

Summary of Humana’s Opioid-related Efforts

I. THE OPIOID EPIDEMIC

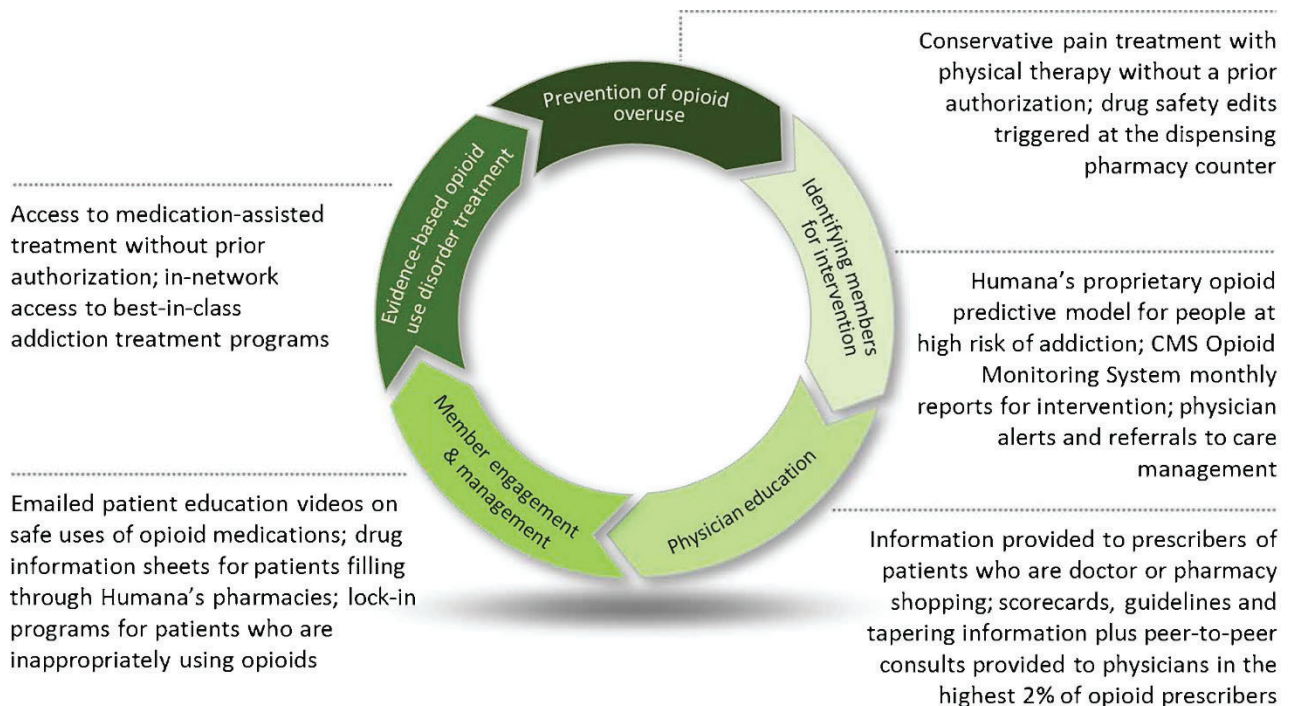
The opioid epidemic varies in its intensity geographically, but the distribution is nationwide, costly and complex. According to the Centers for Disease Control and Prevention (CDC), 130 Americans die every day from an opioid overdose, and around 68% of all opioid overdose deaths involve a prescription opioid.¹

II. HOLISTIC CLINICAL APPROACH

For several years, Humana has proactively identified and worked to address overuse and abuse of opioids by network pharmacies, prescribers and members through pharmacy audits and fraud, waste and abuse programs. In 2014, Humana’s Drug Utilization Review program received the “Best Practice Award for Quality Improvement in Continuity of Care” given by the National Committee for Quality Assurance (NCQA) for coordinating care in prescribing of opioids across multiple settings.

Humana has instituted an enterprise-wide Opioid Task Force composed of clinical leaders from the Clinical and Pharmacy Services organization, analytic teams, pharmacy, behavioral health and medical directors in the field to address this multifaceted public health problem. The clinical quality objective of the task force is to ensure that Humana members with acute and chronic pain are provided appropriate, evidence-based treatment.

Summary of Humana’s opioid-related efforts



¹ “Understanding the Epidemic.” Centers for Disease Control and Prevention. www.cdc.gov/drugoverdose/epidemic/index.html. Accessed March 2, 2020.

Summary of Humana’s Opioid-related Efforts

Humana’s opioid work supports our Bold Goal strategy partners here at Humana to help the communities we serve become healthier. Through interventions and community partnerships, Bold Goal efforts are addressing some of the country’s most significant health conditions and social determinants of health—with a particular focus on behavioral health. Humana’s Bold Goal efforts are focused in specific communities or markets. Although not by design, these communities tend to be in areas disproportionately affected by the opioid epidemic, such as San Antonio, Texas; Louisville, Kentucky; and Knoxville, Tennessee.

The activities highlighted below depict how Humana has escalated efforts to improve clinical quality via appropriate evidence-based treatment for Humana members with acute pain or chronic pain.

⇒ Prevention of opioid overuse

One of our primary goals is to identify opportunities to encourage members to utilize non-opioid pain management therapies whenever clinically appropriate. As a result, Humana plans provide coverage for more conservative pain treatments, including physical therapy, chiropractic, acupuncture and massage therapy. Other conservative pain treatments are accessible at a discount for members or provided through plan benefits depending on the specific plan.

We are also leveraging technology to reduce inappropriate utilization of prescription opioids. Humana’s owned pharmacy benefits manager, Humana Pharmacy Solutions, reduces opioid overuse and abuse using drug safety edits designed to ensure that opioids are being prescribed in a manner consistent with clinical practice guidelines. Drug safety edits provide real-time safety checks to identify members receiving opioid prescriptions from multiple prescribers, those receiving more than one opioid or multiple drug strengths, and drug-to-drug interactions that pose a potential health risk. These edits have proven to be a significant tool in safely managing a patient’s opioid exposure.

One of the edits is a morphine milligram equivalent (MME) dose edit, which tracks the total cumulative opioid exposure of each member (i.e., how many opioids he or she has been prescribed), to ensure that the member’s opioid utilization is safely managed. Humana’s **care coordination** edit is applied to MME daily exposure greater than or equal to 90 mg and can be overridden at the pharmacy counter based on a pharmacist’s professional judgment. Humana’s high-dose care coordination MME edit initiates a prior authorization requirement for daily exposure greater than or equal to 250 mg MME for people in commercial plans. These MME edits do not apply to patients with cancer or sickle cell anemia or those in hospice care, for whom opioid medications are the cornerstone of appropriate pain management. Further, Humana’s MME edits align with the CDC Guideline for Prescribing Opioids for Chronic Pain (noncancer)² and Medicare rules. Humana also instituted opioid-naïve edits for members that limit opioid exposure to less than seven days.

Another drug safety edit targets drug-drug interactions to ensure Humana members do not receive medications that may have a negative interaction with another medication they are currently taking. These **soft** edits notify the dispensing pharmacist if a patient is taking (1) both short- and long-acting opioids, or (2) a long-acting opioid in combination with a benzodiazepine. Both practices are discouraged by the CDC prescribing

² Dowell D, Haegerich TM, Chou R. “CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.” *Morbidity and Mortality Weekly Report: Recommendations and Reports* 2016; 65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

Summary of Humana's Opioid-related Efforts

guidelines. Finally, concomitant use of an opioid plus buprenorphine (a treatment used to wean patients off opioids) triggers an alert because of the significant potential for patient harm. Consistent with clinical guidelines, none of these edits apply to patients with cancer or those in hospice care or long-term care facilities.

⇒ Identifying members for intervention

Humana identifies members for clinical intervention through a proprietary Opioid Predictive Model for Medicare members.³ Leveraging the results of this predictive model into an integrated care delivery model facilitates prevention and response to opioid overuse and abuse and improves clinician awareness of at-risk members.

Humana Pharmacy Solutions coordinates monthly reports from the Centers for Medicare & Medicaid Services (CMS) Overutilization Monitoring System (OMS) program with its own retrospective drug utilization review program to identify members utilizing opioids and conducts outreach to prescribers to make them aware of their current prescribing habits for these identified patients. Members in these reports also are eligible for the Drug Management Program that CMS allowed health plans to voluntarily implement. Humana implemented this program in 2018, which allows for providers to be engaged in maximum daily limits, and in 2019 allowed for "lock-in." Humana Pharmacy Solutions has deployed a pharmacy lock-in program that is available for commercial plans, Medicaid plans and Medicare plans. This program is targeted at a small minority of members engaged in potential opioid abuse and/or overutilization. Humana's lock-in program assigns a member to one specific pharmacy, in a location that works best for the member, to monitor services received and reduce unnecessary or inappropriate utilization. Humana's lock-in program also allows for specific providers and dosages to be managed which allows the provider to have coordination with Humana's program and clinicians.

⇒ Prescriber education

Humana is actively engaged with physicians to prevent opioid overuse and abuse by (1) providing physicians with information about their patients that they may not otherwise have access to, such as patients being treated by multiple prescribers, filling prescriptions at numerous pharmacies, receiving high doses of opioids or having a previous overdose; and by (2) providing information to physicians to aid in their clinical decision-making, including clinical guidelines for tapering opioids.

Humana is currently conducting an Opioid High Prescriber Consultation Project, in which specialty-trained Humana clinicians advise high-dose opioid prescribers to make evidence-based treatment changes that are aligned with the member's clinical presentation. This program is high touch and includes an initial mailing with a peer-prescribing scorecard, followed by telephonic consultation with a pharmacist.

³ Dufour R, Mardekian J, Pasquale MK, et al. "Understanding predictors of opioid abuse: Predictive model development and validation." *American Journal of Pharmacy Benefits*. 2014; 6(5):208-216.

Summary of Humana's Opioid-related Efforts

⇒ Member engagement and management

Humana engages members through patient education videos and education through Humana Pharmacy at the time of the prescription fill. On the first fill of an opioid prescription, members are emailed a patient education video (<http://vuca.us/nmxr3dp9>) that provides information on opioids and the specific medication, including side effects, storage, disposal, and risk of addiction and overdose.

⇒ Evidence-based opioid use disorder treatment

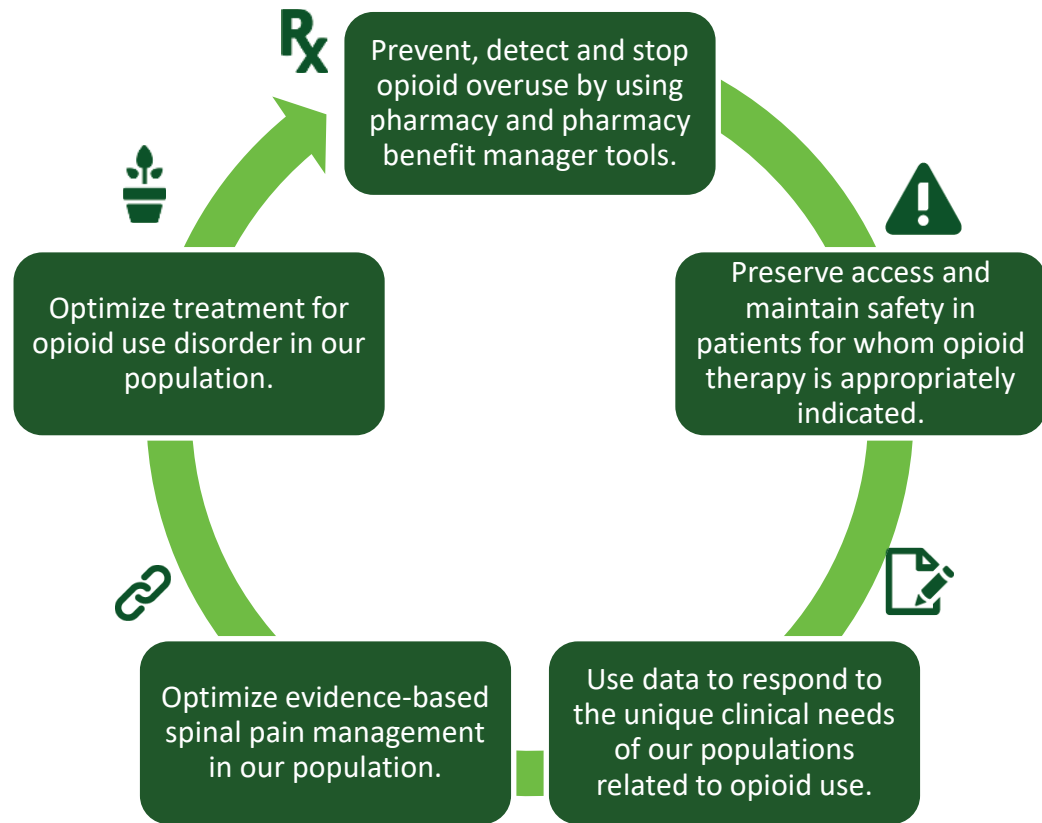
Medication-assisted treatment (MAT) is the mainstay of treating opioid use disorder and involves the use of medications, typically methadone, buprenorphine, buprenorphine/naloxone and naltrexone. Humana's formularies provide access to these medications consistent with the U.S. Food and Drug Administration (FDA) labeling. Because the first 24 hours can be critical for a patient ready to initiate MAT, Humana's formulary provides access to some MAT options without a prior authorization.



Optimal MAT pairs medications with psychotherapy to treat the underlying causes of opioid use disorder. Accordingly, Humana provides in-network access through CleanSlate, a multistate outpatient addiction treatment provider. CleanSlate addresses the biological/psychological/social needs of its patients, including medication-assisted treatment, group and family appointments, and care coordination with specialists such as a therapist. In recognition of the effectiveness of CleanSlate's treatment programs, it received the Science and Service Award for Office-based Opioid Treatment by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).


III. STATE OF THE ENTERPRISE OPIOID STRATEGY


Given the scope of the national epidemic and Humana's focus on data-driven learnings, the Enterprise Opioid Strategy has to be routinely revisited and updated. As such, the Opioid Task Force and enterprise clinical leadership have identified five strategic priorities.


Humana's Enterprise Opioid Strategy



  These priorities emphasize continued focus on current activities around **preventing opioid overuse** but also highlight the importance Humana places on **preserving appropriate access** for patients for whom opioid medications are the cornerstone of appropriate pain management.

 Evidence-based treatment for **opioid use disorder** continues to be an area of focus, and future efforts are aimed at increasing access to and awareness of substance abuse treatment programs and testing telehealth and peer-to-peer counseling solutions.

 Appropriate treatment of chronic pain is challenging due to lack of condition-specific guidelines, as well as limited effective treatments. Spinal pain, however, does have specific guidelines and Humana is using those to **optimize evidence-based spinal pain management**.

 Finally, Humana aims to use our analytic acumen and data assets to understand what is unique to pain management and **opioid use in our population**.

Summary of Humana's Opioid-related Efforts

Humana's Enterprise Opioid Strategy is holistic, focused on clinical quality, responsive to learnings and a long-term approach. Reducing inappropriate opioid utilization requires a constellation of solutions, ranging across healthcare sectors, state and national policies, the criminal justice system, drug manufacturers and more. The impact Humana has on helping our own members is but one piece of a complex, multifaceted solution required to improve the health of the nation.
