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Objectives

▪ This session should help you

- Review facts about the opioid crisis
- Describe CMS' actions to address the opioid crisis
- Explain opioid-related services and prescription drug coverage under Medicare, Medicaid and the Marketplace
- Locate opioid information resources

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Opioids Overview

▪ **Prescription opioids** can be prescribed to treat moderate to severe pain, but can also have serious risks and side effects. Examples include:

- Oxycodone (OxyContin)
- Hydrocodone (Vicodin)
- Morphine
- Codeine
- Methadone

▪ **Fentanyl** is a synthetic opioid pain reliever that is many times more powerful than other opioids and is approved for treating severe pain, like advanced cancer pain. It's also illegally made and distributed.

▪ **Heroin** is an illegal opioid.

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Opioids and Older Adults

- Pain is one of the most common health problems for people older than 65 and is linked to less mobility, avoiding activity, falls, depression, anxiety, sleep disruption, and isolation
- Opioids can help some older adults remain independent—a key predictor of health—and can effectively treat some debilitating pain that impacts function and quality of life
- Opioid use can pose certain health risks for older adults, including constipation, breathing issues, confusion, drug interactions, and increased fall risk
- Prescribers play a key role in weighing the benefits and risks of opioid use in their older patients

For more information about opioids and older adults, visit
[SAMHSA.gov/capt/sites/default/files/resources/resources-opioid-use-older-adult-pop.pdf](https://www.samhsa.gov/capt/sites/default/files/resources/resources-opioid-use-older-adult-pop.pdf)

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Opioid Crisis

Opioids killed more than 47,000
in 2017, or 130 people per day.¹

36% of all opioid overdose deaths involve a prescription opioid.¹

¹ CDC: [CDC.gov/drugoverdose/data/index.html](https://www.cdc.gov/drugoverdose/data/index.html)

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CMS Roadmap Fighting the Opioid Crisis—Overview

Scope of the problem

➔

Key areas of focus

➔

Successes so far

➔


Moving forward

To view the entire CMS Opioids Roadmap, go to
[CMS.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf](https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf)

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Scope of the Problem




PRESCRIPTION OPIOID MISUSE


When used correctly, prescription opioids are **helpful** for treating pain.




The CDC issued **guidelines** for safe prescribing of opioids in primary care.



An estimated **11.4 million** people misused prescription opioids²—putting them at risk for dependence and addiction.




3 out of 4 people who used heroin misused prescription opioids first.³




OPIOID USE DISORDER

Over **two million** people have an opioid use disorder.



Treatment **options** exist, including medication-assisted treatment (MAT).



Only 20% of people with opioid use disorder receive treatment.³


² Source: HHS: [HHS.gov/opioids/about-the-epidemic/index.html](https://www.hhs.gov/opioids/about-the-epidemic/index.html)
³ Source: SAMHSA: [SAMHSA.gov/sites/default/files/aatod_2018_final.pdf](https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf)

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Key Areas of CMS Focus

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic and is focused on three key areas:




PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids



TREATMENT

Expand access to treatment for opioid use disorder




DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

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CMS' Successes So Far




COVERAGE

CMS coverage policies now ensure some form of **medication-assisted treatment** across all CMS programs—Medicare, Medicaid, and Exchanges.




AWARENESS

CMS sent **24,000 letters** in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.




DATA

CMS released data to show where Medicare and Medicaid opioid prescribing is high to help identify areas for additional interventions.




TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017**.



BEST PRACTICES

CMS activated over **4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings** through national quality improvement networks to rapidly generate results in reducing opioid-related events.



ACCESS

As of January 2019, CMS approved **21 state Medicaid 1115 demonstrations** to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.

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Moving Forward

PREVENTION <p>Significant progress has been made in identifying inappropriate prescribing patterns</p>	TREATMENT <p>Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatments</p>	DATA <p>Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment</p>
CMS CAN BUILD ON THESE EFFORTS TO FURTHER:		
<ol style="list-style-type: none"> 1 Identify and stop inappropriate prescribing of opioids 2 Enhance diagnosis of OUD to get people the support they need earlier 3 Promote effective, non-opioid pain treatments 	<ol style="list-style-type: none"> 1 Ensure access to treatment across CMS programs and geography 2 Give patients options for a broader range of treatments 3 Support innovation through new models and best practices 	<ol style="list-style-type: none"> 1 Understand opioid use patterns across populations 2 Promote sharing of actionable data across continuum of care 3 Monitor trends to assess impact of prevention and treatment efforts
IMPLEMENTING THE SUPPORT ACT <p>The SUPPORT for Patients and Communities Act was enacted on October 24, 2018. CMS is implementing a number of new initiatives under that law that aim to increase options for treating beneficiaries with opioid use disorder, ensure prescriber accountability and improved safety for patients across CMS programs, and illuminate Medicaid prescribing data.</p>		

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Opioid-Related Services and Coverage

- Role of payers
- Medication-assisted treatment (MAT)
- Medicare
- Medicaid
- Marketplace/Exchanges

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Role of Payers in Responding to the Opioid Crisis

- Cover opioid use disorder treatment
- Monitor prescription opioid trends and address outliers
- Ensure coverage of treatments for pain that rely less on opioids

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HHS's Efforts to Improve the Treatment of Pain

- Department of Health and Human Services (HHS)
 - Established a comprehensive high-level strategy for pain
[IPRCC.nih.gov/sites/default/files/HHSNationalPainStrategy_508C.pdf](https://www.iprcc.nih.gov/sites/default/files/HHSNationalPainStrategy_508C.pdf)
 - Leads the Pain Management Best Practices Inter-Agency Task Force
 - Proposed updates to best practices and issued recommendations that address gaps or inconsistencies for managing chronic and acute pain
[HHS.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html](https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html)

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What is Medication-Assisted Treatment (MAT)

MAT, including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.

Can be prescribed only by certain providers	Can be prescribed by any health professional with prescribing authority
<p>Examples:</p> <ul style="list-style-type: none"> Methadone – administered at a clinic that meets certain federal opioid treatment program standards Suboxone® (Buprenorphine/Naloxone combined) – prescribed or dispensed at a doctor's office/by a physician or practitioner meeting specific standards 	<p>Example:</p> <ul style="list-style-type: none"> Vivitrol® (Naltrexone injection) is administered in a physician's office. Used for outpatient maintenance therapy and requires a prescription

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Medicare and Opioids

- Medicare coverage of drug treatment services
- Medicare coverage of prescription drugs for drug treatment
- Medicare Part D (prescription drug coverage) medication coverage rules
- CMS final rule to address the opioid crisis through prevention
- Medicare Part D Opioid Prescribing Mapping Tool

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Medicare Coverage—Drug Treatment Services

- Medicare will cover drug treatment services if
 - Services are from a Medicare-participating facility, other provider, or physician/practitioner
 - Services are reasonable and necessary
- Covered services include
 - Psychotherapy
 - Individual and group counseling
 - Patient education regarding diagnosis and treatment
 - Post-hospitalization follow-up
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) services
 - Alcohol misuse screening and counseling
 - Screening for depression

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Medicare Coverage—Prescription Drugs for Drug Treatment

- Medicare covers prescription drugs for drug treatment. They are covered by
 - Part A when administered during a hospital stay
 - Part B when the drug is injectable or implantable and administered by a physician/practitioner in a physician's office or hospital outpatient department
 - Part D when dispensed from a pharmacy when prescribed for medication-assisted treatment (MAT)

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Medicare Part D Medication Coverage Rules

- Medicare Part D drug plans may apply certain coverage rules to Part D drugs on their formularies
 - **Prior authorization**—requires the patient or their prescriber to get approval from the plan before the plan will agree to cover the drug
 - **Quantity limits**—are limits on how much medication can be obtained at a time
 - **Step therapy**—requires the patient to try one or more similar, lower cost drugs before the plan will cover the prescribed drug
- Patient or the prescriber can request an exception if they believe that a coverage rule should be waived

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CMS Final Rule to Address the Opioid Crisis through Prevention

Starting in plan year 2019

- Part D plans may adopt drug management programs to limit an at-risk person's access to opioids and benzodiazepines to a selected network pharmacy/doctor
- Includes Medicare Advantage Prescription Drug Plans (MA-PDs) and stand-alone Medicare Prescription Drug Plans (PDPs)
 - Person must meet certain criteria showing opioid use with multiple doctors and pharmacies
 - Doesn't apply to people with Medicare who have cancer, get palliative care or are in hospice or long-term care
 - At-risk person may generally select the pharmacy/doctor
 - Limits the availability of the Special Enrollment Period (SEP) for people with Medicare who are dually-eligible for Medicare and Medicaid or have a low-income subsidy (LIS)

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Medicare Part D Drug Safety Alerts

- As of January 1, 2019, Medicare Part D drug plans may send a person's pharmacy a safety alert before a prescription is filled for
 - Possible unsafe amounts of opioids
 - First prescription fills for opioids
 - Use of opioids and benzodiazepines at the same time
- If a person's prescription can't be filled as written, the pharmacist will give them a notice explaining how they or their doctor can obtain a coverage determination

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Medicare Part D Opioid Prescribing Mapping Tool

Allows providers, local health officials, and others to

- Learn about their community's Medicare opioid prescription rate
- Make geographic comparisons of Medicare Part D opioid prescription claims so they can better target prevention and treatment efforts

Opioid Mapping Tool

View Prescriber Level Opioid Rates

Download Opioid Map Data

Part D Prescriber Look-up Tool

[Go.CMS.gov/opioidheatmap](https://www.cms.gov/opioidheatmap)

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Medicaid and Opioids

- Coverage of drug treatment
- Pharmacy program drug use management strategies
- Drug utilization review
- Opportunities for states to address mental health and substance use disorders

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Medicaid Coverage of Drug Treatment

- States have the option to cover substance use disorder (SUD) treatment services
- States offer pharmacy benefits
 - Varies by state and the drug
 - In most cases, providers are permitted to prescribe covered, preferred drugs without prior authorization

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Medicaid Pharmacy Program
Drug Use Management Strategies

- Preferred drug list
- Clinical criteria
- Step therapy
- Prior authorization
- Quantity limits
- Drug utilization review
- State Prescription Drug Monitoring Program (PDMP)



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Medicaid Drug Utilization Review Annual Report

- State Medicaid agencies must report drug utilization review (DUR) program activities and processes to Centers for Medicare & Medicaid Services (CMS) every year
 - Ensures appropriate drug utilization policies, including appropriate opioid utilization
 - CMS compiles DUR information for the CMS Medicaid DUR State Comparison/Summary Report at [Medicaid.gov/Medicaid/prescription-drugs/drug-utilization-review/index.html](https://www.cms.gov/Medicaid/prescription-drugs/drug-utilization-review/index.html)

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Medicaid Opportunities for States to Address Mental Health and Substance Use Disorders (SUDs)

- Final Mental Health and SUD parity rule
 - Strengthens access to mental health and SUD benefits
 - Plans must disclose information on mental and SUD benefits information
 - States must disclose reasons for denying reimbursement or payment
- CMS/federal partners work with states to improve SUD and behavioral health services
 - Innovation Accelerator Program (IAP)
 - Health Homes
 - Certified Community Behavioral Health Centers
 - Section 1115 SUD demonstrations

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The Marketplace and Opioids

- Mental health coverage and substance use disorder (SUD) coverage

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The Marketplace—Mental Health and Substance Use Disorder (SUD) Coverage

- Essential health benefits (EHB) rules require coverage for key categories of benefits
- Specific benefits depend on your state, but the health plan but must include coverage for
 - Mental health and SUD benefits (including behavioral health treatment)
 - Prescription drugs

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The Marketplace—Mental Health and Substance Use Disorder (SUD) Coverage (continued)

- Other protections for Marketplace plans include
 - Cost sharing for EHB benefits must count towards the plan's annual limitation
 - No yearly or lifetime dollar limits
 - Must comply with "parity" protections
 - Must not discriminate

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Additional Information and Resources



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CMS Opioid Resources

[CMS.gov/about-cms/story-page/reducing-opioid-misuse.html](https://www.cms.gov/about-cms/story-page/reducing-opioid-misuse.html)

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CMS Collaboration With Federal and Private Partners

- “Informational Bulletin on Medication-Assisted Treatment (MAT) for Substance Use Disorders”
- Surgeon General’s letter campaign on the prescription drug crisis
- Centers for Disease Control and Prevention’s (CDC) “Guideline for Prescribing Opioids for Chronic Pain”
- Discussions about expanding the evidence base to inform coverage determinations for alternative therapies
- Healthcare Fraud Prevention Partnership (HFPP)

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U.S. Department of Health and Human Services (HHS) Opioid Resources

- HHS Opioids Initiative [HHS.gov/opioids](https://www.hhs.gov/opioids)
- Substance Abuse & Mental Health Services Administration [SAMHSA.gov](https://www.samhsa.gov)
- Centers for Disease Control and Prevention [CDC.gov/drugoverdose/opioids/index.html](https://www.cdc.gov/drugoverdose/opioids/index.html)
- U.S. Food and Drug Administration [FDA.gov/drugs/drugsafety/informationbydrugclass/ucm337066.htm](https://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm337066.htm)
- National Institute on Drug Abuse [Drugabuse.gov/publications/research-reports/prescription-drugs/opioids](https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids)
- Health Resources & Services Administration [HRSA.gov/opioids](https://www.hrsa.gov/opioids)
- Administration for Community Living (ACL) [ACL.gov/search/node?keys=opioids&=Search](https://www.acl.gov/search/node?keys=opioids&=Search)
- Agency for Healthcare Research and Quality [AHRO.gov/topics/opioids.html](https://www.ahrq.gov/topics/opioids.html)

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










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Centers for Disease Control and Prevention (CDC)

Resources for Providers

Mobile App	Pharmacist Brochure	Pocket Guide: Sipping
 Opioid Overdose Response App Download the App Guidelines for Providers Available Now	 Pharmacist Opioid Use Disorders PDF - PDF - PDF	 Pocket Guide: Sipping Opioid Use Disorders PDF - PDF - PDF
Fact Sheet	Checklist	Nonmedical Treatments
 Opioid Use Disorder Prevention, Diagnosis, and Treatment PDF - PDF - PDF	 Opioid Use Disorder Checklist PDF - PDF - PDF	 Nonmedical Treatments For Opioid Use Disorders PDF - PDF - PDF
Assessing Benefits and Harms	Calculating Dosage	FMMH
 Assessing Benefits and Harms Of Opioid Use PDF - PDF - PDF	 Calculating Dosage Of Opioid Use PDF - PDF - PDF	 First Medical History Form PDF - PDF - PDF
Infographic	Alcohol Screening and Brief Intervention	Turn the Tide Pocket Guide
 Opioid Use Disorder Infographic PDF - PDF - PDF	 Alcohol Screening and Brief Intervention PDF - PDF - PDF	 Turn the Tide Pocket Guide PDF - PDF - PDF

[CDC.gov/drugoverdose/pr-escribing/clinical-tools.html](https://www.cdc.gov/drugoverdose/pr-escribing/clinical-tools.html)

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Panel Discussion

Amit K. Khurana, PharmD BCACP
Pharmacy Director
Aetna Better Health® of California

Molly Colombo, PharmD
Director, Pharmacy Care Management and Experience
SCAN Health Plan

Patrick Robinson, RPh, MBA
Pharmacy Manager
Sutter Health Plan (Sutter Health Plus)

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Questions for our Panelists

What are your health plans doing
in the areas of Prevention,
Treatment, Data?

What more can you see your
health plan doing in the future?

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Questions for our Panelists

What questions do you have?

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