



BEST PRACTICES: MANAGING OPIOID USE

WHAT IS **THE ISSUE?**

According to the CDC, there has been a 300% increase in opioid prescription sales since 1999—without overall change in reported pain. This trend has left employers wondering what actions they can take.

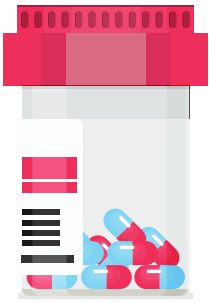


Is it any of our business what medications our employees are taking?

Do we really have a problem in our organization with opioid medication abuse?

How can an employer even make a dent in helping to prevent or mitigate opioid abuse?

THESE ARE GREAT QUESTIONS. LET'S TAKE A CLOSER LOOK...



DID YOU KNOW?

A recent survey of HR decision makers showed **70% of employers have been impacted by prescription drugs, but 81% of companies do not have a comprehensive drug-free workplace policy.** -NATIONAL SAFETY COUNCIL

WHAT SHOULD EMPLOYERS REQUIRE OF THEIR HEALTH PLAN AND PBM?

Here is a list of actions to help employers communicate with their Plans

STEP OF ACTION	HEALTH PLAN	PBM
1. Require your Plans to provide current and retrospective utilization data to analyze prescription opioid-related claims. Data should include duration of use, dosage, identifying multiple scripts and opioid related ED/hospitalization visits.	✓	✓
2. Demand that your Plans identify individuals with multiple prescriptions from multiple providers or ER visits. Consider a "lock in policy", which requires these individuals to use a single provider or pharmacy to obtain prescription opioids.	✓	✓
3. Request that your Plans cover urine drug testing that includes testing for opioids. Ask for reports to determine if the screening is being done according to guidelines.	✓	✓
4. Call for your Plans to monitor and contact high prescribers to discuss appropriate use. Individuals dosed at ≥ 90 MME/day should be identified and followed up with by your Plan.	✓	
5. Require your Plans to implement prior authorization, step therapy, and quantity limits for opioid prescriptions. Also, be sure pharmacies cannot override system flags without a doctor's exception, and that your Plan is monitoring that pharmacies are accessing Prescription Drug Monitoring Databases (PDMDs) regularly.	✓	✓
6. Cover opioid-sparing post-surgical options in your Plan. Surgery (including dental) is one gateway to this epidemic, and there are several multimodal alternatives for post-surgical pain management that can reduce the risk of dependence.		✓
7. Ask your Plan if facilities in their network provide opioid-sparing surgical options. Hospital formularies should include a range of non-opioid options.	✓	
8. Check if your Plans cover abuse-deterrent formulations to make abuse of opioids more difficult. ADFs, while they do not fully remove the ability to abuse the drug, prevent some methods of abuse. Consider use for high-risk populations.		✓

MANY FACTORS CAN HELP MANAGE THE USE OF OPIOIDS IN THE WORKPLACE - take time to consider workplace policy and benefit design changes.

WHAT WORKPLACE POLICY CHANGES MAKE AN IMPACT?

EMPLOYEE RESPONSIBILITY

Update your policy to include language reflecting the employees' responsibility. This includes talking with their provider about possible side effects, notifying their supervisor of required accommodations while on a medication, and providing proof of a valid prescription.

UPDATING SCOPE OF URINE TESTING

Standard drug tests will miss commonly abused prescription drugs. Make sure your test includes: benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines, THC, and synthetic opioids like fentanyl.

PROHIBITED BEHAVIOR

Specifically outline prohibited behaviors, such as unauthorized use of prescription drugs, and the consequences to be expected if employees are not compliant.

SUPERVISOR TRAINING

Training should include how to identify signs of impairment, enhanced knowledge of the company's drug-free policy, promoting EAP services, and awareness of an employee's possible protection under the American's with Disabilities Act.

LEGAL

Your policy should reflect all federal and state specific guidelines Consult your company's legal team to ensure this is in place.

RETURN TO WORK

While there are no specific guidelines for "fitness for duty" criteria, **be sure to work with your company's legal and human resources department to establish clear policies** regarding an individual's capacity to perform their job duties while prescribed an opioid medication.



Did you know a survey of 500+ HR decision makers showed that 76% of employers are NOT offering training on how to identify signs of misuse?



WHAT OTHER BENEFIT CHANGES MAKE AN IMPACT?



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Offer and advocate the use of EAP services. Help employees understand it as a way to seek help without being identified to the employer. EAPs are effective in connecting employees to appropriate treatment.

REVERSAL AGENT COVERAGE

Cover opioid reversal agent prescriptions (naloxone) as a treatment option for patients with a history of dependence or overdose. Naloxone should also be considered if the individual is on a higher dosage (≥ 50 MME/day) or using benzodiazepine simultaneously.

OPIOID ALTERNATIVES

Consider covering opioid alternatives as a first line prior to opioid treatment. For example, massage therapy, yoga, acupuncture, physical therapy, and opioid-sparing post-surgical therapies.

PREVENTING AND EFFECTIVELY TREATING POST-SURGICAL PAIN IS ESSENTIAL

Surgery is often the initial introduction to opioids and can lead to chronic pain conditions. Exposing surgery patients to opioids puts them at risk for side effects such as nausea, dizziness, constipation, over-sedation and possible persistent use, dependence or addiction. Research shows...



9 IN 10 PATIENTS who have a surgical procedure receive opioids



Patients given a prescription for opioids during the perioperative period were prescribed **AN AVERAGE OF 85 PILLS.**



3.3 BILLION PILLS per year are left unused by patients who've undergone surgical procedures. This means increased availability of pills for diversion and misuse.



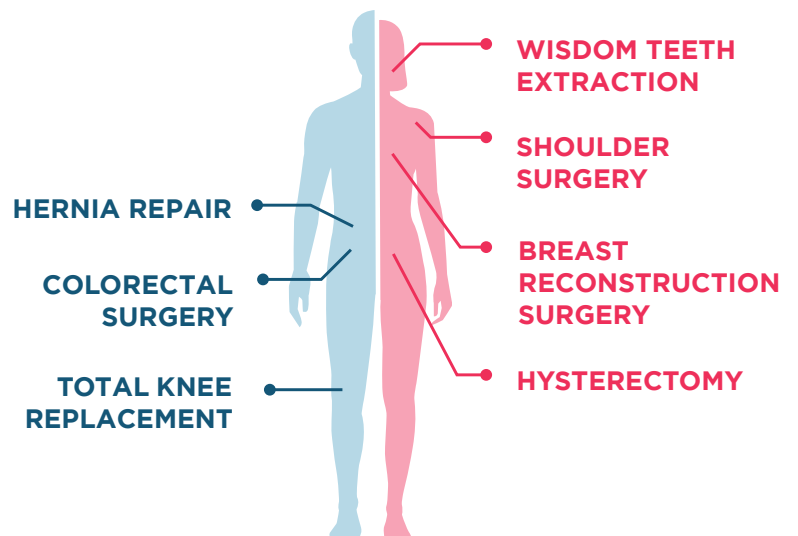
1 IN 10 PATIENTS who had not been taking opioids prior to surgery became persistent opioid users who continued taking them three to six months after their procedure.

WHAT IS AN OPIOID-SPARING APPROACH TO SURGERY?

Surgeons are beginning to recognize the importance of getting opioids out of the operating room. Although the technique requires more training and follow up than a pill, efforts are being embraced by top hospitals.

Opioid-sparing approaches to surgery, like nerve blocks, minimize the use of opioids to treat pain associated with medical or dental procedures and therefore reduce the risk of dependence or addiction post-surgery.

EXAMPLES OF PROCEDURES THAT CAN USE OPIOID-SPARING TECHNIQUES:



WHAT EXACTLY IS MULTIMODAL TREATMENT FOR PAIN MANAGEMENT?

Multimodal pain management is the use of different types of treatment to alleviate pain to avoid exposure to very high doses of any one medication and reduce chances of side effects.

THESE INCLUDE:

Oral Pain Medications: Acetaminophen, NSAIDs, and various non-opioid prescription medications indicated for other conditions but have shown proven success in treating pain.

Patient Controlled Delivery: Intravenous analgesia administers a controlled amount of pain medication and epidural analgesia delivers pain medication directly to the spine.

Anesthetics: Numbing medications, such as lidocaine or liposomal bupivacaine, are injected into the surgical site to prevent nerves from transmitting signals that carry the sensation of pain.



How much discomfort is usually associated with this procedure?

Where your surgery is done, how it is done, and how your body responds to pain medications can all affect how you feel.



How can I minimize the need for opioids? What non-opioid options do I have?

Your surgeon may administer a variety of medications before, during, and after surgery to minimize your need for opioids, including local anesthetics that can be used to numb the area of your procedure.



What can help my recovery?

There may be things you can do on your own that can help speed your recovery.



What do you need to know about me to help customize my pain management?

Before surgery, share your medical history to help your surgeon better understand your pain management needs. This may include medication allergies, breathing issues, stomach issues, previous history of substance abuse, and any current medications you are taking.



What happens when the medications from my surgery wear off, and how will my pain be managed at home?

The kinds of medications you receive can depend on the type of procedure you have. Talk with your doctor to find out more about what you'll feel with the medications used during and after your surgery.

RESEARCH SHOWED...

1 IN 10 PATIENTS
having never taken opioids prior, became persistent opioid users after surgery.

THIS TRANSLATES INTO...

APPROXIMATELY
3 MILLION AMERICANS
will become new persistent opioid users each year after initial exposure following surgery.



WHAT SHOULD BE INCLUDED IN EMPLOYEE EDUCATION ABOUT OPIOID MISUSE?

Here is a list of tips to help employers communicate with their employees.

- + EDUCATE EMPLOYEES ON PROPER STORAGE AND DISPOSAL OF PRESCRIPTION MEDICATIONS.**
Medication should be counted, locked up, out of reach, and taken to a prescription drop off for disposal.
- + STRESS THE DANGER OF MIXING MEDICATIONS WITH ALCOHOL, SEDATIVES AND OTHER DRUG INTERACTIONS.**
Employees should discuss any possible side effects with their health care provider.
- + BE CLEAR THAT OPIOID MEDICATIONS SHOULD NOT BE SHARED WITH COWORKERS, FAMILY OR FRIENDS.**
Most addicts initially get their medications from friends and family.
- + HELP EMPLOYEES UNDERSTAND THE DIFFERENCE BETWEEN DEPENDENCY AND ADDICTION.**
Provide education to alert them that opioids are addictive, and make sure they understand the importance of intervention before they are fully dependent on opioids.
- + BE PROACTIVE IN MARKETING YOUR COMPANY'S EAP SERVICES AS A FIRST LINE RESOURCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES.**
Clearly state how employees can use the EAP, the details of their benefit coverage if connected for treatment, and be sure counseling is covered for a minimum of 90 days.
- + ENSURE THAT EMPLOYEES ARE FAMILIAR WITH THE COMPANY'S DRUG-FREE WORKPLACE POLICY.**
Consider having each employee sign an acknowledgment that they have read the policy, understand their responsibility, and are aware they may be tested based on reasonable suspicion.
- + EDUCATE EMPLOYEES TO ASK QUESTIONS ABOUT THEIR TREATMENT IF PRESCRIBED AN OPIOID.**
Why is an opioid being prescribed? What are the risks associated with taking it? Are there alternative therapies available?
- + EDUCATE EMPLOYEES TO ASK QUESTIONS ABOUT THEIR OPTIONS FOR SURGERY (MEDICAL OR DENTAL PROCEDURES).**
Are there alternative/opioid-sparing non-surgical therapy options available?

USE WHAT YOU LEARN

Use what you've learned to determine what you can do to make changes in your benefit design, evaluate whether your PBM is actively managing opioid prescriptions and potential abuse, and offer clear education to your employees. Keep in mind, these issues should be thoroughly discussed with your health plan and PBM prior to contract negotiation time.

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