Improving the Safety of Opioid Use

In 2011, the White House, in collaboration with the US Food and Drug Administration (FDA), initiated and elaborated on the regulations and efforts to control the increasing percentage of the population using prescription drugs inappropriately. The Prescription Drug Abuse Prevention Plan references an alarming statistic from the National Survey on Drug Use and Health (NSDUH): Approximately one-third of people who abused drugs for the first time in 2009 used a prescription drug non-medically. Additionally, 70% of those who abuse prescription drugs received them from a friend or relative, with only 5% purchasing them from a drug dealer or the internet.¹

The Prescription Drug Abuse and Prevention Plan was released last year and entailed a multi-agency approach to improve opioid use and minimize misuse in the United States.² Components of the program include:

1. Physician education regarding the use and misuse of opioids
2. Expansion of the risk-reducing Risk Evaluation Mitigation Strategy (REMS) program for opioids, including:
   a. Expansion of state-specific drug monitoring programs
   b. Promotion of proper disposal methods for opioids and other medications
   c. Distribution of educational materials for patients and prescribers regarding opioids
   d. Attention to and reduction of doctor shopping and pill mills through law enforcement methods

Some components of the program have been initiated in recent months. A blueprint for the long-acting opioid prescriber education requirements was released in the fall of 2011.³ The document explains the importance of education around opioids, how to assess patients beginning or currently receiving long-acting narcotics, counseling about safe use and specific drug information. The FDA expects to implement these education requirements in the next year. Accredited continuing-education providers will present classes at no cost to the prescribers, funded by sponsor grants or drug manufacturers.

Commitment to reducing prescription-drug abuse

Three key members from the Express Scripts Workers’ Compensation team recently participated in the National Rx Drug Abuse Summit in Orlando, Fla. in an effort to improve knowledge around prescription-drug abuse and help create solutions for our clients. The event – attended by Jennifer Kaburick, Director, Workers’ Compensation Product Management, Kathy Tiemeier, Clinical Program Manager and Tim Pokorney, Director, Clinical Program Management – was organized by Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education, Inc.). More than 700 participants from around the world attended this conference that featured thought-provoking presentations by 100 experts and thought leaders. The conference format was designed to convey a holistic approach in five key areas: Health Care, Advocacy and Prevention, Human Resources, Treatment and Law Enforcement.

Improving the Safety of Opioid Use

Additionally, the REMS program for transmucosal immediate-release fentanyl (TIRF) products rolled out in March 2012. All products within this class – including commonly used Actiq®, Onsolis®, and Fentora® – are indicated only for severe breakthrough pain in cancer patients. Previously, each medication and manufacturer provided and managed their own REMS requirements. But, with the release of several new TIRF products over the last few years, a single program was created to cover the entire medication class. Requirements include enrollment in the REMS TIRF program in order to prescribe, dispense or distribute the medications (includes a knowledge assessment) and patient education, including package inserts with the prescribing and dispensing of each medication. The website for enrollment in the program is https://www.tirfremsaccess.com/TirfUI/remS/home.action.

Express Scripts will continue to provide updates as components of the Prescription Drug Abuse and Prevention Plan take effect.

How can YOU make a difference in keeping your injured workers safe?

Asking questions is a good way to make sure all the steps recommended in Federal and State guidelines are being used appropriately. Use the Pain Management Checklist below to monitor your injured workers’ safe and effective use of opioids.

1) Do you have a patient treatment plan in place?
2) Has the patient signed a narcotic treatment agreement?
3) How often are you requesting urine drug testing?
4) Do you address the results with the prescriber?
5) If applicable, have you discussed the safe use of long-acting opioids with the injured worker?
6) How does opioid use improve the injured worker’s functional status?
7) When was the last time the injured worker’s opioid dose was decreased? How many attempts have been made to wean the injured worker?
8) Is the injured worker aware of how to properly dispose of medication when doses are changed or stopped?
9) Is the injured worker experiencing any side effects? If so, what medications are being used to treat the side effects?

Continued on next page
How can Express Scripts help keep injured workers safe? Express Scripts offers clients a broad range of solutions, which provide a multi-pronged approach toward aggressively managing opioid use, including but not limited to point-of-sale controls, retrospective utilization management programs, and training for adjusters and nurse case managers. One industry-leading solution is our robust Fraud, Waste and Abuse program, highlighted in the article A Closer Look on page 6.

References:

Compliance Updates

Alabama:
2012 Pharmaceuticals Schedule

California:
Electronic and Standardized Billing Regulations

Florida:
Physician Dispensing Legislation Filed
Two new repackaged drug bills died prior to the end of the 2012 Florida legislative session.

SB 668 – Workers’ Compensation Medical Services; Revising requirements for determining the amount of a reimbursement for repackaged or relabeled prescription medication; providing limitations, etc. http://www.flsenate.gov/Session/Bill/2012/668

HB 511 – Workers’ Compensation; Revises requirements for determining amount of reimbursement for repackaged or relabeled prescription medication; provides limitations. http://www.flsenate.gov/Session/Bill/2012/511

Louisiana:
Adopts Pharmacy Electronic Billing Standards

Maryland:
Proposed Pharmaceutical Fee Schedule
The Maryland Workers’ Compensation Commission proposes to amend Regulations .01 and .04, and adopt new Regulation .09 under COMAR 14.09.03 Guide of Medical and Surgical Fees. http://www.wcc.state.md.us/Adjud_Claims/Reg_Changes.html

Nevada:
Medical Fee Schedule Maximum Allowable Provider Payment

Disclaimer: The information contained herein is general in nature and should not be construed as legal advice to be applied to any specific factual situation. As the law differs in each jurisdiction and may be interpreted or applied differently depending on your location or situation, you should consult a lawyer if you have any questions. Express Scripts is not providing legal advice.
Compliance Update  Continued

New York:

Emergency regulations continue to be re-adopted, with most recent emergency regulation effective March 12, 2012 through June 10, 2012

The Workers’ Compensation Board continues to re-adopt the Subchapter M emergency regulations, created to address pharmacy and durable medical goods. Latest version effective March 12, 2012 through June 10, 2012.

http://www.wcb.ny.gov/content/main/wclaws/Emergency/SubchapterM_3-12-12.jsp

Ohio:

Payment for outpatient medication by self-insuring employer (4123-6-21.1)

The Ohio Bureau of Workers’ Compensation adopted changes to rules for outpatient medications reimbursed by self-insured employers.

http://codes.ohio.gov/oac/4123-6-21.1

Oklahoma:

2012 Schedule of Medical Fees

The Oklahoma Workers’ Compensation Court adopted a 2012 Schedule of Medical and Hospital Fees. http://www.owcc.state.ok.us/medical_publications.htm

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2012 Conferences

Industry events, conferences and tradeshows that we are slated to attend from May-August:


Iowa WC Symposium: May 31-June 1, 2012, Des Moines, Iowa

NCSI: June 3-6, 2012, Key Biscayne, Fla.


Ask the Experts: 2011 Workers’ Compensation Drug Trend Report

The 2011 Workers’ Compensation Drug Trend Report, recently published by Express Scripts, addresses the $2.1 billion of waste in pharmacy-related workers’ compensation spending last year. For the first time, the research-driven report identifies specific areas of waste and provides insight into how much money payers could save by effectively managing their workers’ compensation pharmacy benefit.

Q. What is waste? How much waste did Express Scripts find in workers’ compensation?

A. Express Scripts research discovered $2.1 billion in waste – the additional spending that delivers no incremental health benefit – in workers’ compensation pharmacy-related spending.

Waste was calculated using three key data points:
• Using costly medication options when lower-cost, clinically equivalent alternatives are available; responsible for $2 billion of waste
• Filling prescriptions at out-of-network pharmacies or through a third-party biller; responsible for $107 million of waste
• Using retail pharmacies to fill prescriptions for long-term maintenance medication; responsible for $40 million of waste

Q. Are injured workers the only ones responsible for all the waste?

A. No. Injured worker behavior is but one of the key factors contributing to waste in the workers’ compensation pharmacy benefit. Choosing higher-cost medications when more cost effective options are available or using a high-cost delivery method for routine medication contributes to waste. In addition, prescribers contribute to waste by prescribing higher-cost medication, either out of habit or lack of awareness of alternative solutions. Other factors impacting cost and utilization of prescription drugs include: differences in regional prescription-related regulations and reimbursement laws; pricing structure; and injury treatment trend over time.

Q. What is trend and why do you say trend for payers declined if costs continued to increase?

A. Drug trend represents the overall change in year-over-year cost and is the combination of cost per prescription and utilization. In 2011, trend for Express Scripts Workers’ Compensation clients fell for the second consecutive year, down 1.8% and driven primarily by lower utilization.

Even though drug costs continued to rise, the increase for Express Scripts clients was 1.5%. That figure is less than the increase in the Consumer Price Index, which is a measure of overall inflation.

Q. What were some of the other notable trends in workers’ compensation for 2011?

A. Other key findings of the Workers’ Compensation Drug Trend Report include:
• Cost per user for compounded prescriptions – those that are not available commercially in the strength, dosage, form or exact combination needed by the patient – increased 13.7%.
• The top six therapy classes – including anticonvulsants, anti-inflammatory and dermatological medication, in addition to narcotic analgesics – represented 76.2% of total drug spending in 2011.
• Dermatological medication costs rose 7.4%, the highest increase of any therapy class.
A Closer Look at: Fraud, Waste and Abuse

Since 2007, when unintentional overdoses surpassed suicides and auto accidents in US deaths per year, renewed focus has been put on proper and legal prescription drug usage, especially with narcotics. In this landscape, payers must consider the safety of their injured workers as well as the damage that fraud, waste or abuse can inflict on the payer’s ability to provide financially sustainable coverage. Payers are affected by the cost of prescription drugs as well as the associated medical costs from emergency room visits and medical testing. With this background in mind, Express Scripts rolled out its Fraud, Waste and Abuse (FWA) program for workers’ compensation clients.

The Express Scripts FWA program is an industry-leading program, incorporating both a proactive and reactive approach in working with our clients to identify, address and eliminate fraud, waste or abuse. The program first looks for suspicious anomalies, applying proprietary analytical tools to the prescription-drug data housed at Express Scripts. This is where the majority of investigated cases are identified. Other possible cases are identified through the Express Scripts Fraud Tip Hotline, with information provided by payers, physicians, pharmacies, media and even injured workers.

Once a case is identified, an experienced and multidisciplinary Express Scripts team of healthcare professionals, former law enforcement professionals, investigators, and examiners works with the individuals involved to determine whether the case has merit. This includes verifying that the physician actually sees the patient and actually wrote the prescriptions. By leveraging the ExpressComp® Network, our investigators obtain and analyze copies of the original prescription. This investigative process enables our team to identify several types of fraudulent cases – ranging from drug-seeking individuals and pill-mill physicians to stolen, altered or forged prescriptions as well as identity theft. Other cases, including possible drug abuse and prescriptions filled under the wrong coverage, are also identified.

Once a case is investigated and our team feels confident that action is warranted, a referral – including details of the case – is prepared for our client. The source of the case, the allegation, the steps taken to investigate and all supporting documentation are included. Express Scripts then works with our clients to determine next steps, leveraging best practices from the FWA program’s years of success in working with more than one hundred commercial clients.

The FWA program does the heavy lifting many payers are not equipped to handle, utilizing our rich data analytics capabilities and experienced and credentialed investigative team to detect and deter fraud, waste and abuse from the workers’ compensation industry and ensure that our clients can continue to provide coverage in a diligent and financially responsible manner.
Team Spotlight:

Eric Hartnell, Senior Account Manager

Eric has been a valuable member of the Express Scripts team for more than nine years. He has served in operations and training, with a 2007 promotion to the Workers’ Compensation account team.

Eric’s current responsibilities include the execution of all client-specific service and operational deliverables, participation in various program implementation activities, and trend analysis.

“Eric’s commitment and dedication to our team is impressive,” says Chris Emerson, Director of Account Management. “Not only is he actively engaged in process-improvement projects to enhance client and injured worker experience, but he also serves as a mentor to his colleagues.”

“I believe that honesty, integrity, and professionalism are critical components of any successful business and are qualities I strive to exhibit through everything I do,” says Eric. “I find it extremely rewarding to work for a company that is an industry leader, and to have a job that allows me to use my skills to serve our clients and their patients every single day.”