Aetna’s Commitment to Fighting the Opioid Epidemic

Innovative, evidence-based solutions for a national crisis

The effects of heroin and prescription painkiller misuse and abuse are plaguing families across the nation regardless of race, age, and income. Aetna is working to help reverse this trend by encouraging reductions in inappropriate opioid prescribing, supporting increased access to non-opioid pain treatment options, and promoting evidence-based recovery for our members in need. Our comprehensive strategy aims to connect providers and give members seamless access to the right support—mind and body—to fight addiction.

An Unprecedented Threat

- Approximately 116 people die each day from opioid-related drug overdoses.¹
- There were 5x more opioid-related deaths in 2016 than in 1999.²
- 20% of patients with an initial 10-day opioid prescription are still on them after a year.³
- Opioid abuse can lead to heroin abuse; nearly 80% of heroin users reported misusing prescription opioids prior to heroin.⁴

Aetna’s Five-Year Opioid Goals

Our goals for 2022 help to shape our strategy

Increase percent of members with chronic pain treated with an evidence-based multi-modal approach by 50%

- Aetna covers non-opioid pain treatments, including chiropractic care, acupuncture, biofeedback, and physical therapy; many without precertification.

Increase percent of members with opioid use disorder treated with MAT by 50%

- Aetna removed pre-authorization requirements on all buprenorphine products for commercial members, effective March 2017.

Reduce inappropriate opioid prescribing for our members by 50%

- Aetna enacted quantity and day supply limits on initial prescriptions, and prior authorization on opioids.
- Inappropriate prescribing measures include:
  - Opioid prescription in members with opioid use disorder,
  - Simultaneous opioid treatment in members treated with benzodiazepines,
  - Opioid prescription in members with a prior overdose, and
  - 7+ days opioid prescription after an acute procedure.

“In fighting the opioid epidemic requires a comprehensive strategy that addresses both the physical and social consequences of addiction.”

Daniel Knecht, M.D., M.B.A.
Vice President, Clinical Strategy and Policy
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Our Strategy

Prevent Misuse and Abuse

- Aetna was the first national payer to waive copays for NARCAN® commercial members once their deductible has been met.
- Aetna members can now search for providers offering opioid alternatives in our provider search tool, DocFind.
- Aetna has proactively engaged in ‘super-prescriber’ interventions to physicians, surgeons and dentists with outlying opioid prescribing habits.
- Aetna enacted a ‘substance abuse in pregnancy awareness’ letter campaign to all obstetricians and midwives in KY.

Intervene in At-Risk Behavior

- Aetna was the first national payer to waive copays for NARCAN® commercial members once their deductible has been met.
- Aetna Medicaid Neonatal Abstinence Syndrome pilot program supports women whose babies are at-risk for opioid withdrawal in KY + WV.
- Aetna Behavioral Health clinicians perform substance abuse screening and intervention for members with an opioid diagnosis.
- Aetna Pharmacy’s Controlled Substance Use programs identify and intervene with at-risk members.

Support Patients with Access to Evidence-Based Treatments

- Aetna launched the Guardian Angel pilot program to identify and outreach to members who recently experienced an opioid-related overdose.
- Aetna Foundation is providing grants totaling $6 million to fund state and local projects addressing opioid-related challenges.
- Narcan donations and trainings have been held in Kentucky, Maryland, Pennsylvania, and Ohio.
- Aetna Foundation’s donation to Catholic Charities expanded their children’s behavioral health services to include an adolescent substance abuse recovery and treatment component.

“Opioid use disorder is a chronic disorder of the brain. The appropriate use of medication-assisted treatments is a critical part of Aetna's comprehensive strategy to address the opioid epidemic.”

Hyong Un, M.D.
Chief Psychiatric Officer

Sources: