

Insurance Perspective on Opioid Guidelines

Health & Human Services

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PROUDLY SERVING UTAH PUBLIC EMPLOYEES

New CDC Guidelines

- » **Chronic Pain Not Related to Cancer or End-of-Life**
- » **Recommends**
 - › Alternatives therapies
 - › Short acting medication to less than 7 days
 - › Discourages long acting opioids as initial therapy
 - › Strong consideration of harms and benefits for dose escalation above 90 morphine equivalents per day

Benefit Design

- » **Started in 2014**
- » **Manage the Formulary**
 - › Made opioid alternatives more accessible
 - › Reduce prior authorization for non opioids
- » **Adjust opioid dispensing requirements**
 - › Prior authorization for long action opioids
 - › Limit quantity of short action opioids to 120 tablets a month
 - › Tier long acting opioids based on safety, efficacy and cost

Pain Management Program

- » Started in 2014
- » Identify members using >150 morphine per day
- » Refer to a double boarded physician for evaluation
- » Create treatment plan for recommended dose reduction
- » PEHP nurses follow up and support

Early Results

- » **Dispensed 12M fewer Morphine Equivalents**
- » **Referred 34 Members**
 - » 53% reduced dose
 - » Average of 170 morphine equivalents per day
- » **Patients Report**
 - » Increased physical activity
 - » More functional
 - » Pain is not worse than before