



Eighty percent of the entire world's opioid supply is taken by Americans even though we only contribute to less than 5 percent of the global population.

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Car crashes are no longer the leading cause of injury death in the United States. That morbidly-esteemed title now belongs to overdose deaths due to opioids either by prescription or heroin that claims the lives of seventy-eight Americans daily. The abuse and overprescribing of opioid analgesics is an epidemic that requires all health care stakeholders to take action.

As for employers, a 2014 study determined that the estimated financial impact of opioid abuse on plan sponsors was \$1.71 per member per month (PMPM).

This cost estimate factored in both direct health care spend and indirect waste due to lost work productivity, but only for those with diagnosed opioid abuse. The actual cost to employers is likely much higher since another study found that annual health care costs are around \$15,000 more for people who abuse opioid analgesics.

It is important to note that prescription opioids have legitimate medical purposes when used to treat moderate-to-severe acute pain due to injury or surgery, as well as chronic pain from active cancer, or to ease pain at the end of life. However, a substantial increase in prescribing for chronic non-cancer pain has become prevalent despite the serious risk of side effects and lack of evidence to support long-term effectiveness. Eighty percent of the entire world's opioid supply is taken by Americans even though we only contribute to less than 5 percent of the global population.

This surge in painkiller prescribing patterns due to the lack of other legal pain treatment options is without question the precipitating force behind the rise in heroin usage as well. On average, four out of five heroin addicts get their first taste of opioids with a prescription from their physician. The euphoria from these medications has led to some patients using opioids as antidepressants, but the unknown strength of street heroin leads to countless overdoses. Imagine purchasing a bottle of wine but not knowing if it was 5 or 75 percent alcohol until after you drank it. Scary stuff, right?

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The Impact of Opioid Addiction to Plan Sponsors



What can employers do?

The first thing employers can do is no longer consider addiction a moral failure. It truly is a medical issue plaguing our nation that needs more compassion instead of conviction.

One step towards compassion that employers can provide is partnering with an Employee Assistance Program (EAP), such as ComPsych, and promoting the resource to their plan participants. Addiction is largely driven by isolation leading to abuse of a substance to escape the reality and consciousness of daily life. An EAP program bolstered by a movement to reduce the stigma around depression, such as Right Direction, should be the building block for a work environment aimed to reduce isolation.

From a plan design perspective, utilization management strategies designed to promote safe and effective use of controlled substances should be an industry standard. Using the latest guidelines and clinical advice, prior authorizations (PA) and quantity limits (QL) are critical in curtailing the potential for diversion as well as ensuring the medication is prescribed for its FDA-approved indication. Over the past few years, some manufacturers have had their own employees contact PBMs acting as agents of the prescriber in order to encourage use of oral/intranasal fentanyl for non-cancer patients to get around basic PA criteria. It was not until whistleblowers within the company came forward that this sickening practice was revealed.

Data reviews by the plan administrator are another integral step in combating abuse. Prospective reviews can limit excessive dosage dispensing and drug interactions while retrospective reviews can easily identify pharmacy and/or prescriber shopping to achieve multiple prescriptions in a short time period. The added bonus of determining high-risk prescribers can help lead to discussions around appropriate prescribing patterns with current guidelines.

A multipronged approach is necessary since the widespread epidemic associated with opioid analgesics can no longer be ignored. It's not about saving dollars. It's about saving lives.