Strategies for Prevention and Treatment
The Opioid Impact

Opioid overdose deaths resulting from opioid misuse is a growing national epidemic and public health emergency. Addiction, overdose, and deaths involving non-medical prescription drug use, and illicit drug use, have risen dramatically:

- From 2014 to 2015, drug overdose deaths increased by 5,349 (11.4%), signifying a continuing trend observed since 1999.¹

- Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.¹

- For drug overdose deaths involving natural and semisynthetic opioid analgesics, which include drugs such as oxycodone and hydrocodone, the percentage decreased from 29% in 2010 to 24% in 2015.² Deaths from drug overdose involving heroin tripled from 8% in 2010 to 25% in 2015.³

- The rate of babies born with Neonatal Abstinence Syndrome (NAS) increased five-fold 2000-2012.⁴,⁵

The Opioid Impact in Iowa

- From the CDC:
  - A 7% increase in drug overdose deaths between January of 2016 and January of 2017.
  - 87 of the 324 deaths are attributed to “natural or synthetic opioids”
  - This in part has to do with the increase in use of opioids like Fentanyl.
Our Commitment

We are committed to taking a leadership role in addressing the national opioid epidemic:

• We aim to reduce the amount of opioids dispensed among their members by 35 percent from historic peak levels by the end of 2019.

• We will double the number of consumers who receive behavioral health services as part of medication-assisted therapy (MAT) for opioid addiction.

• We are committed to supporting providers in their care of our members; recognizing the importance of patient engagement, and prescribing practices that balance treating chronic pain while minimizing risks for misuse and diversion.
We are expanding and refining a comprehensive suite of services to address the rising rate of substance use disorders across the country.
Our Opioid Strategy:

Prescription opioid management

- Promoting coordination of care and ensuring appropriate medication access:
  - Limiting, initial prescriptions for short-acting opioids
  - Requiring prior authorization for all long-acting opioids
  - Covering MAT for members
  - Introduced a Pharmacy Home program
  - Controlled Substance Use Monitoring Program

Early identification, treatment and recovery

- Minimize risks and enable earlier identification:
  - Care Management support
  - Improving MAT access in rural areas through PCP recruitment
  - Peer recovery support services
  - Expanded care and treatment options through telehealth
  - Provider and Vendor collaboration

Address chronic pain management

- Provide access to additional evidence based tools:
  - Access to online consumer tools, such as mobile apps, decision-support tools, and support groups
  - Offer a variety of coverage for non-pharmacologic approaches to pain management including:
    - Physical Therapy
    - Osteopathic Manipulation
    - Pain management programs
    - Cognitive behavioral therapy

Preventing fraud, diversion, and abuse

- Leverage data mining and analytic capabilities:
  - Review of high volume pharmacies
  - Partner with law enforcement to monitor claims for potential fraudulent or abusive behavior
  - Monitoring potential “doctor shopping”
  - Investigating “pill mills”
  - Provider Education

Prevention

Treatment and Recovery

Deterrence
**Our Impact**

**Anthem, Inc. reaches goal two years early for health plans to reduce opioids filled at pharmacy by 30 percent**

**INDIANAPOLIS—**Aug. 22, 2017— Anthem, Inc. is committed to supporting policy changes that help reduce, prevent and deter opioid use disorder, as well as those that help consumers better access treatment. As part of that commitment, its affiliated health plans just reached the company's collective goal of reducing prescribed opioids filled at pharmacies by 30 percent during the past five years.

The health plans were some of the first to limit coverage for short-acting opioid coverage to seven days for all individual, employer-sponsored and Medicaid members beginning new opioid prescriptions. The policy does not apply to those who have cancer or sickle cell anemia or those who are receiving palliative care.

The goal was originally expected to be achieved by 2019. The primary reason for the quantity limits was to prevent accidental addiction and opioid use disorder, and to ensure clinically appropriate use consistent with Centers for Disease Control guidelines.

“Anthem believes all insurers have a responsibility to do what we can to address this health epidemic, and we are committed to making a significant difference to our health plan members,” said Dr. Sherry Dubester, Anthem vice president of behavioral health, who leads the companywide effort to impact the opioid epidemic. “We believe these changes in pharmacy policy, complemented by a broad set of strategies addressing the opioid epidemic, will help prevent, reduce and more effectively treat opioid use disorder among our members.”
Evidence of Success

**Anthem reaches goal of reducing prescribed opioids filled at pharmacies by 30 percent**

For all individual, employer-sponsored and Medicaid members beginning new opioid prescriptions:

- Limiting coverage for short-acting opioid coverage to seven days,
- Pre-authorization requirement for long-acting opioids

A few of our Medicaid plans have showed

- 29 percent reduction in Virginia,
- 22 percent reduction in Maryland,
- 11 percent reduction in Iowa

Some of our employer-sponsored and individual plans decreased opioids by

- 23 percent in Nevada
- 17 percent in Connecticut, and
- 17 percent in Wisconsin.

*These reductions translate to thousands less pills dispensed each day.*