Plan Experience with the 2019 Opioid Safety Edits and the Drug Management Program

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Outline

- Introduction
- Plan Experience
  - 2019 Part D Safety Edit and Drug Management Program
- Innovations and Best Practices
- Outcomes
- Questions

2019 Safety Edits and Drug Management Programs

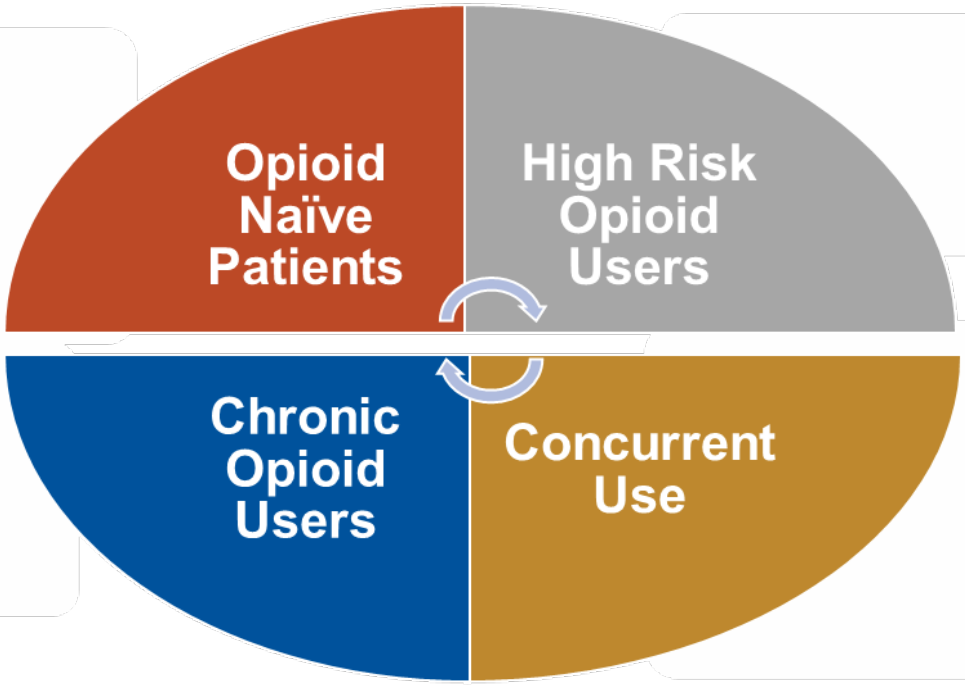
Safer Use of Opioid Pain Medication in Medicare Part D

- Medicare is dedicated to helping patients use prescription opioid pain medications more safely, and introduced new policies for opioid prescriptions in the Medicare Part D prescription drug program beginning in January 2019.
- The new opioid policies encourage the patient's pharmacy, doctor, and Medicare drug plan to work together with the patient to ensure the safe use of prescription opioids.
- The Medicare Part D opioid policies include:
  - Opioid Safety Reviews
  - Drug Management Programs

CMS: Tailored Approach Not "one size fits all"

- 7 days supply hard edit on initial opioid prescription fills (acute pain)

- 90 MME opioid care coordination edit
- High MME hard edit (optional)



- OMS/CARA drug management program
- Revised OMS metrics
- Information on concurrent potentiator drug use

- Duplicate LA opioid therapy soft edit
- Concurrent benzodiazepine-opioid soft edit

Exclusions

- The Medicare Part D opioid policies do not apply to patients with cancer, who get hospice, palliative, or end-of-life care, or who live in a long-term care facility.
- These policies also should not impact patient access to medication-assisted treatment (MAT), such as buprenorphine.

Implementation and Monitoring

Mutual of Omaha – Opioid Edits January 2019

Edit	Description
200 MME	If a member's cumulative daily dose of opioids meets or exceeds 200MME, reject at POS
90 MME Care Coordination Edit	If a member's cumulative daily dose of opioids meets or exceeds 90MME and the member is receiving opioids from two or more prescribers, reject at POS
Opioid Naïve Edit	If a member is opioid naïve and receives a greater than 7-day supply at POS, reject
Duplication of Long-Acting Opioid Therapy	If a member receives two or more concurrent prescriptions for long-acting opioid therapy, reject at POS
Concurrent Benzodiazepine & Opioid Utilization	If a member receives an opioid from one prescriber and a benzodiazepine from a different prescriber (or vice versa), reject at POS

Internal Information

Mutual of Omaha – Drug Management Program

Dedicated team of nurse case managers and physician Medical Director

Specialized case management process updated based on CMS requirements, feedback and experience

Detailed activity reporting including recommended OMS response codes

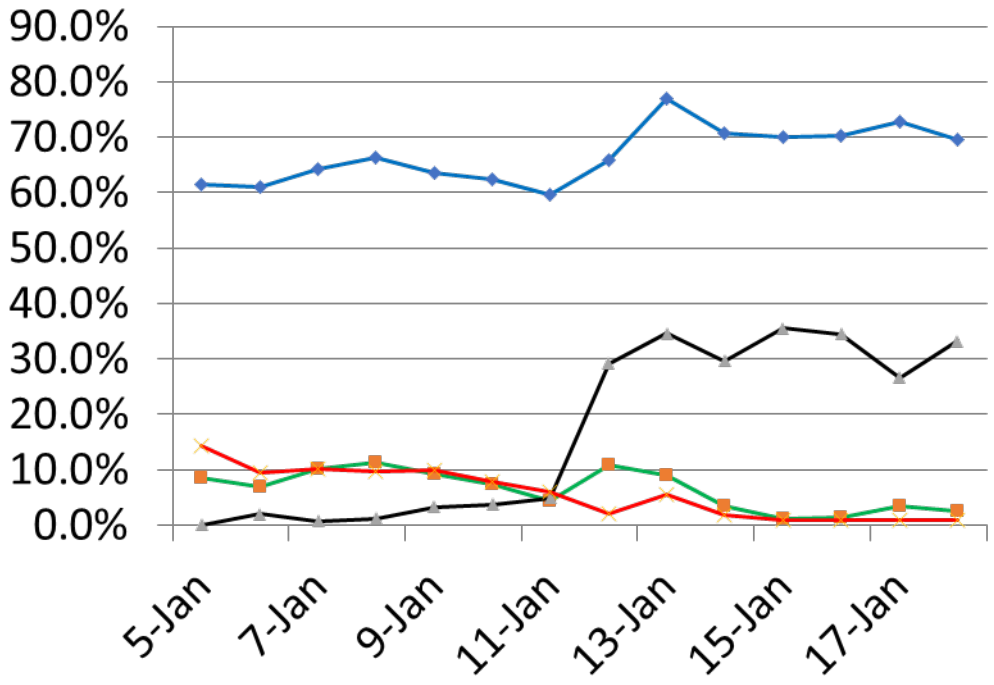
Humana – Drug Management Program

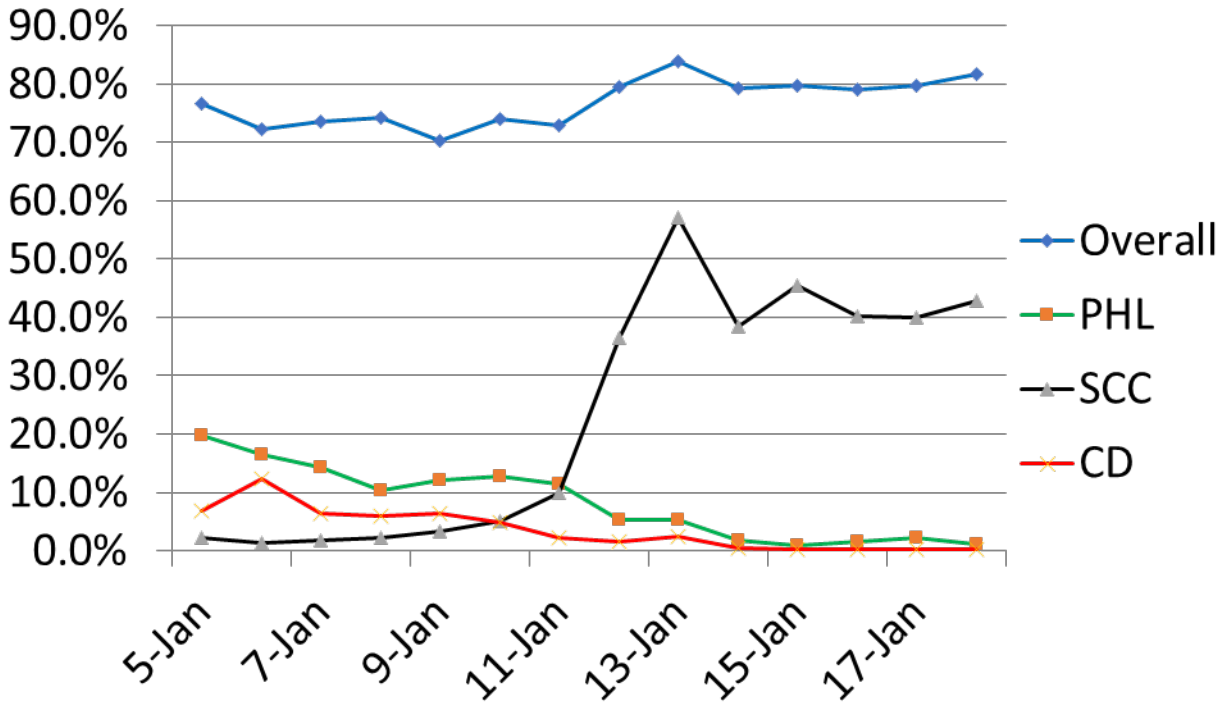
- The Drug Management Program – Opioid Program is designed to advance therapeutic outcome and improve the quality of pharmaceutical care
- Beneficiaries with uncontrolled utilization of opioids and/or frequently abused drugs (FAD) may have a **concurrent** beneficiary-level claim edit applied when applicable criteria are met
- Cases identified via data analysis – P&T approved policy that meets OMS/Clinical Guideline criteria requiring case management

Aetna – Implementation Strategy

- Pre-Implementation Plan
  - Launched extensive communications strategy, testing plan, training effort
  - Adjusted staffing modeling
  - Devised post implementation monitoring plan & interventions
- 2019
  - Implemented daily monitoring of claims and trends
  - Performed outbound calls to pharmacies
  - Developed a process that works for the pharmacies when known exceptions exist

Aetna – 7 Day Edit Trend Monitoring for Patient Access: Comparison of Two Pharmacy Groupings





Polling Question 1

What was your plan's most common outcome for a member who experienced a 7-day edit in January?

A. Script reduced to 7-days' supply or less
B. Pharmacy provided information to exclude member from edit
C. Member was directed to coverage determination process
D. Unknown

Best Practices and Innovations

Mutual of Omaha – Robust Outcomes Documentation

Weekly outcomes reporting	• Year-to-date reporting of case management activity • Includes details of each review, including outreach to prescribers and recommended OMS response codes
Monthly dashboard reporting	• Year-to-date report that shows monthly case management trends
Case file packets for each case where a limitation is recommended, including:	• Case file detailing case management review, outreach, prescriber feedback, and final limitation decision • Copy of 2nd notice • Copy of prescriber fax

Mutual of Omaha – Member and Prescriber Outreach

Mutual of Omaha – Success Stories

- Case 1: Multiple Providers – None Actively Managing Pain
- Case 2: New Provider Identified During 30-Day Waiting Period
- Case 3: Increase in Number of Prescribers and Pharmacies Triggers Case Management

Humana – Drug Management Program (1 of 4)

- Prescriber outreach
  - An informational letter
    - A patient drug profile, and
    - A response form for the prescriber to provide feedback on any action taken regarding these concerns
  - If no response in 10 days – pharmacist outreaches via phone to provider to gather information for the response form

Humana – Drug Management Program (2 of 4)

- **Clinical Case Management**
- Depending on prescriber responses to the notification letters, or information gathered during phone conversations, the following actions may be taken:
  - Close/monitor case status **OR**
  - Reach out to the prescriber(s) to gather more information **OR**
  - Work with the prescriber to establish and set a beneficiary level claim edit
  - Work with the member's pharmacy to determine willingness to accept the patient as their pharmacy exclusively to fill one or more frequently abused drugs

Humana – Drug Management Program (3 of 4)

- **Beneficiary Outreach**
- **Potential At-Risk Beneficiary Notification** – Pharmacist will notify member in writing of their potential at- risk beneficiary status and will provide information regarding limitations that will be placed. Member will have 30 days to provide a response of preferences or submission of information to refute determination.
- 60 days from date of notification to make determination of status and send notification to member.

Humana – Drug Management Program (4 of 4)

Opportunities

- Improve provider contact and consultation rates
- Member engagement and consultation
- Reduce time to implementation

Best Practices

- Pharmacist outreach
- Pain Management certificate training (ASHP)
- Multi-channel communications
- Motivational interview techniques

Arming our In-network Providers with Evidence: Aetna's Opioid Prescriber Education Campaign

There is a significant physician knowledge gap today

- Managing pain without the overuse of opioids
- Identifying and treating patients with addiction

"Academic detailing" investment to catalyze behavior change

- ~30 nurses & pharmacists conducting face-to-face visits in PCP offices; 6,000+ visits completed Nov '18 – Sept '19
- Data-driven via MAPD claims
- Advisory Board of national experts develop and vet all materials
- Pilot geographies: PA, IL, ME, WV, OH

"Appreciate the detail on managing chronic pain and identifying opioid use disorder; especially for the elderly, there are limited options today." – Aetna In-Network Provider Mercer County, Pennsylvania

Dr. Elizabeth Mock, Campaign Educator

Outcomes and Results

Mutual of Omaha – Trends in the DMP

- Most members who are sent for evaluation for DMP do not meet the required criteria. This suggests to me that, as you would expect, most individuals using opioids do so for legitimate reasons; however, additional attention may need to be paid to ensure adequate medical documentation.
- In general, most overutilization concerns have been resolved through discussions to the providers; lock ins are rarely needed. Regardless, they are valuable for prescribers with member health and safety concerns.
- As you will note from the stories, most concerns related to patient overutilization can be addressed through enhanced, more detailed communications with both the prescriber and the patient.

Polling Question 2

When should Naloxone be co-prescribed?

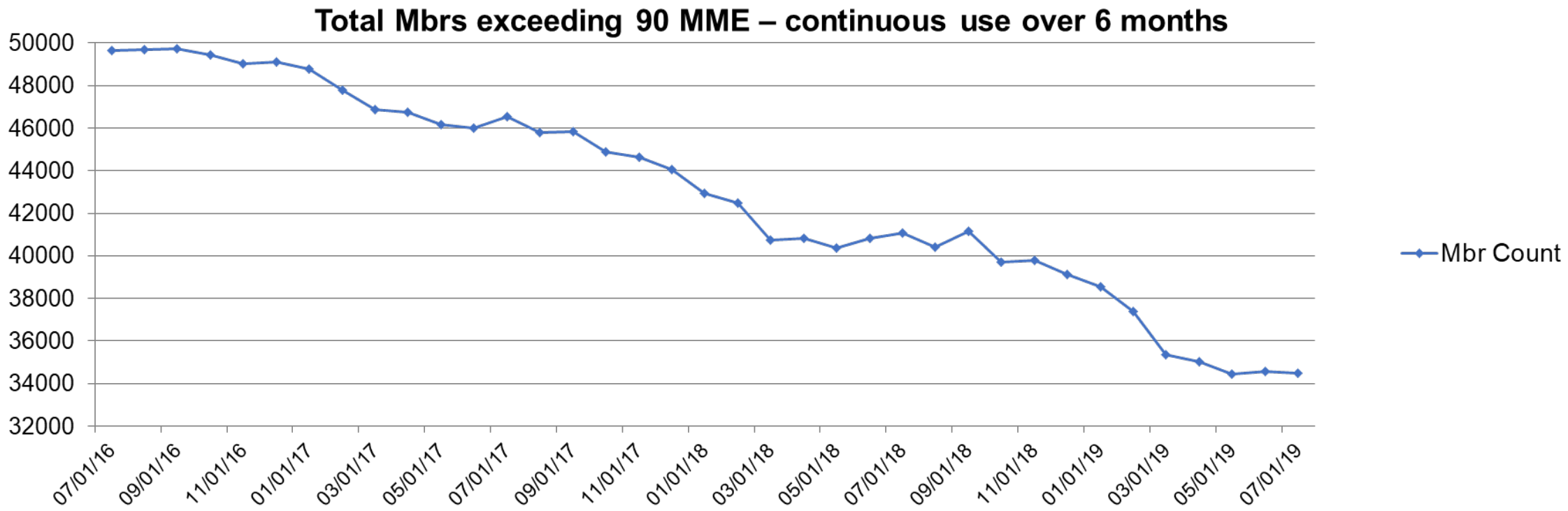
A. Suspected or concurrent alcohol use
B. Concurrent use of benzodiazepines, tricyclic anti-depressants, skeletal muscle relaxants and/or gabapentinoids
C. Treatment of opioid use disorder with either buprenorphine or methadone
D. Concurrent history of smoking/COPD or other respiratory illnesses or obstruction
E. All of the above

Humana – Drug Management Program Outcomes

Outcomes

- Providers, Pharmacy and Member agree to coverage limitations
- Provider agrees to manage medication (which may include taper Opioid and/or Benzo)
- Provider agrees to add Naloxone

Aetna – Impact to 90 MME Trend



Questions?

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