

# Post Implementation of Rule Governing the Prescribing of Opioids for Pain (effective 7.1.17)

---

28February2018

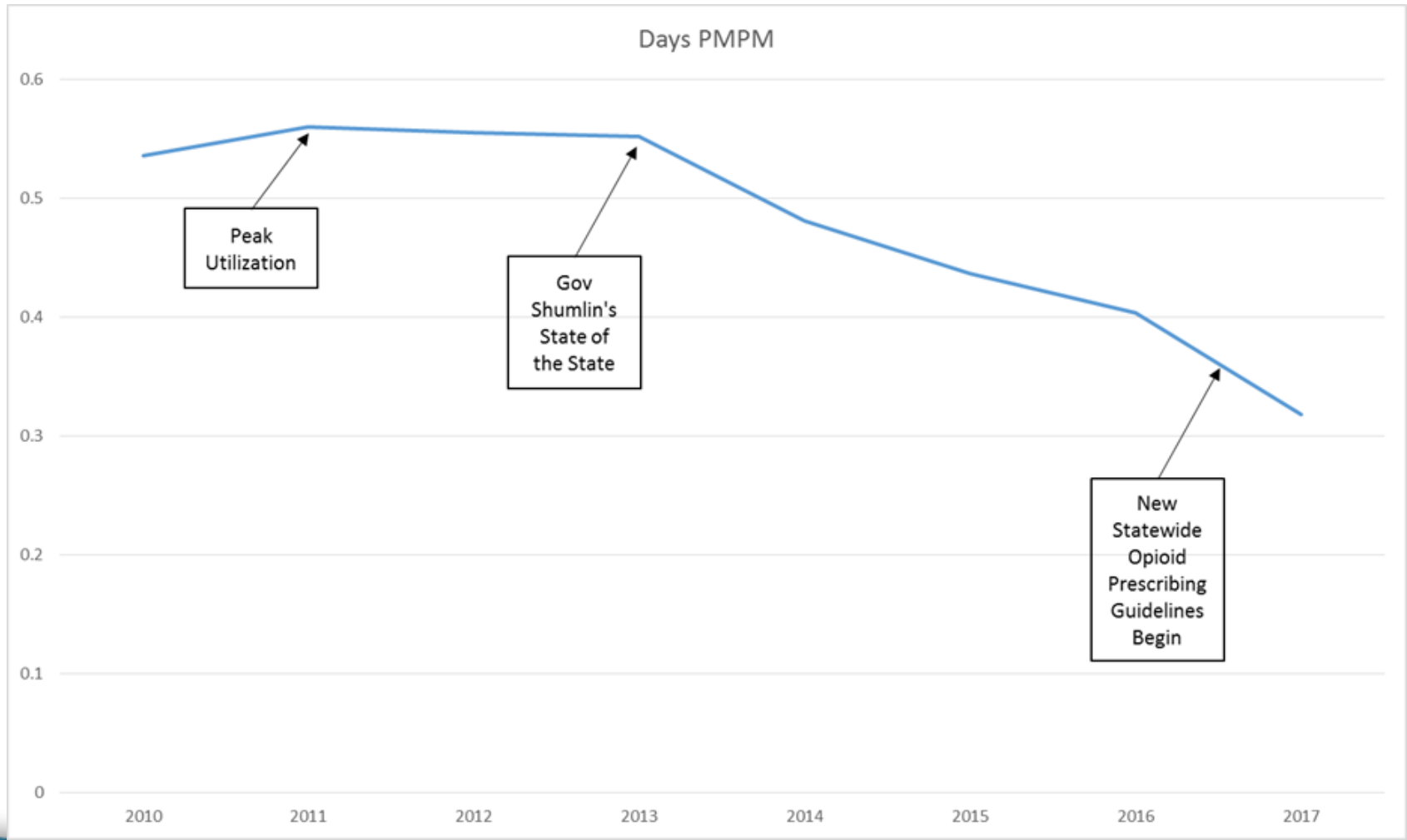
**We'll see you through.**



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# BCBS VT -Opioid Utilization 2010 to 2017



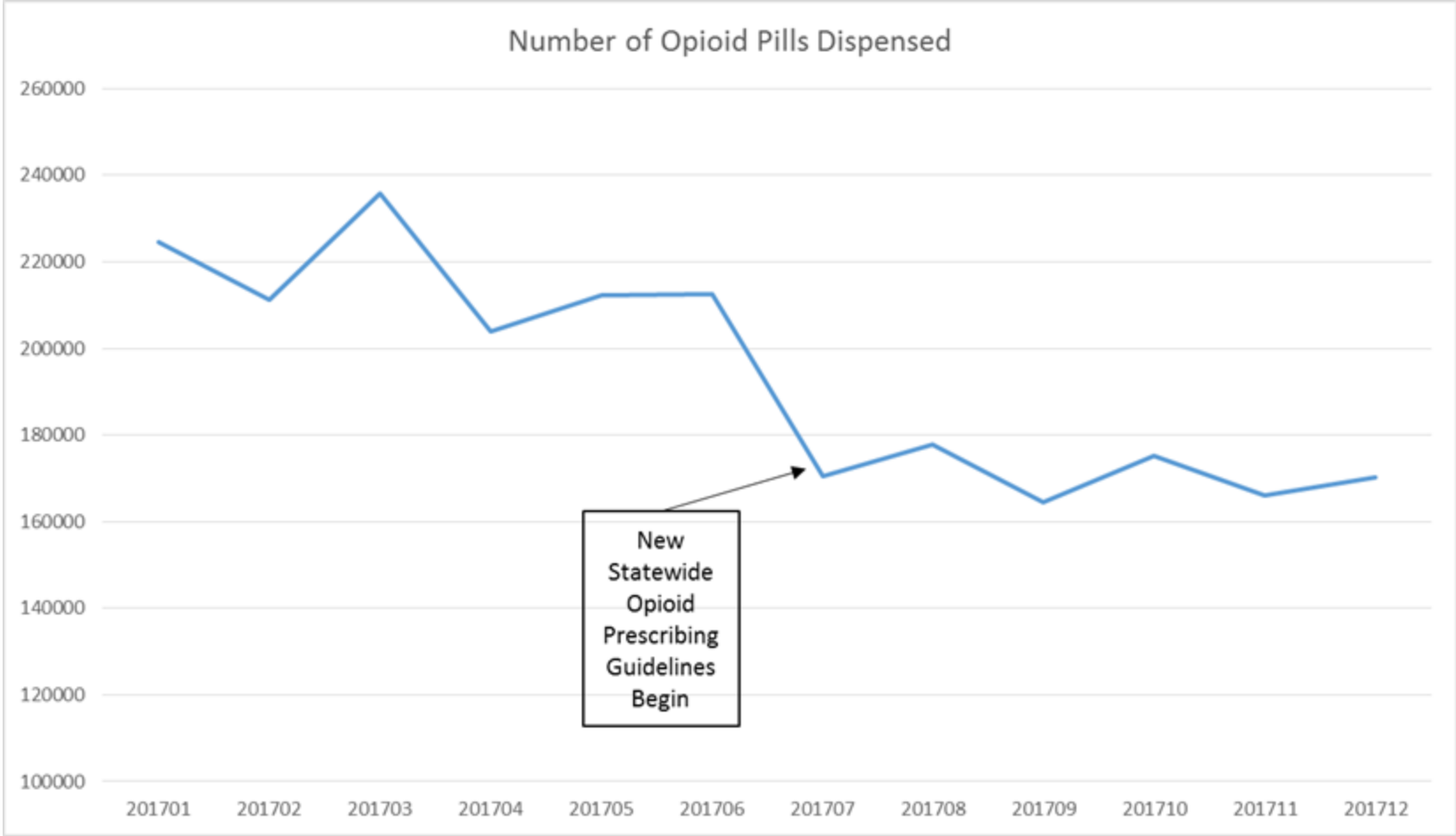
We'll see you through.



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# BCBSVT Opioid Utilization 2017



We'll see you through.



BlueCross BlueShield  
of Vermont  
An Independent Licensee of the Blue Cross and Blue Shield Association.

# BCBS Vermont supports Rule with Rx “hard stop”

- Working with PBM, coding was developed consistent with Rule:
  - ❑ to block opioid naïve members from receiving long acting opioids and
  - ❑ to block opioid naïve adults and children from receiving immediate release opioids over the limit for extreme/severe pain (7 days supply/3 days respectively)

**We'll see you through.**



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# BCBS Vermont supports Rule with Rx “hard stop” - continued

- A prior authorization was concurrently developed to allow for use consistent with Rule
- Pharmacies were made aware of messaging at POS thru the claims system such as “opioid naïve: PA required” and “opioid naïve max 7DS or PA required” (adult) and “opioid naïve: max 3DS or PA required” (child) before implementation
- Tramadol data was pulled prior to Rule, to educate/remind high tramadol prescribers that tramadol is an opioid
- Academic Detailing pharmacist educated statewide that we were implementing this process

**We'll see you through.**



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Results

- The average number of opioid pills dispensed to BCBSVT members each month has fallen 25% following the new Rules. This is comparing the monthly average for the six months of July-December 2017 to the nine months leading up to the new guidelines
- BCBSVT compared its results to another Vermont plan that had NOT implemented the same prior authorization and thresholds (quantity limits) as BCBSVT. BCBSVT saw twice as large of a decrease as the plan that did not enforce the new guidelines with prior authorization and quantity limits.
- Question: Are current limits still too much (7d/3d) for opioid naïve
- Question: Do more plans need to adopt such a process

We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Naloxone - a life saving antidote

- Narcan® is on formulary
- Naloxone education provided thru peer to peer discussions and Case Management
- BCBSVT has seen a 418% increase in the prescribing of naloxone since July 1
- Question: Does more work need to be done (#Rxs low)
- Question: Should naloxone be mandatory as Universal Precaution for patients on MAT or with OUD

**We'll see you through.**



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Next steps: “legacy” chronic non-cancer opioid use

- BCBSVT is developing a “dashboard” to study prescribing patterns based on morphine milligram equivalents (MME)
- Prescriber outliers will be addressed initially by our Academic Detail Pharmacist for education
- Issue: BCBSVT cannot see “cash paid” Rx
- Question: How to synergize efforts with VPMS and others (Dr. Maclean) who are also addressing same

We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.