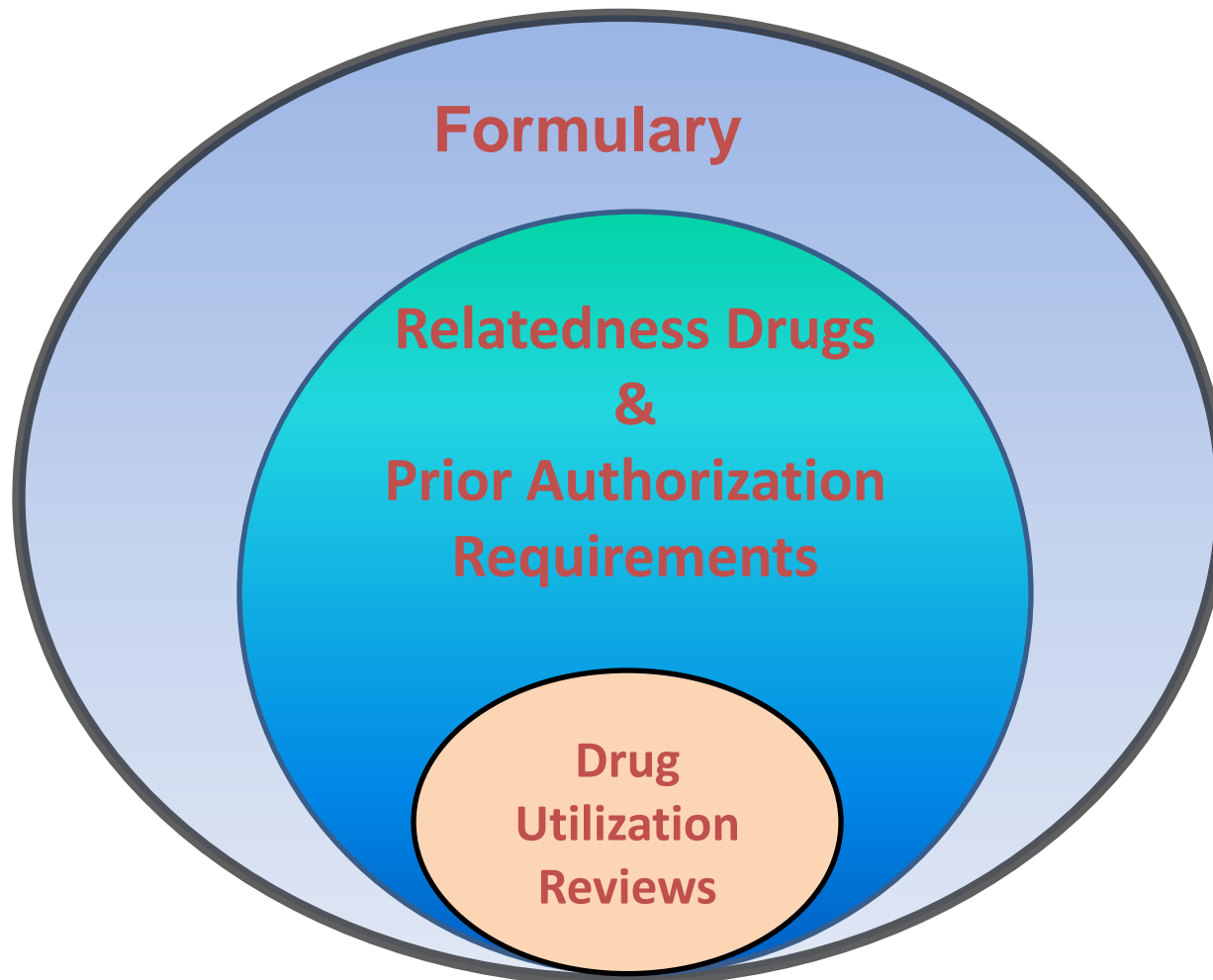
The BWC Pharmacy Program CY-2016 vs CY-2015

- 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



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>

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

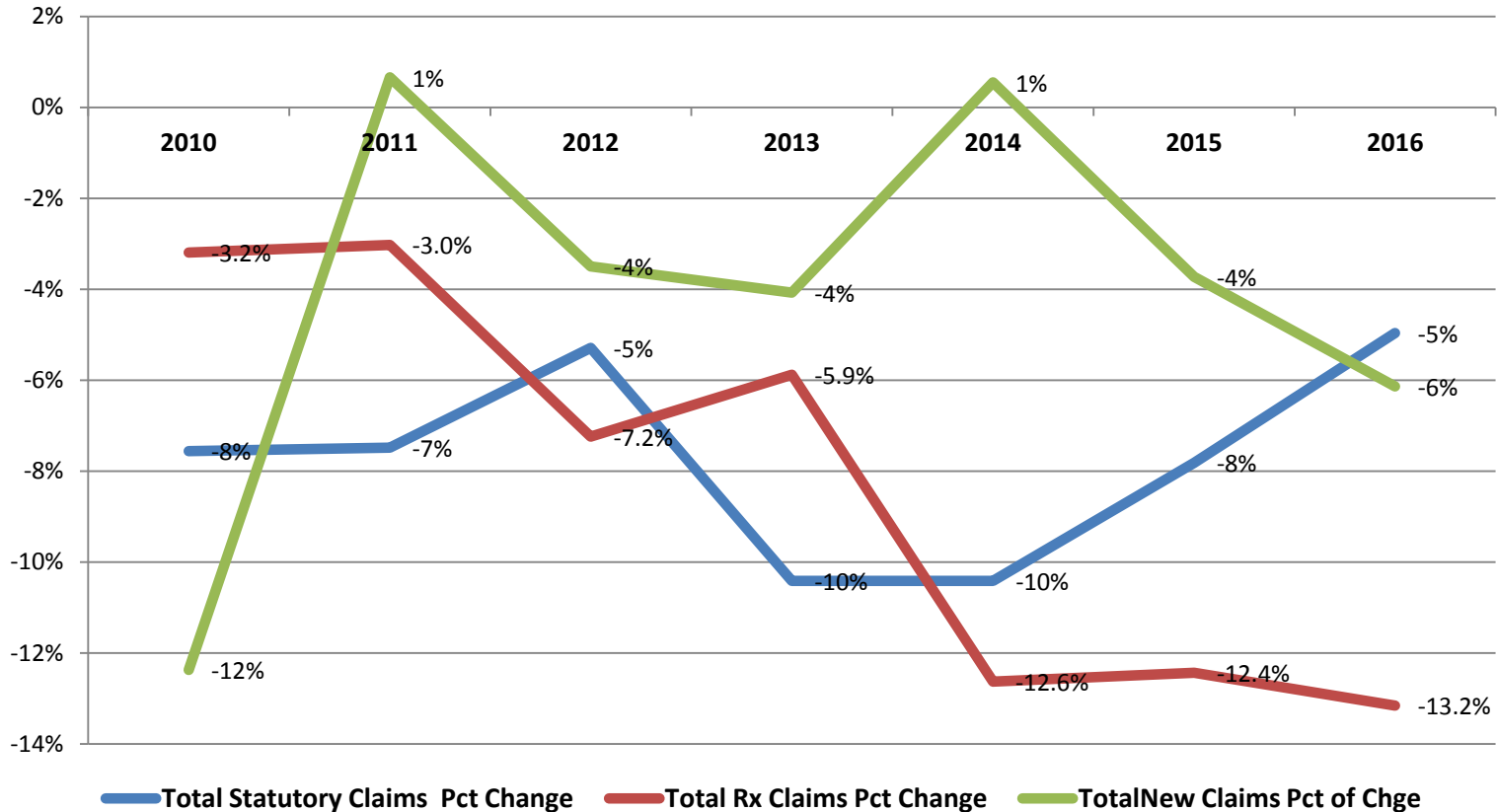
- **44%** fewer Injured workers received opioids
 - Opioid prescriptions (-48%)
- **69%** fewer Injured workers received muscle relaxants
 - Muscle relaxant prescriptions (-80%)
- **83%** fewer injured workers received anti-ulcer drugs
 - Anti-Ulcer prescriptions (**-85%**)

Formulary Impact: Drug Costs

FY2016 vs FY2011

- Total drug costs: **-\$46 million (-34%)**
- Opioids: **-\$22 million (-40%)**
- Muscle relaxants: **-\$2.9 million (-80%)**
- Anti-ulcer drugs: **-\$6 million (-95%)**

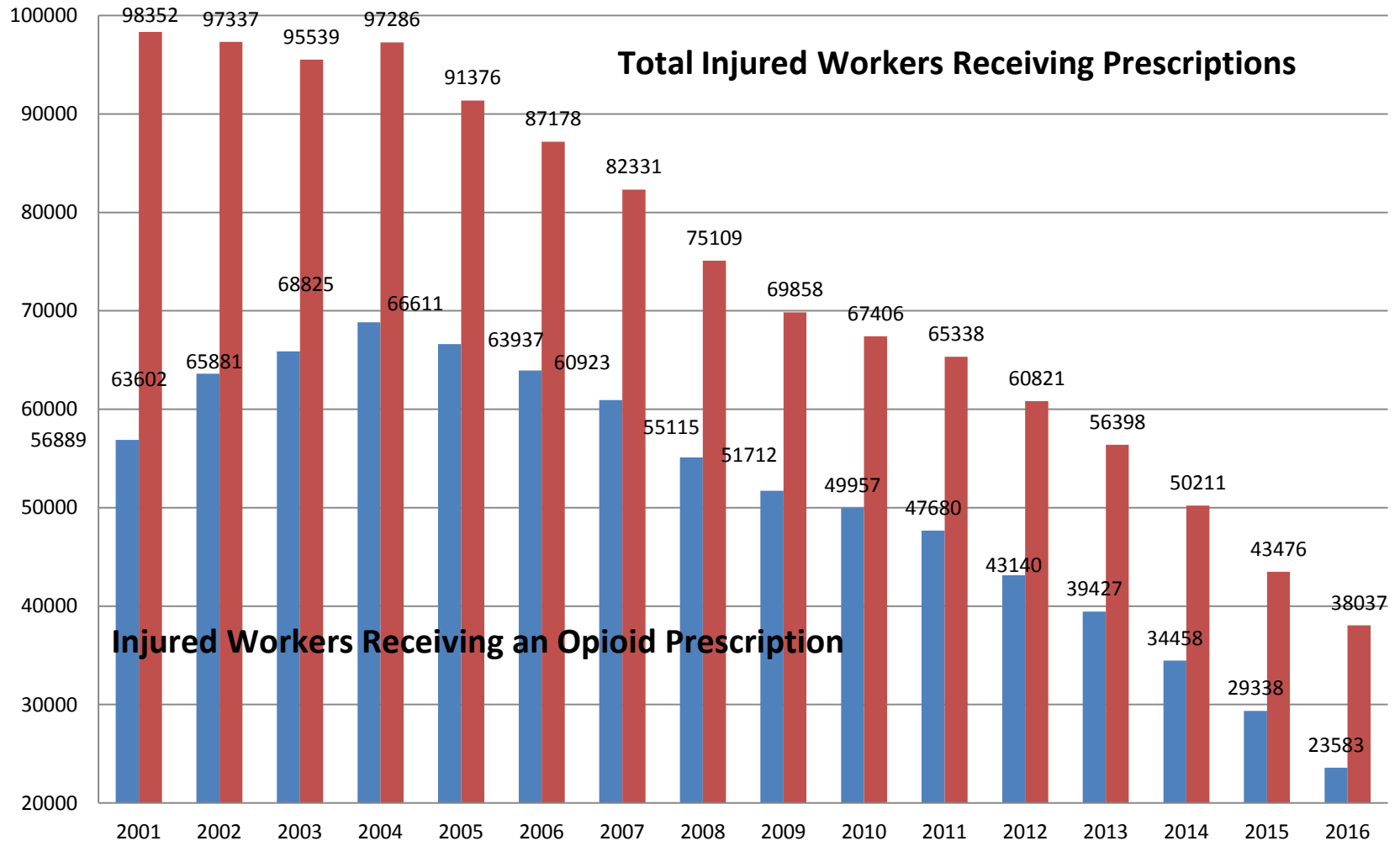
Annual Rate of Change in Claims Volume FY2010 - FY2016



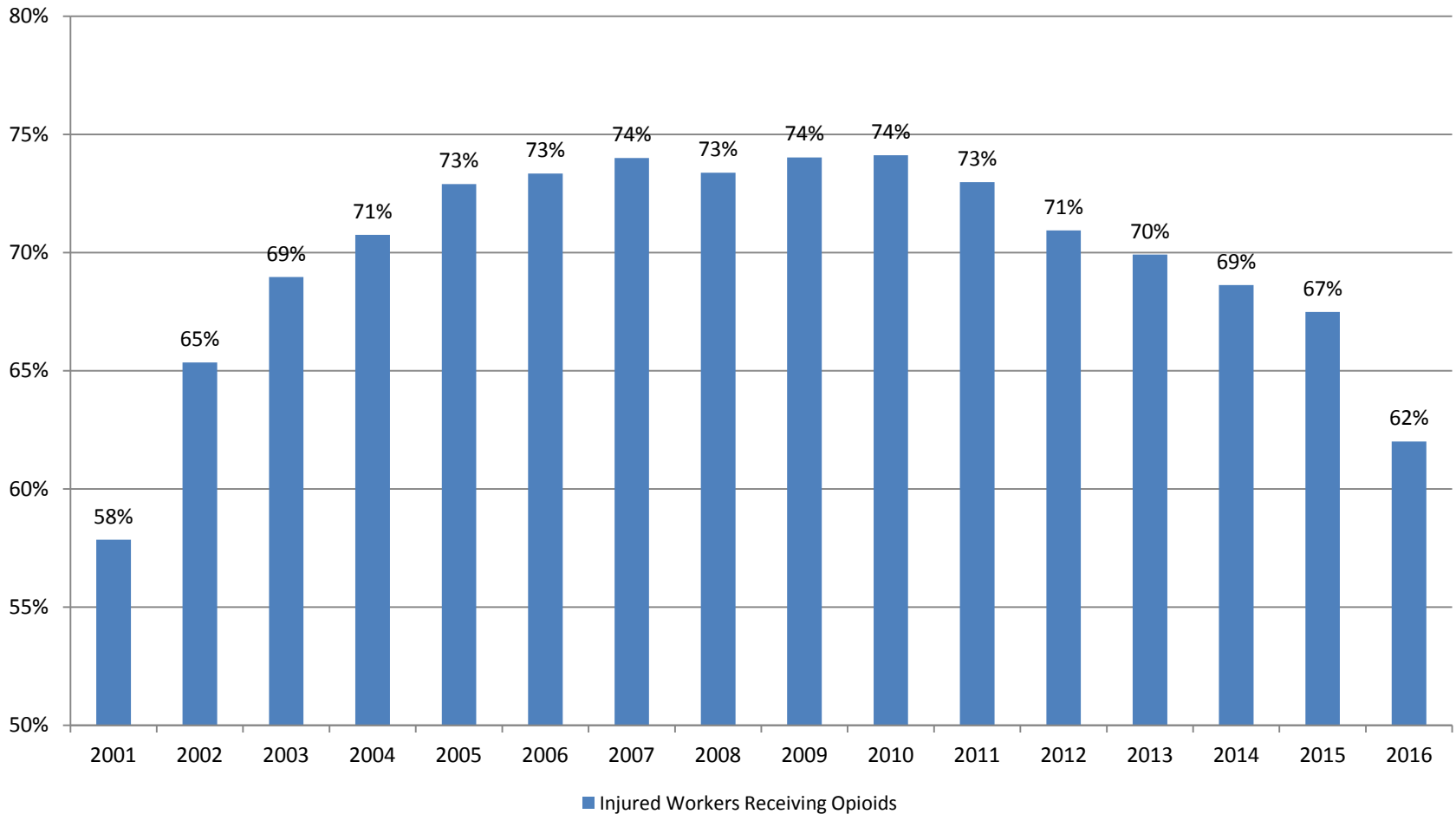
Average Changes Since 2012 (First Full Year of Formulary):

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)

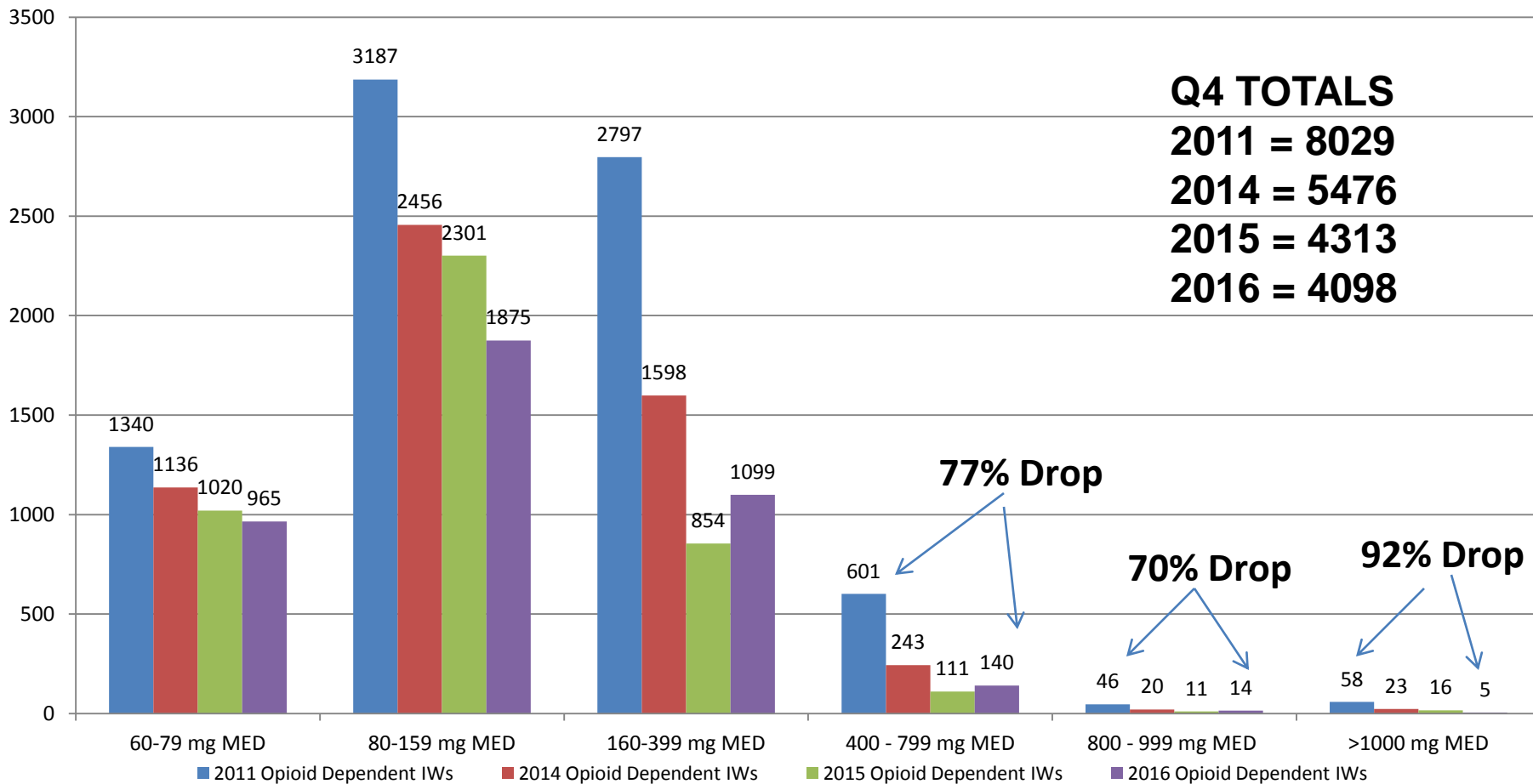
Injured Workers Receiving Medications 2001 to 2016



Percent of Injured Workers Receiving Medications Also Receiving Opioids 2001 - 2016



Opioid Dependence (Injured Workers Above 60mg MED/Day)



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?