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PRO PHARMA
PHARMACEUTICAL CONSULTANTS, INC.

# Pharmacy Benefit News

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## 01 | Commentary: What are the Right Limits on Opioid Prescriptions?

Emphasis has been placed on drug manufacturers, prescribers, drug wholesalers, pharmacy benefit managers (PBMs), health plans and other involved stakeholders to solve the opioid crisis. The Centers for Disease Control (CDC) published limits for all caregivers.

As a result, CVS Health announced their new limits late in 2017. The limits are no more than 7 days for acute pain for patients who had no previous history of opiate prescriptions. The limit for chronic pain is a maximum of 90 morphine milligram equivalents (MME) every day. After February 2018, any prescription over the limits will be denied and sent back to the physician.

Physicians can still appeal the limits through the prior authorization process. It can be expected that cancer patients may be eligible for exemptions. Yet, are these limits enough?

The CDC provided guidance to avoid even the limits that CVS is using. Their goal was to avoid limits and unreasonable doses at the point that prescriptions were written, rather than to deny prescriptions. The CDC goals were to advise physicians to three (3) days or less for acute pain and rarely, if needed for seven (7) days. For chronic pain the CDC advised to “carefully reassess” the need for doses of 50 MME or more per day. They advised that 90 MME or more per day was to be “avoided”.

If stakeholders are to solve the crisis, then “cognitive dissonance” is crucial. This is the need to push stakeholders to be stressed and discomforted by contradictory beliefs, i.e., current treatment versus avoidance of crisis. Strict guidance is the stressor, and behavior change is the goal. We can hope that the stress is enough to produce the desired change.

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## Analytics At Work | Specialty Medication Analyses

**Problem:** A client wanted to submit rebates for specialty medical claims similar to what they were doing for the Specialty Pharmacy Claims. However, they were unable to identify which of the medical encounter claims for specialty medications were rebatable.

**Methodology**: We included rebate analysis in the Comprehensive Medical Specialty Analyses.

A file of the rebatable encounter claims was made available for the client to submit to the manufacturers. The file included the NDC, manufacturer, effective and term dates along with all other applicable sterilized encounter claims data. The file also included a filter for potential 340b providers to remove from the file.

Alternatively, we also recommended that the client could include the rebatable specialty medical encounter claims with the pharmacy claims. Then the PBM could submit all the claims to the manufacturers for rebate reconciliation.

**Outcome**: The client was able to increase their rebate receipts by submitting both pharmacy and medical rebatable claims. The process was automated so that there was a minimal amount of manual data collection and processing.

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## 02 | Commentary: Learning from the Kubler-Ross Model Can Assist with Acceptance to Change

My wife, Carol Stern RN, frequently

brings up the Kubler-Ross Model as an analogy to deal with understanding change in health care. It started in the late 1990s when we were working to modify physician prescribing behavior to accept critical gaps in therapeutics.

The physicians had accepted "pharmacy risk", in that they were responsible for considering the cost of medications for their patients.

However, changing patterns of care required a re-examination of achieving therapeutic goals, while managing clinical risk, and providing care at an affordable cost. This concept often challenged the concept of accepting market-based solutions as the only judge of quality.

Those of us in health care today have a similar problem. How do we provide a maximal therapeutic benefit with an acceptable risk at an affordable cost? As important is the acceptance of achieving objectives that patients can afford. Often, we expect that all health care stakeholders and providers will immediately accept what we believe is logical. Yet, change is hard and not immediate.

Consider the Kubler-Ross Model – Denial, followed by Anger, then Bargaining, then Depression, and finally Acceptance. Further, consider the common arguments against change. This isn't happening. This isn't fair. I'd do anything for a little more time. What's the point? It's going to be OK.

The contrary arguments come from all health care stakeholders, patients, and employers. Yet, as choices increase, access to providers is harder, time spent with providers decreases, and costs rise to astronomical heights, the Kubler-Ross Model becomes more relevant. The model requires negotiation, time, and communication of all options. The choices do not have to be radical or technologically complicated. The solution to the model is in creating alignments, maximizing communication, sparking motivation, developing capabilities, and sharing knowledge. It is interesting that change requires a process as much as new technological tools, or even old approaches are retooled.

Today, more than ever, change is the constant. Consider it as a process, not an end!

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## 03 | How Do You Evaluate Your Heart Risk?

We have often spoken and written of important behavioral changes to lower health care risk. We have also written about common clinical measures of risk including blood pressure, weight, smoking, glucose and cholesterol. Doctor visits measure general metrics and then provide recommendations. Quality organizations measure Health Plan performance using these metrics.

We have often spoken and written of important behavioral changes to lower health care risk. We have also written about common clinical measures of risk including blood pressure, weight, smoking, glucose and cholesterol. Doctor visits measure general metrics and then provide recommendations. Quality organizations measure Health Plan performance using these metrics. Yet, the new models of health care are based on population health where the patient is a critical member of the team. Hence, it is important that the patient also take responsibility for their individual risk and the urgency required to lower risk. What to do?

The American Heart Association (AHA) and AARP® developed a heart risk tool assigning points based on six (6) questions. Add the results up for a total risk score.

1. What is your age?
    a. 40s = 1 point, 50s = 2 points, 60s to 65 = 3 points, 66-72 = 5 points, and >73 = 7 points

2. Do you smoke?
    a. Yes = 7 points, Quit within 2 years = 3 points, No or quit > 2 years = 0 points
3. What's your blood pressure?
    a. Normal (120/80) = 0 points, 120s/80 = 2 points, 130s/80s = 3 points, 140+/90+ = 5 points, 180+/120+ = 7 points
4. What is your BMI?
    a. Normal = 0 points, Overweight (25-29.9) = 3 points, Obese (30+) = 5 points
5. What is your fasting blood glucose?
    a. Normal (<100mg/dL) = 0 points, Prediabetes (100-125mg/dL) = 3 points, Diabetes (>126mg/dL) = 5 points
6. What is your total cholesterol?
    a. <200 = 0 points, 200-250 = 3 points, 251-300 = 5 points, 300+ = 7 points

The resultant cardiac-risk spectrum is: Low risk (0-7), Low/Medium risk (8-15), Medium/High risk (16-21), High risk (22+). The higher the risk requires more urgent attention. All the metrics are independent risk factors and they are related, so change one thing at a time and then move on to the next metric:
Stop smoking first
Exercise more as the AHA adds 150 minutes of moderate activity every week.

The goal for health care is to assist with achieving healthy productive lives leading to reduced cost, reduced premiums, and preventing conditions that can be avoided. Simple tools like those noted above are a necessity. Population health requires all stakeholders to participate. It is now everyone's job!

Reference: AARP Bulletin, Jan-Feb 2018; AHA

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## About | Pro Pharma

Pro Pharma is a woman owned pharmaceutical consulting firm. Established in 1986, Pro Pharma's services are built on a foundation of data analytics, which are then communicated to the client which provide results and recommendations.

Pro Pharma provides customized support to Health Plans, Self-Insured Employers, Physician Groups, and Workers' Compensation Companies, among others, both in the private and public sectors.

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