Finding solutions

Aetna’s comprehensive strategy to combat the opioid epidemic

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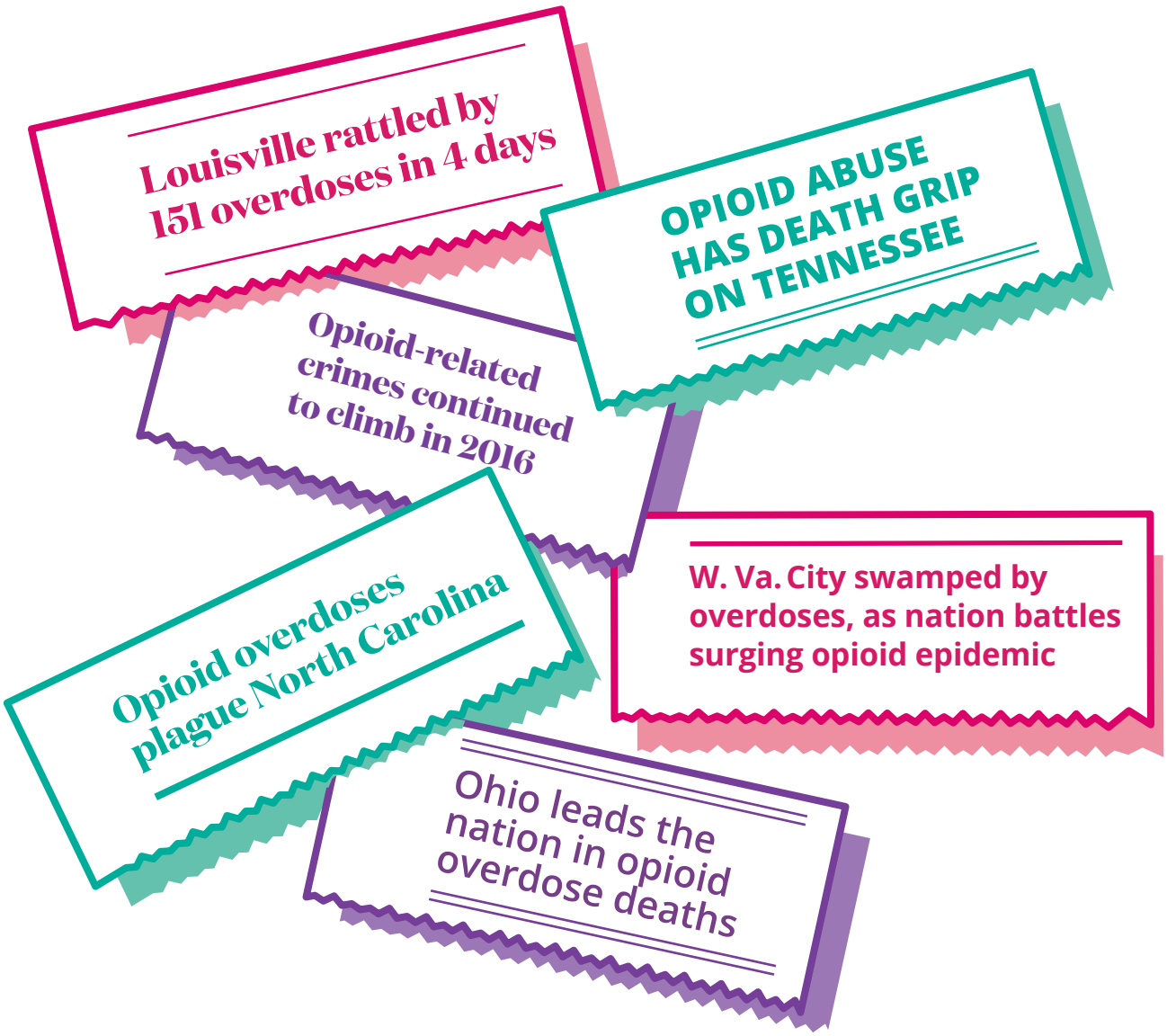
The headlines are unrelenting:



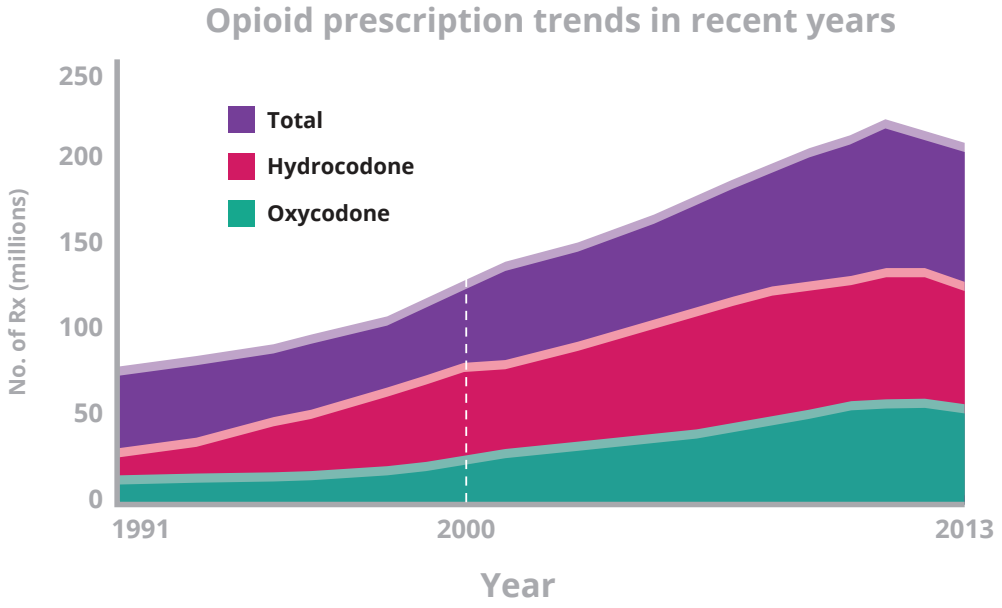
We all recognize that the United States is in the grips of an opioid epidemic.

The question is, what do we do about it?

The scope of the problem: prescription rates

An estimated 1 in 5 patients with pain-related diagnoses are prescribed opioids. One might assume that most of these prescriptions are recommended by pain-management and post-op specialists; but primary care physicians write about half of them.[1] Who is most likely to get these prescriptions? People over 40, women and non-Hispanic whites are at the top of the list.[2, 3]

The overall prescription rate has risen precipitously in the past two decades.[4] Prescriptions for opioids like hydrocodone and oxycodone have gone from about 76 million in 1991[5] to 259 million in 2012[6], making the US by far the biggest global consumer of these medications — a dubious distinction.



[1] Figure 1 — Opioid Prescriptions Dispensed by US Retail Pharmacies IMS Health, Vector One: National, years 1991 – 1996, Data Extracted. IMS Health Prescription Audit, years 1997 – 2013, Data Extracted 2014.

[1]Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. Medical Care 2013; 51(10): 870-878. http://dx.doi.org/10.1097/MLR.0b013e3182a95d86.

[2]Frenk SM, Porter KS, and Paulozzi LJ. Prescription Opioid Analgesic Use Among Adults: United States, 1999 – 2012., National Center for Health Statistics Data Brief, February 2015.

[3]Paulozzi LJ, Strickler GK, Kreiner PW, and Koris CM. Controlled Substance Prescribing Patterns – Prescription Behavior Surveillance System, Eight States, 2013. MMWR Surveill Summ 2015;64(8):1-14.

[4]IMS's National Prescription Audit (NPA) & Vector One®: National (VONA).

[5]IMS Health, National Prescription Audit, Vector One: National, Years 1991-1996. Data extracted 2014.

[6]https://www.cdc.gov/vitalsigns/opioid-prescribing/, accessed May 2017.

The scope of the problem: overdoses

Since 1999, the number of overdose deaths in the U.S. involving opioids — including prescription medications and heroin — has nearly quadrupled.[1] In fact, drug overdoses were the leading cause of accidental death in 2015, with 52,404 lethal overdoses. Of note, opioids (both prescription and illicit) accounted for more than 63 percent of those deaths.[2]

In an effort to stem the tide, in 2016 the U.S. Food and Drug Administration (FDA) mandated a **"black box" warning for immediate-release painkillers** such as oxycodone and fentanyl. The label warns about the risks of abuse, addiction, overdose and death from these medications.[3]

But when the drugs are so addictive ...

[1]Centers for Disease Control and Prevention at https://www.cdc.gov/drugoverdose/data/overdose.html

[2]American Society of Addiction Medicine at http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf

[3]CNN http://www.cnn.com/2016/03/22/health/fda-opioid-black-box-warning/

Why are opioids so addictive?

Opioids are powerful prescription medications. They're widely prescribed to treat pain for everything from teens who have had their wisdom teeth removed, to adults with chronic back pain. Undoubtedly the medications do their job — they do relieve pain. But they also produce artificial endorphins in the user's brain that create good feelings. And that "high" is something some users begin to chase.

When the body develops a tolerance to the medication, users find they need more drugs to attain the same effect. Some try to intensify the euphoria by ingesting more pills or by snorting or injecting crushed pills. The body can stop producing its own endorphins, making users feel depressed and sick when they're not using. And the cycle of addiction begins.

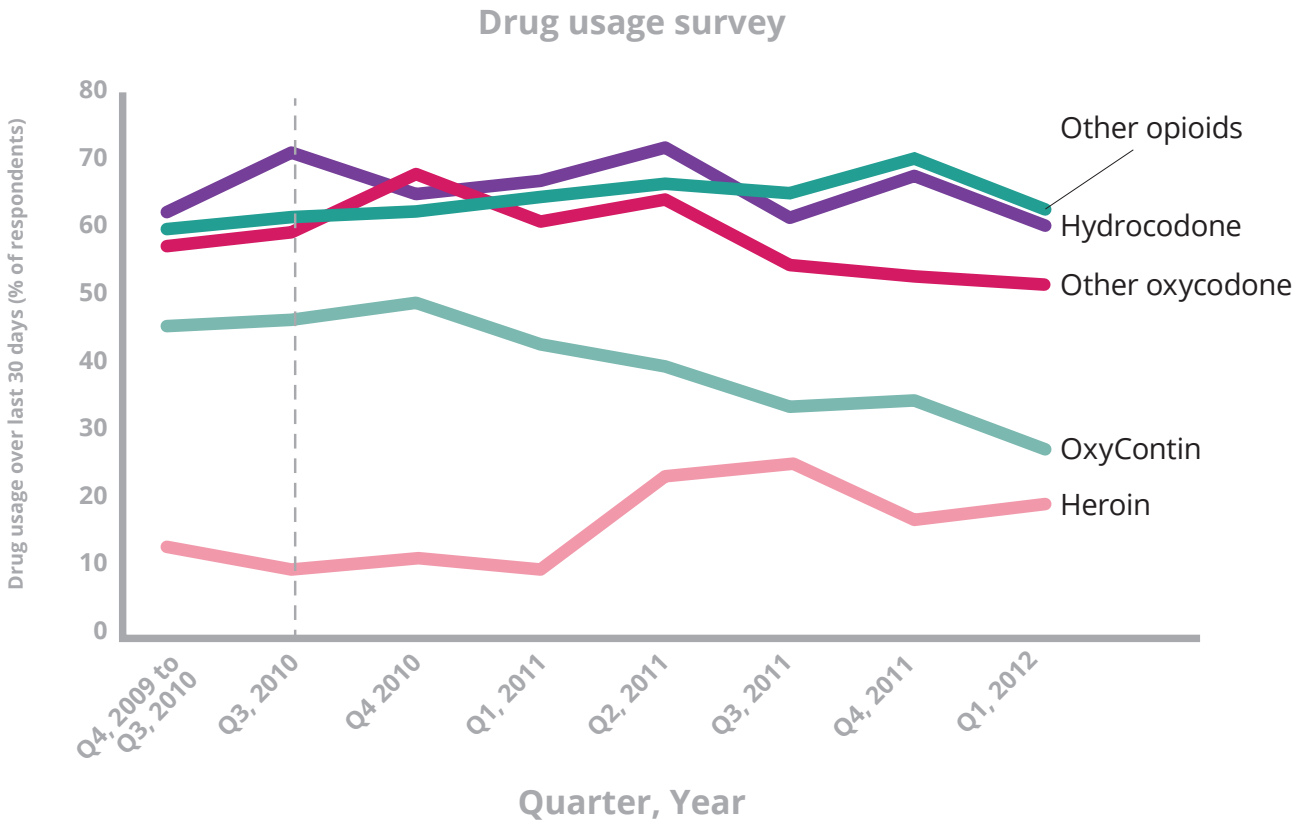
The cycle of addiction: Building tolerance creates increased opioid dependence.

Moving from prescription opioids to street drugs

When users' bodies become more tolerant to the effects of prescription opioids or when prescriptions become too difficult or expensive to obtain, many move on to heroin. It's less expensive and can be easier to get. Today, more than half a million Americans use heroin. Most started out misusing prescription painkillers.[1, 2]

Tragically, with an illicit drug like heroin, overdose is an even greater risk because there is no control over the purity of the product. And it may be combined with other drugs, like fentanyl — a powerful synthetic opioid that is similar to morphine. Overdoses in heroin users mainly occur in a younger cohort of 25- to 34-year olds.

Since opioid and heroin abuse are parallel problems, there is no easy fix.



Retrieved from: https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

[1]Cicero, T.J.; Ellis, M.S.; and Surratt, H.L. Effect of abuse-deterrent formulation of OxyContin. N Engl J Med 367(2):187–189, 2012.

[2]Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. Drug Alcohol Depend. 2013 Sep 1;132(1-2):95-100. doi: 10.1016/j.drugalcdep.2013.01.007. Epub 2013 Feb 12.

Working toward solutions

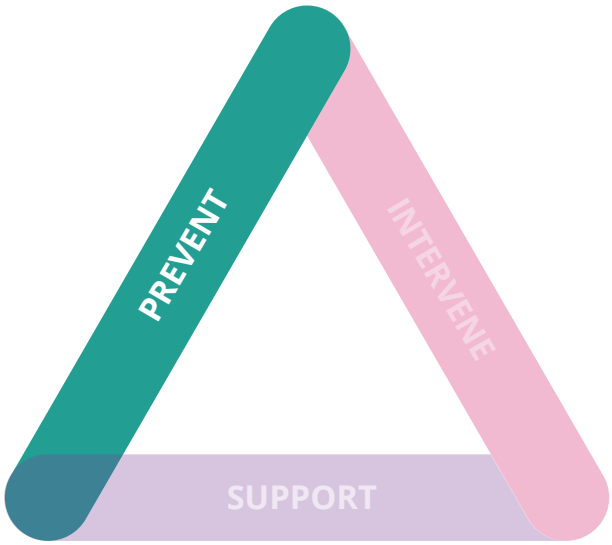
Everyone has a role to play if we have any hope of slowing this epidemic — patients, families, medical professionals, insurers, addiction counselors and the public at large. We're applying data analytics, clinical insights and collaborations along the continuum of addiction and recovery to drive improved outcomes. We're working to prevent misuse and abuse, intervene when we identify at-risk behavior and support those who are addicted through evidence-based treatments.

Aetna's comprehensive strategy to combat the opioid epidemic

Prevent: misuse and abuse

Intervene: when we identify at-risk behavior

Support: patients with access to evidence-based treatments



Prevent

One of the best ways to stop misuse and abuse is to find alternatives to opioids from the start. A recent study found that mindfulness exercise was more effective than opioids in treating chronic back pain.[1] For some, alternative approaches may include acupuncture, massage therapy or chiropractic treatment. We're working hard to promote these and other treatments for chronic pain management that do not rely on opioids.

Education can also be a key. Everyone must understand the dangers associated with opioids, including patients, doctors and even dentists (who write 1 in every 8 opioid prescriptions[2]). The Centers for Disease Control and Prevention (CDC) has released guidelines on pain management to improve the way opioids are prescribed. Our own clinical policies are aligned with the same objective.[3] We're working to limit the use of opioids to only a short period. We're setting limits for opioid prescriptions to stop patients from receiving large quantities.

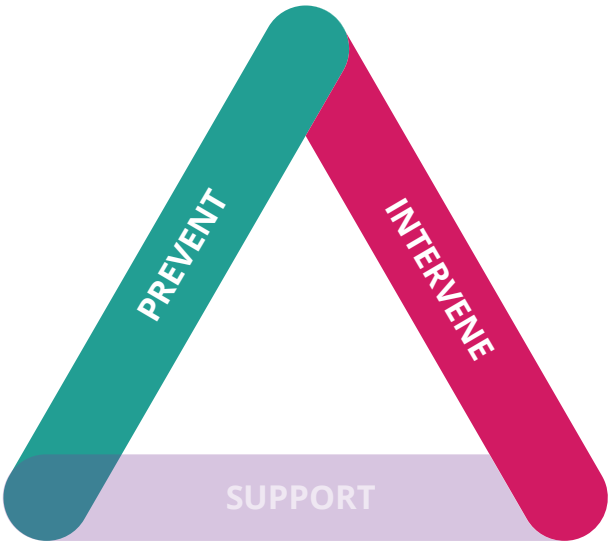
Doctors and pharmacies are certainly on the front line of this epidemic. We're educating providers about their role by giving them verifiable prescribing data so they can assess how their patterns compare to their peers. As Aetna's chief medical officer, I have even sent letters to roughly 1,000 "super prescribers." We've identified them based on their narcotic refill-to-fill ratio, which correlates with chronic opioid use. And I've also reached out to oral surgeons and dentists. We've identified them as "super prescribers" based on the number of opioid prescriptions with greater than a seven-day supply. If we can get fewer doctors to prescribe opioids for shorter periods, we can help stem the tide of addiction.

There's also an oversupply of unused opioids lurking in many medicine cabinets. These stockpiles become a source for addicts or potential addicts. Pharmacies and law enforcement agencies, supported by insurers like us, have sponsored takeback initiatives to give people a responsible way of disposing their unused prescriptions — eliminating the potential for misuse.

[1]http://jamanetwork.com/journals/jama/fullarticle/2504811

[2]Denisco RC, Kenna GA, O'Neil MG, et al. Prevention of prescription opioid abuse: the role of the dentist. J Am Dent Assoc. 2011;142:800-810

[3]https://www.cdc.gov/drugoverdose/prescribing/guideline.html



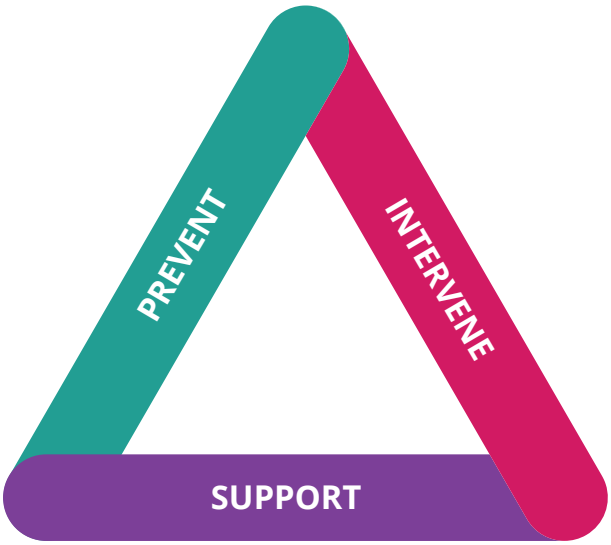
Intervene

Opioids have an important place in a doctor's pharmacological arsenal. They're effective when used as prescribed. But to help prevent abuse, we have to be vigilant about identifying at-risk behavior and intervening when we find it.

We've created a Controlled Substance Use Program that identifies patients who might misuse or abuse opioids. We then alert prescribers and reach out to patients to offer help. One way we're helping is by increasing access to naloxone, an effective tool to reverse overdose and stop potential deaths. This medication can be a staple in the toolbox of law enforcement, first responders and even families of addicts. But it needs wider distribution if we're to stop the rise in unnecessary deaths and give users a chance to turn their lives around. Organizations like Aetna and others are helping to supply this important medication. But we need more universal distribution to save more lives.

One important patient population is pregnant women. We alert our pregnant Medicaid members to the risk for neonatal abstinence syndrome (NAS). This occurs in newborns who experience withdrawal from opioids they were exposed to in the womb. While NAS is rarely fatal, it often results in long hospital stays. And it includes severe and intense impacts to the central nervous system and gastrointestinal tract. These can include sleep disturbances, tremors, irritability, excessive crying, diarrhea and occasionally seizures.[1]

[1]Neonatal Abstinence Syndrome, Kocherlakota, P., Pediatrics, American Academy of Pediatrics, August 2014, Volume 134, Issue 2, http://pediatrics.aappublications.org/content/134/2/e547.full



Support

We encourage the use of evidence-based treatments for opioid addiction, particularly medication-assisted treatment. In the public health realm, many high-profile organizations (like the World Health Organization, United Nations Office on Drug Policy, and the National Institute on Drug Abuse) agree that medication-assisted treatment is a critical tool in combating the opioid epidemic.

In fact, the World Health Organization found the most effective treatment for opioid dependence was a combination of an opioid agonist (methadone, buprenorphine) and psychosocial support. These medications have shown good results in interrupting the intoxication-withdrawal cycle, significantly reducing drug use and improving retention in treatment plans.

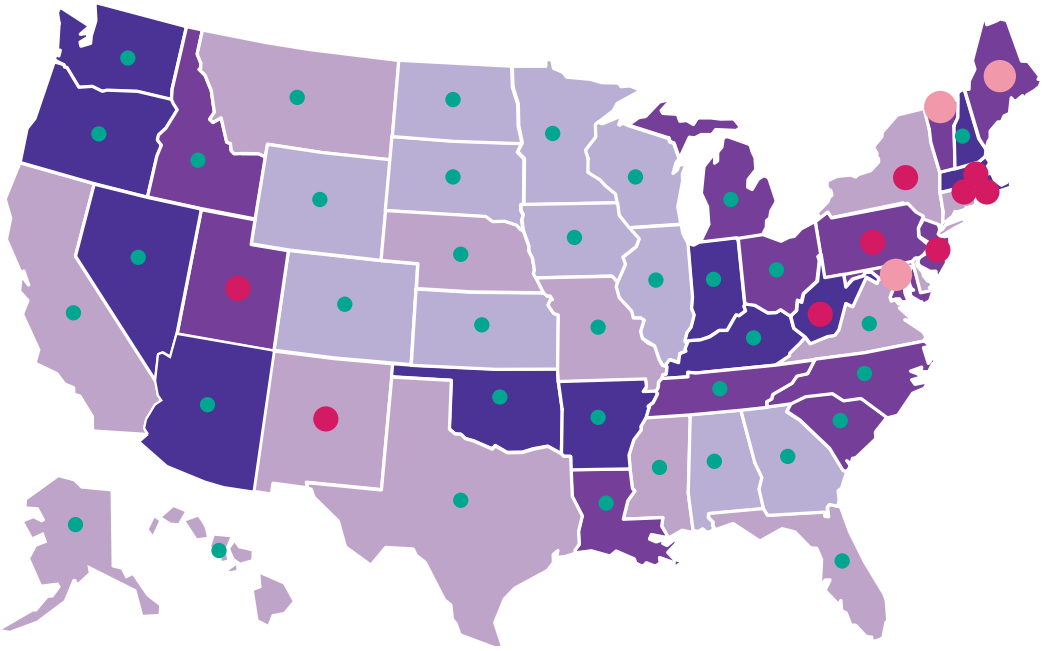
We agree with this approach. We support medication-assisted treatment used in combination with behavioral therapy in a real-world setting. We believe this gives addicts the best chance of coping with their addiction after active treatment. And we're exploring nontraditional options as well. A new pilot features phone and text outreach to members between sessions to help keep them on track. The initial results are promising.

Promoting medication-assisted treatment may require we adjust other policies. In the past, insurers generally required doctors to request preauthorization before prescribing opioid agonists like buprenorphine and Suboxone® (a drug containing both buprenorphine and naloxone). Recently, we removed this requirement, making it easier for prescribers to get this critical medication to their patients quickly. Now we classify these drugs as "chronic medications." And we put them in the same category as drugs like blood pressure medication — offering members a reduced cost to help ensure compliance.

But sadly, there is no magic bullet to treat opioid abuse. About half of those who receive treatment end up relapsing.[1]

[1]https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Rate of past year opioid abuse or dependence* and rate of medication-assisted treatment capacity with methadone or buprenorphine



Rate per 1,000 persons aged 12 years and older

Treatment capacity

- 0.7 – 3.0
- 3.2 – 4.3
- 4.4 – 7.2
- 7.3 – 16.5

Rate of dependence

- 3.4 – 6.4
- 6.5 – 9.2
- 9.4 – 10.3
- 10.8 – 12.9

*Opioid abuse or dependence includes prescription opioids and/or heroin

A study by the Johns Hopkins Bloomberg School of Public Health found a large portion of patients who are receiving or have received treatment for opioid addiction still fill prescriptions for opioids. Out of 38,096 people, researchers found 43 percent filled an opioid prescription during treatment and 67 percent filled a prescription after treatment.[1] To help curb abuse, we alert the pharmacy, prescriber and member if the patient is filling prescriptions for both buprenorphine and opioids.

Still, more research is needed. And we must continue to educate providers to use effective, evidence-based therapies.

[1]http://www.jhsph.edu/news/news-releases/2017/many-patients-receive-prescription-opioids-during-medication-assisted-treatment-for-opioid-addiction.html

Looking forward

By 2022, Aetna is committed to the following goals:

1. Increase percentage of members with chronic pain treated by an evidence-based multimodal approach by 50%
2. Reduce percentage of inappropriate opioid prescribing for our members by 50%
3. Increase percentage of members with opioid use disorder treated with medication-assisted therapy (MAT) and other evidence-based treatments by 50%

This epidemic requires a broad set of solutions, from raising awareness to monitoring prescription patterns, to providing resources like naloxone to reverse overdose. As well as increasing the availability and use of medication-assisted treatment programs.

We must support the development of safer nonaddicting pain medications as a public health priority. And we need more research to understand how to manage chronic pain and the factors that predispose some individuals to substance abuse.[1]

It's also important to remove the stigma from seeking treatment for addiction. Educational programs to teach people to identify and respond when someone is experiencing a mental health or substance abuse problem are key. And more effective treatment regimens can help lower the rate of relapse.

There is no single "front line" in the war against opioid addiction. Rather, we must continue to wage the fight in our doctors' offices, pharmacies, hospitals, treatment centers, communities, schools and homes. If we are to beat this epidemic, everyone must take a stand.

[1]https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

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