

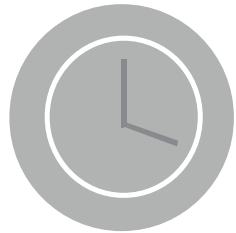
Confronting The Crisis We Brought Upon Ourselves:

America's Opioid Abuse Epidemic

David Calabrese, R.Ph, MHP

- SVP, Chief Pharmacy Officer
OptumRx

A National Healthcare Crisis



Every
18 minutes

there is a death from
opioid overdose¹



4.5 Million

Americans estimated to have a
substance use disorder with
prescription pain killers²



\$78.5 Billion

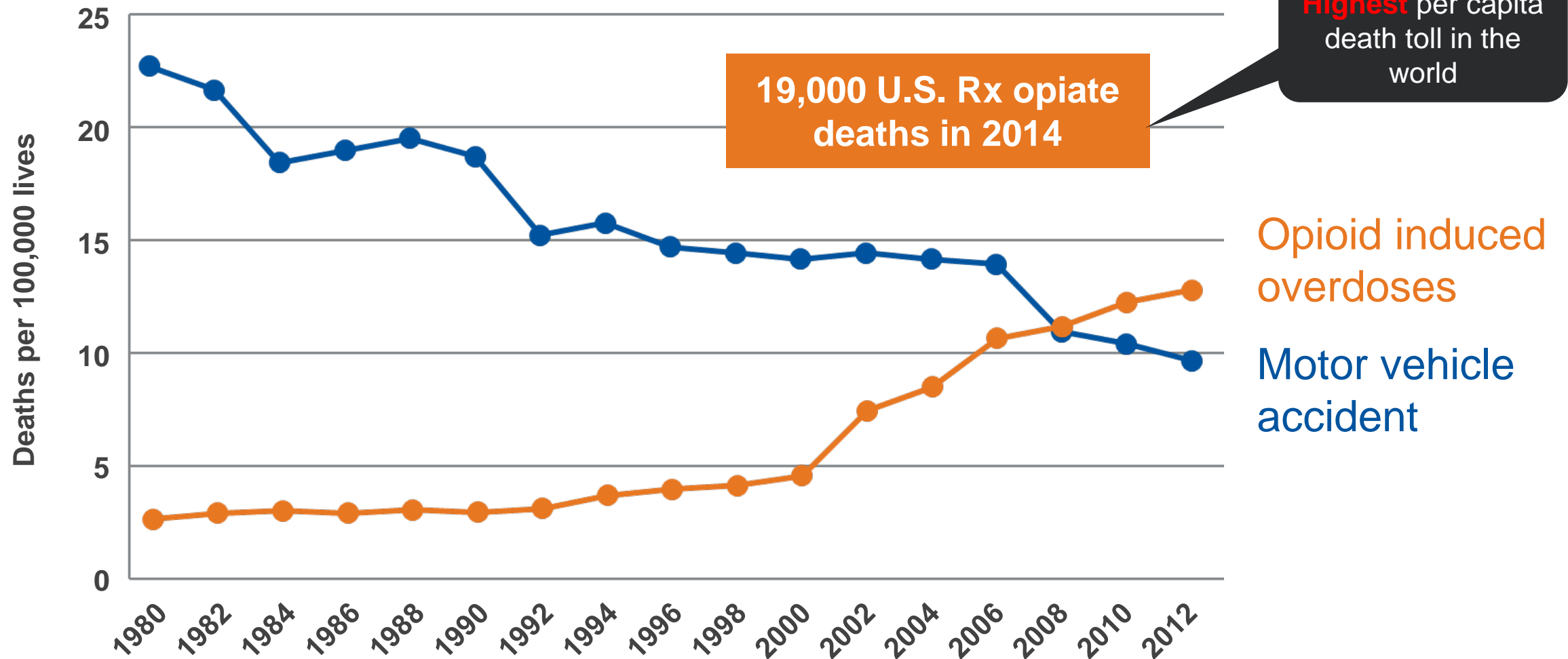
Estimated costs of US
prescription opioid epidemic
according to CDC³



1,375%

Increase in opioid treatment
spending over 5 years⁴

Opiates are now the leading cause of accidental death in U.S.



How did we get here?



Major Contributing Events

Mid-1980s

Early 2000s

First publication suggesting safety of extended opioid use in non-cancer pain¹

MS Contin[®] approval

OxyContin[®] approval

APS launches *"Pain as the Fifth Vital Sign"* Campaign

Purdue launches \$200M marketing campaign²

Multiple new opioid medications flood market

Opioid Rx volume & avg dose/Rx skyrocket

Death toll due to opioid overdose rises in parallel

Government investigations ensue

Purdue pays \$600 million in fines for false promotion⁵

4X

increase in
opiate Rx's:
'99 thru '14²

70%

increase in
avg MED
dose/Rx – '00
thru '09³

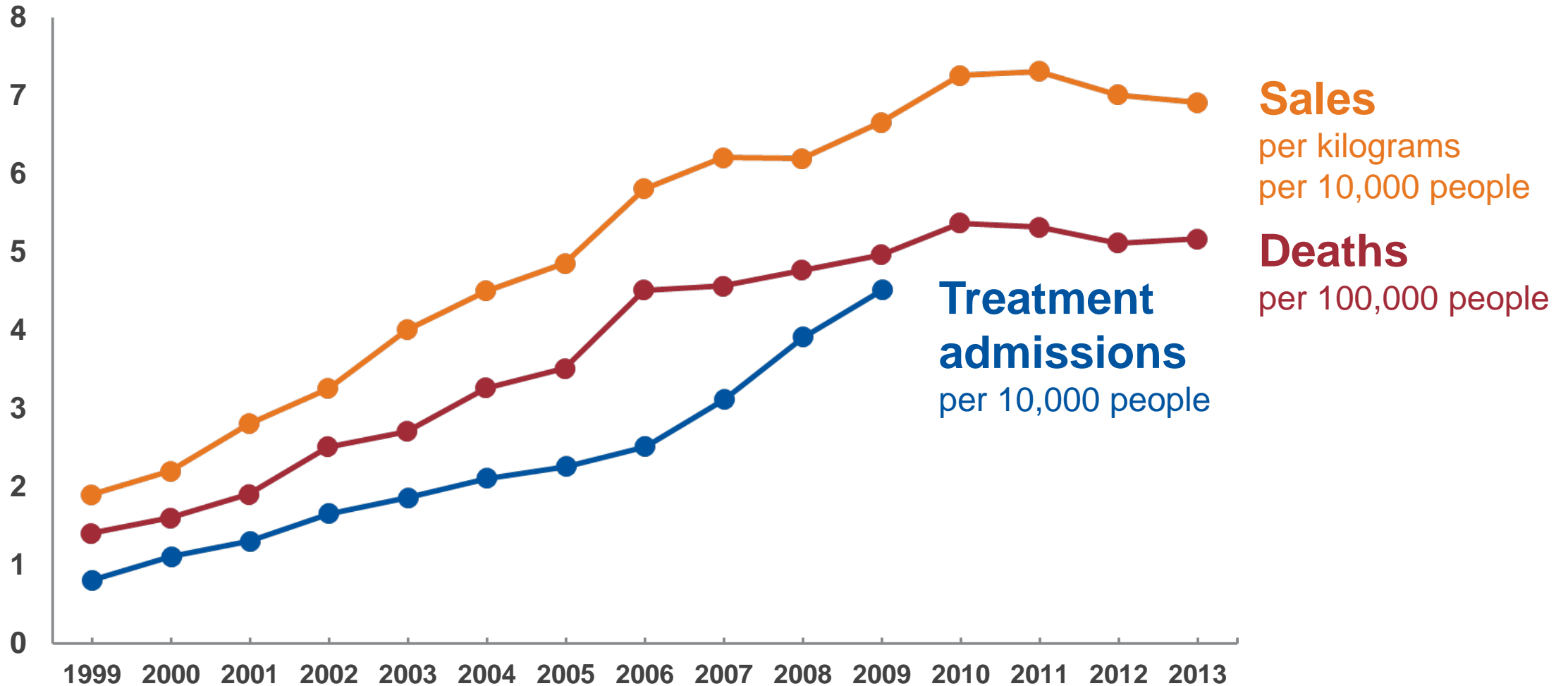
259

Million
opiate Rxs
issued in the
U.S. in '12⁴

5X

increase in
annual OD
deaths: '99
thru '14²

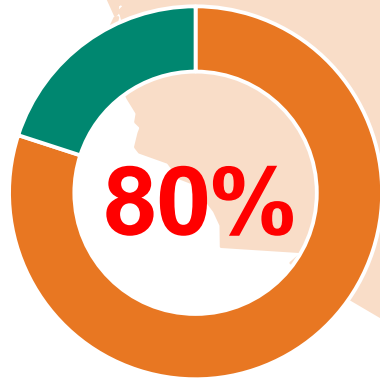
Parallel Paths...



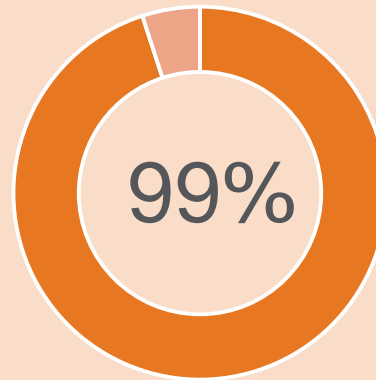
National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System of the Drug Enforcement Administration, 1999-2010; Treatment Episode Data Set, 1999-2009; Centers for Disease Control and Prevention. National Vital Statistics mortality data, 2015.

Is This Issue Unique to the U.S?

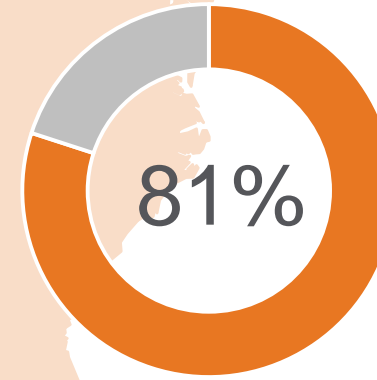
Alarminglly unparalleled consumption
of prescription opioids in the U.S.



**World's supply of
Rx opioids**



Hydrocodone



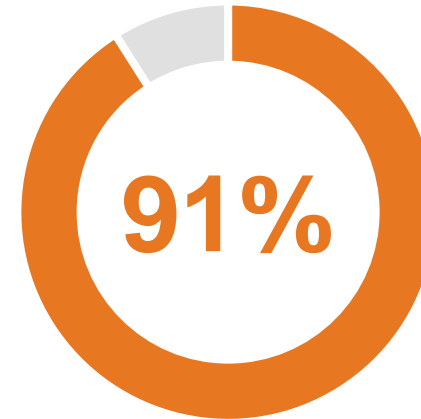
Oxycodone

Additional Driving Factors



\$16 average cost per Rx
(generic Percocet & Vicodin)²

92 units average # of tabs per Rx
(oxycodone/APAP and hydrocodone/APAP)²



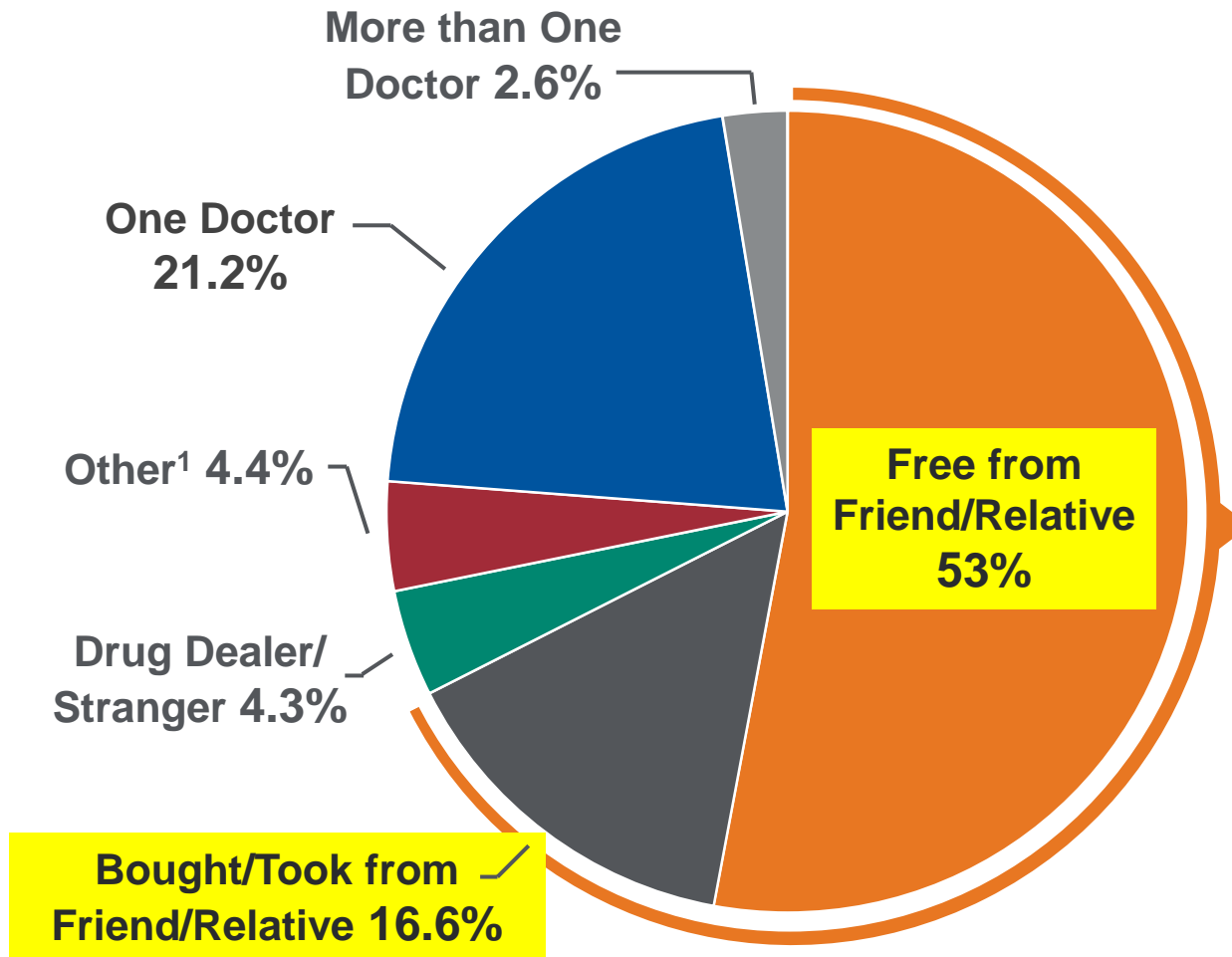
patients who overdose
receive an opiate Rx
within 10 months^{3,4}



60% U.S. citizens have leftover narcotics in their home¹

Source of Misused Opioid Prescriptions

Users aged 12 or older 2012 – 2013



70%

obtained from a friend or relative

Note: The percentages do not add to 100 percent due to rounding.

1. The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

The clinical evidence...*or lack thereof*

What Does the Evidence Say?

Ki *Journal of Pain Research* 2013;6 513–529



Effectiveness is limited

- Systematic review of >2,300 studies of opioid use in non-CA related pain; leading medical journals 1998-2012



Significant side effects

- Findings:

– Not a single randomized controlled trial with opioid treatment > 6 months



Risks are substantial

– All studies with a duration > 6 months (n = 16) were conducted without a proper control group

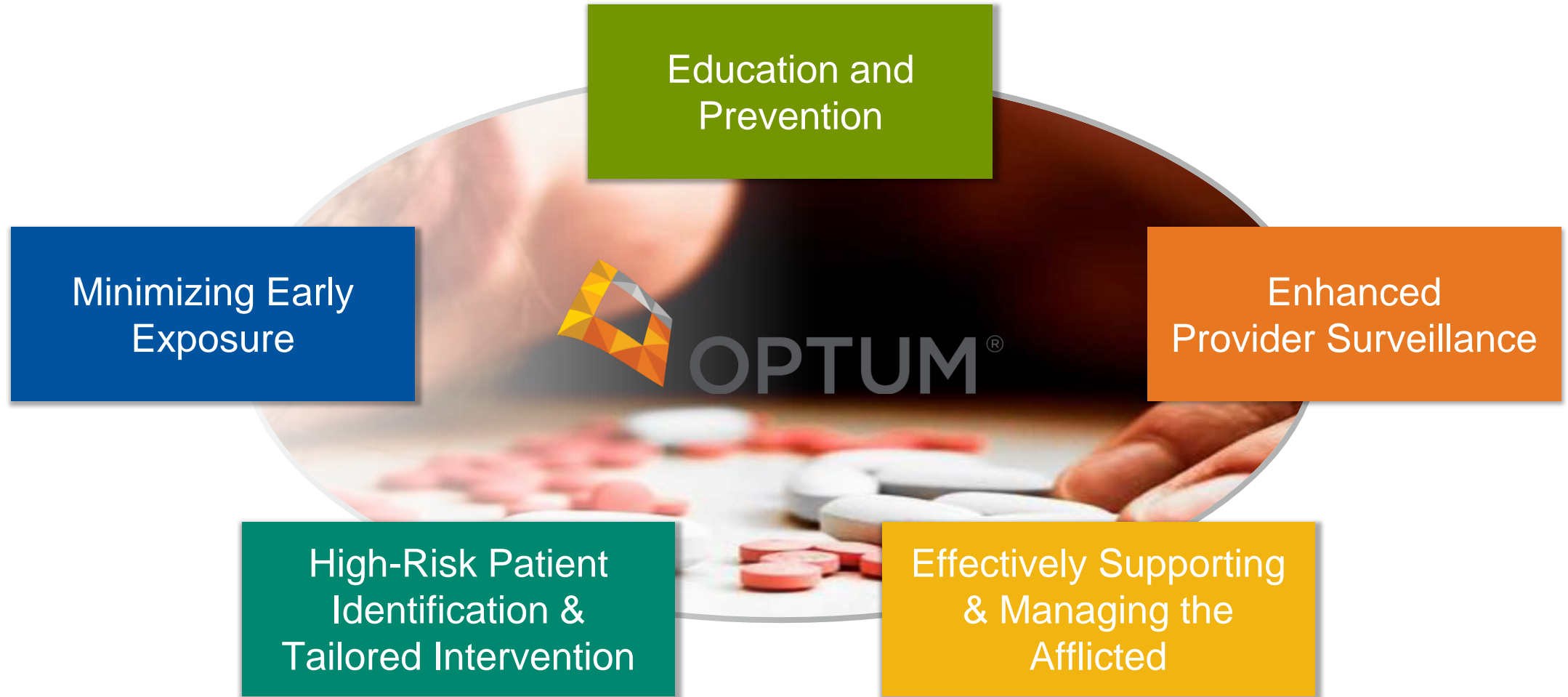


Effects on human function are very small



Closing the floodgates

Total Opioid Management: Five-Pronged Strategy



I. Education & Prevention



Patient

- New to therapy education: *proper usage, side effects, risks, storage, disposal, alternatives, etc...*
- Chronic user education: *dangers of excessive use, risks w/ other meds, how/where to seek help, chronic pain mgmt support*



Provider

- Targeted high-prescriber education: *CDC guidelines, SCOPE; PCSS-MAT*
- Promoting routine **Prescription Drug Monitoring Program** adoption/use
- Peer-to-Peer education



Society

- National & local public awareness campaigns
- Key strategic partnerships

II. Minimizing Early Exposure



Aggressive **first-fill** intervention

- ✓ 7 day supply limits
 - Based upon 50 morphine-mg equivalent dose/day edits
- ✓ Prior authorization on newly-initiated long-acting opioids (brand and generic)
- ✓ Concomitant therapy (e.g., opiate + benzo) edits
- ✓ Age edits
- ✓ Pregnancy screening



Promoting proper disposal

- ✓ 'Take-back' programs
- ✓ Drug 'deactivation' kits
- ✓ Alternative disposal options

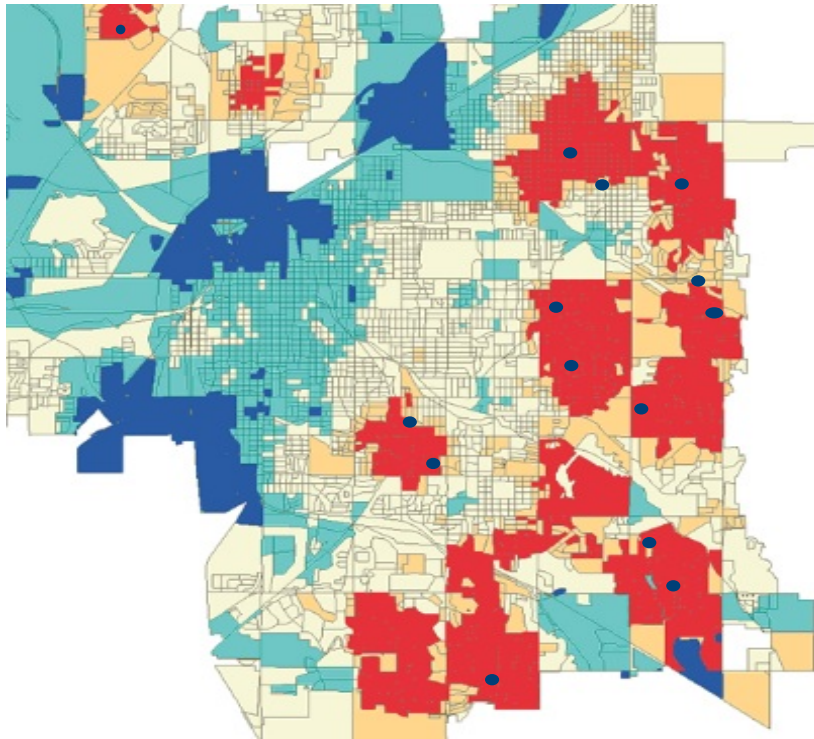


Post-first-fill actions

- ✓ Tighter refill window limits (90%)
- ✓ Prior authorization after two 7-day fills in 60 days
- ✓ MED dose-creep monitoring

III. Enhanced Provider Surveillance & Intervention

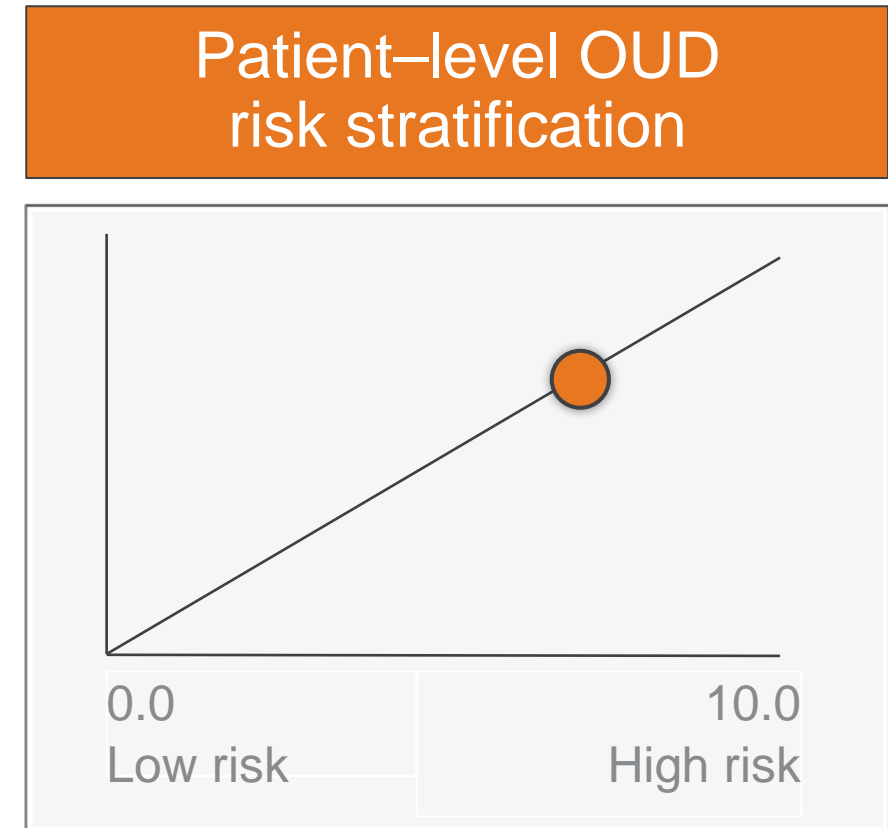
Provider (prescriber and pharmacy) 'hot-spotting'



- Advanced analytics
 - ID disproportionate opiate prescribing and dispensing patterns
- Opiate prescriber 'scoring' system
- Enhanced MD monitoring & restrictions based upon:
 - DEA prescriptive authority limits
 - US Dept of HHS OIG mandatory sanctions
 - State-level prescribing controlled Rx sanctions
- More proactive collaboration and data sharing with state & federal regulatory & licensing bodies
- Enhanced auditing

IV. High-Risk Patient Identification & Tailored Intervention

- Sophisticated patient-level predictive analytics & machine learning
- Multidimensional R-DUR suite of outreach/intervention
- 1-800 OUD Support “Hot-Line”
- Pharmacy/Prescriber **Opioid Home** (“lock-in”)
- Pharmacist Case Management support
- Medication Assistance Treatment education/referral
- Chronic Pain Condition-Specific Management



Rising Trend of Concern: ‘*Destination*’ OUD Treatment



A cottage industry is forming to lure contemplative individuals suffering from OUD into sub-optimal treatment facilities.

- Most members are not aware of what treatment options exist & how they compare
- Risk of stigmatization causes many to seek anonymous help
- Current market dynamics have created major economic opportunity for growth in out-of-network SUD treatment locations & charges
- Many destination centers have extremely high variability in quality and practice

Out-of-Network vs In-Network Residential Treatment



53.5% to 62%
higher readmission rates
per year¹



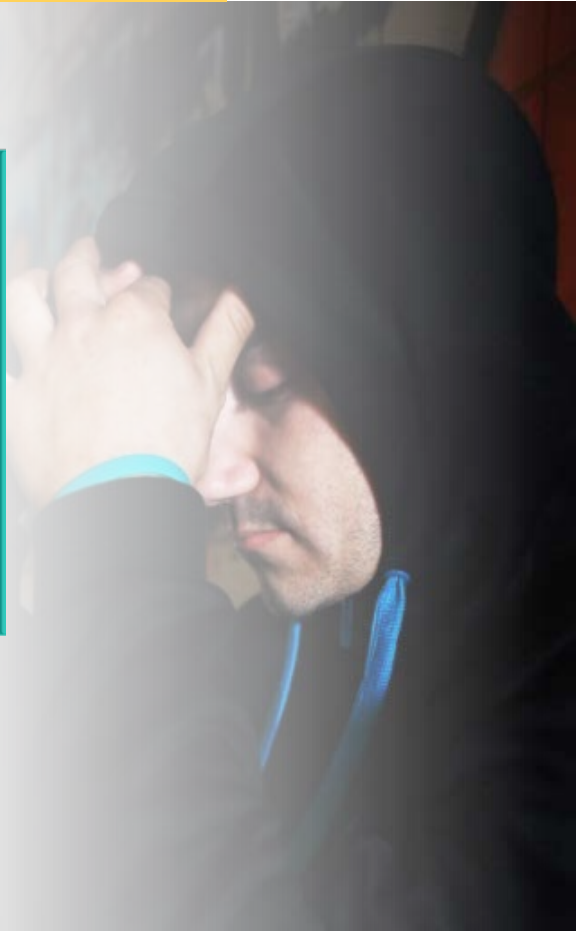
300% to 372%
higher cost for 90-day
episodes of care²



Over 1,000%
increase in lab testing
utilization from 2011 to
2014³

V. Managing the Afflicted

“Medication-Assisted Treatment [MAT] is the most effective intervention to treat OUD and is more effective than either behavioral interventions or medication alone.”¹



1 Industry-leading MAT network	2 Preferred SUD provider network	3 Certified Peer Support	4 Opioid Access Restrictions During MAT	5 Post-Treatment Relapse Prevention
2,062 MAT providers 4,822 locations	20-40% lower costs & 5-10% higher tx success rates w/ preferred facilities	500+ ‘peers’ – have successfully overcome OUD <ul style="list-style-type: none">• 24-57% lower overall BH \$	C-DUR & UM edits restrict access to opioid therapy during active MAT	Active flagging, monitoring & intervention of those successfully completing tx

We are all
accountable...

...and all **part**
of the solution.





Questions?