

# Pharmacy Benefit News

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## SPECIAL EDITION | A Message from Dr. Stern

This Pharmacy Benefit News (PBN) addresses some of the blame, issues, and responses of various stakeholders to the opioid epidemic. This PBN is not a complete listing of all blame, issues, and responses, but it does provide an update of some of the most publicized concerns. The JAMA Network of journals was referenced to identify many of these citations.



## COMMENTARY | Blame - From Current News

### **Blame the Drug Traffickers**

President Trump has a plan to cut opioid prescriptions by 1/3 in 3 years. The plan has three components: (1) Ask the Justice Department to seek more death-penalty cases against drug traffickers under current law instead of calling for a new federal statute; (2) Ask for federal support to increase the availability of naloxone; (3) A new public-awareness initiative about drug abuse, a research and development partnership between NIH and drug companies into opioid prescription alternatives, and stricter sentences for fentanyl traffickers.

*Wall Street Journal (03/18/18) Radnofsky, Louise*

### **Blame Pharmacy Benefit Managers (PBMs)**

defendants in a municipal opioid lawsuit. Then it was absorbed into a lawsuit in Ohio that aggregates claims from cities and states across the country. The goal of these suits is to make PBMs liable nationwide for settlement dollars and court orders meant to change the way the drug industry operates. The county's suit includes claims against Express Scripts, CVS Health, OptumRx, Prime Therapeutics and Navitus Health Solutions. The "con" argument is that some legal experts say the behind-the-scenes role of PBMs might make it difficult to prove they are liable for the overdose deaths and other consequences of the crisis. The "pro" argument is that the PBMs possess records on the number of opioids dispensed in communities hit with huge increases in overdoses.

### **Blame the Manufacturers**

Purdue Pharma has been advertising the effectiveness of opiates to fight pain. Now, Purdue Pharma, manufacturer of oxycodone HCl (OxyContin), is recasting itself as a key player in the response to the opioid epidemic. Their efforts include naloxone programs for officers, funding for pill disposal boxes, and advertisements warning of the dangers of opioid abuse. Purdue also recently announced it would stop marketing opioids to doctors. The con argument is that the ads and donations are a tactic to avoid paying more later in multiple lawsuits against the company. These lawsuits seek a global settlement with opioid manufacturers worth at least \$100 billion address the opioid epidemic. Critics also note that Purdue continues to promote prescribing of opioids, and there is no program to significantly reduce sales of oxycodone HCl.

*Kaiser Health News (03/14/18) Gold, Jenny*

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## COMMENTARY | Opiate Overdose Issues

Analgesics and benzodiazepines are frequently prescribed for older people, because they are more likely to experience sleep issues and chronic pain. When the elderly take opiates and benzodiazepines together they are risking serious adverse effects and the potential for overdoses, because older bodies metabolize drugs differently. Yet, despite warnings, the use of benzodiazepines has risen among older adults.

“In 1999, the CDC found 63 benzodiazepine-related deaths among those aged 65 years and older, with nearly 29% that also involved an opioid. By 2015, benzodiazepine-related deaths in that age group had risen to 431, with more than two-thirds involving an opioid. In 2016, the FDA issued a black-box warning about co-prescribing benzodiazepines and opioids. Researchers have found that the proportion of primary care and psychiatry visits that resulted in benzodiazepine prescriptions to older adults has continued to increase. Notably, significant declines in benzodiazepine use among older adults in Ontario, Canada, Australia, and the U.S. Veterans Administration health care system show that people can stop using the drugs with more cautious prescribing and programs to help users taper down.”

New York Times (03/16/18) Span, Paula

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## ANALYTICS AT WORK |

### JCode Calculator™



**Problem:** A client requested help with converting Average Wholesale Price (AWP) discounts to ASP, WAC, NADAC, AMP and other bases of cost. The client was a provider who was receiving contracts from Health Plans but did not know how to convert and verify the terms of the agreements for payment for specialty medication pricing. For example, the Plan wanted to pay at ASP +20%, but the provider wanted to know what that meant in AWP-Discount as had been previously paid.

**Methodology:** We developed the conceptual framework and provided the solution. An algorithm developed the conversion calculations and produced the results in tables that the provider could use for each specialty medication that was contracted. The provider was supplied fixed conversions from AWP-to-ASP and other bases of cost. The tables also included variable discounts so that the provider could calculate alternatives as the Plan offered alternatives.

resulted in the required profit margins. The provider also had a negotiation tool that allowed them to calculate costs vs. profits on various contracted discounts.

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## COMMENTARY |

### Opiate Overdose Responses

#### **Opiate Use Among Injured Workers Is Decreasing**

"The Ohio Bureau of Workers' Compensation reports that the number of injured workers who have an opioid habit is down for the sixth consecutive year. As of June 30, 2017 there were 3,315 injured employees who met or exceeded the threshold for clinical dependence on opioids, a 19% drop from the prior year." How did they do it? In 2011, the agency developed a list of covered approved drugs. They assembled a panel of physicians and pharmacists to review the medication policy, and they established a rule that held prescribers accountable if they do not follow best practices.

*Columbus Dispatch (02/23/18) Williams, Mark*

#### **FDA Is Considering Medication-Assisted Therapy for Opioid Addicts**

"FDA is expecting to allow drug companies to sell medications that temper opioid cravings even if they do not stop addiction completely. The effort is part of a greater initiative to expand access to medication-assisted treatment (MAT)." HHS Secretary Alex M. Azar II noted the agency plans "to correct a misconception that patients must achieve total abstinence in order for MAT to be considered effective." The rationale is that only a third of specialty substance abuse treatment programs offer MAT. The FDA plans to publish guidance – (1) Encourage the development of new, longer-acting formulations of existing drugs for opioid treatment; (2) New drugs would be eligible for approval that do not end addiction but help with some aspects of it, such as cravings, with the objective being complete abstinence.

*New York Times (02/25/18) Kaplan, Sheila*

#### **Colorado ERs Curtailed Opioids**

Ten Colorado hospitals participated in the Colorado Opioid Safety Collaborative, which is a 6-month pilot project launched by the Colorado Hospital Association designed to cut opioid use. The goal was to reduce opioids by 15%, but they lowered opioids by 36% on average. The method used was to coordinate providers, pharmacies, clinical staff, and administrators. Other treatments were

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like ketamine and fentanyl. The result is that the emergency departments will continue the new protocols and will work to adopt the program statewide.

*Kaiser Health News (02/23/18) Daley, John*

### **Rhode Island Promotes the Benefit of Medication-Assisted Addiction Treatment In Jails**

An article in JAMA Psychiatry studied offering inmates in Rhode Island jails medication to help fight their addictions. The result was a greater than 60% reduction in opioid overdose deaths. In the study all three approved addiction medications—buprenorphine, methadone, and naltrexone—were offered to inmates. The inmates were also referred treatment after their release. The researchers discovered there were 26 opioid overdose deaths in early 2016, before the program began, compared to 9 deaths in early 2017. "This study shows that not only is medication for addiction treatment an evidence-based approach, it's doable, feasible within current structures, and an important contribution toward reducing overdose deaths." At the same time Massachusetts is considering legislation that would require prisons and jails to provide all approved addiction medications.

*WBUR.org (02/14/18) Becker, Deborah*



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