Fighting prescription drug abuse

Responding to the national opioid crisis

Abuse of prescription painkillers, known as opioids, has become a national crisis in the United States, negatively affecting families across the nation. Since 1999, the number of overdose deaths involving opioids has quadrupled.\(^1\) Aetna is working to help reverse this rising trend across our pharmacy, behavioral health, and medical programs. Our programs connect providers and give members seamless access to the right support—mind and body—to fight addiction. At the same time, these programs are saving millions of dollars for the health care system.

**Clinical intervention and strategy**

Aetna’s comprehensive strategy to combat the opioid epidemic focuses on preventing misuse and abuse, intervening when we identify at-risk behavior, and supporting patients with access to evidence-based treatments.

**Prevention**

Aetna is working to reduce the rate of opioid prescribing within our provider networks. Our chief medical officer recently began sending letters to the top one percent of opioid prescribers within their respective specialties, to alert them of their prescribing pattern. We provided those prescribers with educational materials about the Centers for Disease Control and Prevention checklist for prescribing opioids for chronic pain.

**Intervention**

We promote the appropriate use of opioids by actively analyzing our claims database and intervening if there is evidence of abuse. For example, we notify physicians if patients are taking more than three opioids per day, or if they have multiple prescriptions. Our opioid oversight program reduced opioid prescriptions by 14 percent between 2010 and 2012 among 4.3 million members.

**Support**

As opioid-related overdoses continue to increase in the United States, we have ended the preauthorization requirements on all medication-assisted treatment buprenorphine products used to treat opioid addiction. Ending the requirement for buprenorphine will increase access to addiction treatment. In addition, we’re beginning to develop value-based contracts with drug and alcohol rehabilitation centers to promote evidence-based approaches to substance use disorders. We continue to help find the most effective ways to help people recover.

\(^*\)Non-opioid treatment options include: physical therapy/occupational therapy, chiropractic, acupuncture, psychotherapy, biofeedback, and non-opioid medications (e.g., anti-inflammatories, etc.)
Federal policy options to combat the opioid epidemic

We applaud policymakers’ efforts to address this epidemic and recognize the need for collaboration. We support a comprehensive approach, including the following policy options:

**PREVENT**

Enhance efforts to combat inappropriate prescribing, opioid misuse, and abuse

1. Require electronic prescriptions for opioid prescribing to improve monitoring, reduce fraud, and enhance patient safety.

2. Strengthen and incentivize greater use of Prescription Drug Monitoring Programs (PDMPs) to ensure information in the database is shared more widely among states.
   - Develop a national PDMP that enables providers to access information across state lines;
   - Incentivize states to make their PDMP databases more accessible and integrated; and
   - Promote greater use of PDMPs by incorporating Veterans Administration claims into PDMPs and by requiring providers to check state PDMP databases.

**INTERVENE**

Ensure patients have access to a wide array of treatment options and remove barriers to coordinated care

1. Provide greater incentives and funding for states and Medicaid plans to address the prevalence of opioid use in pregnant women and Neonatal Abstinence Syndrome (NAS) in newborns.
   - Rates of opioid misuse among pregnant women are increasingly prevalent—rising from 1.19 to 5.63 for every 1,000 hospital births per year from 2000 to 2009.¹

2. Align 42 CFR Part 2 with HIPAA to allow appropriate access to patient information that is essential for providing comprehensive and coordinated care.
   - Legislation (e.g., OPPS Act, Jessie’s Law) is necessary to ensure that providers on the front line of care have the information necessary to effectively coordinate patient care.

3. Remove the Medicaid Institutions for Mental Disease (IMD) exclusion for substance use disorders to improve treatment options for Medicaid beneficiaries.
   - The IMD exclusion prohibits Medicaid reimbursement for services provided in adult mental health or substance abuse facilities with 16+ beds. The exclusion contributes to psychiatric bed shortages and limits treatment options.

**SUPPORT**

Integrate behavioral and medical health benefits in the Medicaid population to better address all of the factors that contribute to a beneficiary’s health

1. Ensure that funding for the Medicaid program is adequate to meet the needs of beneficiaries and provide actuarially sound resources to state Medicaid programs and Medicaid health plans.
   - Medicaid is an essential safety net for individuals with substance abuse and mental health disorders, providing coverage for more than 1/3 of patients with opioid use disorders.²

Support state and community-based programs to prevent and treat opioid abuse

1. Increase access to opioid overdose antidote naloxone for first responders.

2. Enhance training requirements for prescribers based on recommendations in the CDC Guidelines for Prescribing Opioids for Chronic Pain.

---


²Ashley Hernandez Gray & Jennifer Moore. “Addressing The Opioid Epidemic In Medicaid Managed Care For Women And Newborns.” Institute for Medicaid Innovation. June 2017