



Addressing the Opioid Crisis

Opioid addiction is a national health crisis that needs swifter, more effective action.

The United States consumes 80 percent of the world's opioid prescriptions,¹ and these drugs are taking a deadly toll on our communities and our nation's future – every 13 minutes someone in the United States dies from an opioid overdose.²

Many Americans have or have had a bottle of opioids in their medicine cabinets. In previous decades, these powerful painkillers were primarily reserved for cancer-related pain, severe pain (e.g., after surgery), and end-of-life care. In 2016, more than 214 million prescriptions for opioid pain relievers were dispensed—enough for nearly every adult in America to have a bottle of pills.³ The unprecedented volume of prescription painkillers in the market and the leftover supply sitting in homes have triggered inappropriate use—a major contributor to overdose and a potential gateway to heroin. Four in five new heroin users start out by misusing prescription painkillers and turn to heroin when their prescriptions run out or become too expensive.⁴

There is no easy solution to the opioid epidemic. UnitedHealth Group is addressing this complex crisis in a uniquely comprehensive way, by activating our health data and analytics capabilities, our medical and behavioral health expertise and our diverse business portfolio.

1. Prevent addiction

Too many prescriptions for opioids fall outside [guidelines](#) established by the Centers for Disease Control and Prevention (CDC). That means prescriptions typically include too many pills or too many days' supply. UnitedHealth Group has put a number of programs in place to reduce the number of pills dispensed.

✓ Tracking adherence to CDC prescribing guidelines

OptumRx's opioid risk management program tracks whether prescriptions are adhering to CDC guidelines on dosage, length of prescription and appropriate use (e.g., end-of-life care and cancer care). The program intervenes at multiple points of service, including at the time a prescription is submitted and at the pharmacy when it is picked up. Since launching the program on July 1, 2017, these interventions have delivered strong results:

95%

adherence to dosage guidelines for 'first-fill' acute prescriptions*

95%

adherence to quantity guidelines for 'first-fill' prescriptions**

19%

reduction in total opioid prescription volume

* 95 percent adherence to 'first-fill' opioid prescriptions meeting the CDC guideline recommended dose of 50 mg morphine milligram equivalents (MME) per day for first-fill acute prescriptions.

** 95 percent adherence to 'first-fill' prescriptions written for maximum seven-day supply for acute pain treatment.

✓ Reducing use of long-acting opioids

UnitedHealthcare and OptumRx have implemented prior authorization requirements for long-acting opioids⁵ to provide these powerful products to members in a safe and effective manner as recommended within current CDC guidelines. Since implementing these efforts within UnitedHealthcare's commercial population in January 2017, we've reduced the number of members using long-acting opioids by more than 19 percent and seen a 17 percent decrease in the average daily morphine milligram equivalents (MME) among members using those opioids. MME is a standard measure used to quantify the potency of opioid medications.

✓ Ensuring prescriptions are used safely

We have placed limits on the quantity of prescription opioids and refills that can be received without consultation so that people do not unintentionally accumulate more opioids than they need. In addition, our claims processing systems screen for high-risk drug combinations in conjunction with opioids. For example, the pharmacist will be prompted to talk with a member and/or prescriber when a person is already on a medication to treat opioid use disorder (OUD), or if a person is receiving benzodiazepines. At OptumRx, we are reducing exposure to opioid-containing cough and cold preparations in children ages 12 and under. These changes are in response to advisory recommendations from the Food and Drug Administration (FDA).

✓ Educating dental professionals

While only 11 percent of all opioid prescriptions annually are generated by dentists, 47 percent of all opioid prescriptions for teens (ages 15-19) are prescribed by dentists.⁶ These prescriptions are most commonly associated with wisdom teeth extractions. As young people are one of the highest-risk populations for opioid misuse, we are in touch with oral surgeons and dentists in addition to the ongoing educational efforts with all physicians to bring these prescriptions in line with CDC guidelines.

✓ Reviewing pain treatment alternatives

We are reviewing benefit plans and copays to provide financially attractive alternatives to opioids, including physical therapy and chiropractic. OptumHealth's Physical Medicine programs offer 80,000 physical therapists and chiropractors to provide non-pharmacologic, and non-opioid alternatives for musculoskeletal pain relief. Our own research shows that when people try chiropractic care for back pain first, they are less likely to use opioids for their back pain at some point in the future.⁷

✓ Detecting and preventing fraud

About 70 percent of misused opioid prescriptions were obtained, stolen or purchased from a friend or relative.⁸ We're doing our part to help opioid medications go to the intended recipient. Optum reviews prescriptions in real time, and UnitedHealthcare's technology tracks member prescriptions retrospectively for the most commonly misused drugs, including opioids. These areas are monitored:

- Potential for drug diversion, such as reselling a prescription
- Potential for false medical claims (for example, when people persuade multiple doctors to write a prescription for the same ailment)
- Potential for patient harm, such as dangerous interactions

If fraud or abuse is suspected, we take action that can range from removing a doctor or other health care provider from our network to alerting law enforcement. Such fraud detection includes tracking doctors with high rates of opioid prescribing, pharmacies with a high rate of opioid dispensing, and patients seeking prescriptions from multiple prescribers or pharmacies. Leveraging our data and analytics in this way can help predict and prevent opioid misuse as well as identify patients at greater risk.

2. Treat addiction as a chronic medical condition

UnitedHealth Group actively promotes medication-assisted treatment (MAT), the evidence-based approach to treatment that combines medications with personalized psychosocial support services. The medications prescribed as part of MAT, including buprenorphine, methadone or naltrexone, block the euphoric effects of opioids, relieve cravings and reduce withdrawal symptoms, which allow the person to focus on treatment. Studies have shown that MAT was associated with a 60 percent rate of remission, compared to 40 percent with detoxification or psychosocial treatment alone.⁹

In addition, UnitedHealthcare commercial plans do not require prior authorization on preferred medications¹⁰ that are used to treat opioid dependence, including buprenorphine/naloxone, Zubsolv[®] (which contains the same ingredients as Suboxone[®]), and naloxone, an emergency medication used to treat an opioid overdose.

Over the past two years, we've expanded the number of in-network MAT facilities by 75 percent and now have the largest MAT network in the country.

90%

of members are within 20 miles of a MAT provider¹¹



2,000
PROVIDERS



4,000
LOCATIONS

3. Support recovery for individuals and communities

Like other chronic medical conditions, opioid use disorder requires long-term care and attention. UnitedHealth Group is committed to supporting individuals and communities on their paths to better health.

Connecting people to resources

We connect people to certified peer support specialists who are uniquely qualified to help others because they have made the journey to recovery themselves. We help people connect to online support groups, webinars and group education programs to reduce isolation, promote empowerment and provide an avenue for learning new wellness strategies.

Community Focus

UnitedHealth Group is also investing in programs to help fight the crisis in local areas. For example:

- We are working with the Woman's Hospital in Baton Rouge, La. to address the complex needs of pregnant women who are affected by opioid use disorder and their babies.
- To raise awareness of the physical and mental harms associated with opioid abuse in Hispanic/ Latino youth, and increase access to intervention for youth, we developed a public awareness campaign with the Connecticut Governor's Prevention Partnership in Hartford.
- To address the impact of the epidemic on Native American families, a new partnership with Candeska Cikana Community College in North Dakota will construct a community center to provide rehabilitative services for opioid addiction.

1) Manchikanti L, Fellows B, Ailinani H, Pampati V. Therapeutic use, abuse, and nonmedical use of opioids: a ten-year perspective. *Pain Physician*. 2010;13: 401-435. 2) Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. (Calculation based on stat: Overdoses involving opioids killed 42,249 people in 2016, or 116 deaths a day. 40% of those deaths were from prescription opioids.) <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>. 3) <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>. 4) American Society of Addiction Medicine, Opioid Addiction: 2016 Facts and Figures, 2, <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>. 5) UnitedHealthcare commercial business as of 1/1/17. This is not allowed in Medicare plans. 6) UnitedHealthcare commercial business. 7) D. Elton. Internal Optum data from 2017. 8) U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. Sept. 2014.) 9) Calculated by Optum, based on relative risk ratios from the meta-analysis in: Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. *Cochrane Database of Systematic Reviews* 2016, Issue 5. Art. No.: CD011117. DOI: 10.1002/14651858.CD011117.pub2, pages 17 and 19. 10) On UnitedHealthcare's commercial prescription drug list (PDL) 11) K. Cox. Data from Optum geo access reports for Commercial membership. 4/24/18.