

Opioid Abuse Hurts Families and Businesses

It's no secret that opioid misuse has become a local and national health crisis.

Fighting its effects on U.S. families and businesses is a job we all need to take seriously. Opioid-related problems are now common in the workplace: Fewer workers due to drug test failure, missed work, lower productivity, workplace accidents and increased health care costs. We also know that the cost of opioid abuse is more than money. Opioid abuse destroys lives and families – and that's why we've committed to fighting this epidemic from every angle.

The cost of addiction in the United States:

Opioids took the lives of over

42,000

people in 2016²
– that's more than the number of deaths from automobile accidents.

919,400

people age 25 to 54 not working
in 2015 due to opioids¹.

Opioids cost U.S. employees

12 Billion

working hours
– and the U.S. economy \$702.1 billion in gross domestic product – from 1999 to 2015¹.

Cost to employers:

Opioid addiction and overdose treatments cost large U.S. employers \$2.6 billion in 2016³.

- \$1.3 billion for outpatient treatment
- \$911 million for inpatient care
- \$435 million for prescription drugs

Sources:

¹ American Action Forum

² Centers for Disease Control and Prevention

³ Kaiser Family Foundation

Here's what we've done about it so far.

As the state's leading health insurer, we're motivated by a desire to ensure the safety and wellbeing of all people – not just our members. Because it's the right thing to do.

- We've made some progress reducing the number and dosages of potentially risky opioid prescriptions delivered to our members. Since 2015, we've seen a 15 percent decrease in the number of opioid prescriptions per member per month.
- But according to the Tennessee Department of Health, as those prescriptions have been dropping, opioid deaths have continued to rise. In 2017, a record 1,268 Tennesseans died of an opioid overdose.

Here's what we're doing about it:



DRUG USE REVIEWS

- Making sure prescriptions are appropriate, medically necessary and safe
- Alerting pharmacists of dangerous drug combinations
- Detecting abuse and locking identified members to one pharmacy for opioid refills



PROVIDER SUPPORT

- Sharing education and best practices
- Evaluating prescription patterns compared to peers
- Identifying high-risk patients and creating treatment plans
- Leading discussions with the BlueCross Physicians Advisory Panel of pain management specialists, oncologists and end of life care specialists who have guided our strategy on the opioid crisis



LOOKING AHEAD TO 2019:

- Creating 7-day quantity limits at initial fill for short-acting opioids for acute pain
- Enhancing prior authorization requirements for short-acting opioids used for an extended period of time
- Lowering allowed morphine milligram equivalent dose (MME) to 120mg per day without authorization
- Removing OxyContin from our formulary and replacing with drugs that are less likely to be abused
- Adding benefits for alternative pain treatments

Please note that these changes will not apply to anyone receiving oncology or end-of-life treatments.

If you have more questions about our efforts, contact your Account Executive.

We started this work in 2013, helping babies with neonatal abstinence syndrome and creating an award-winning public service campaign to help people know what to do with their prescriptions. Our Health Foundation has invested more than \$5.3 million in efforts across the state to provide prevention and treatment support. Learn more about **Count It! Lock It! Drop It!** at countitlockitdropit.org.