Confronting The Opioid Epidemic.

A next-generation model designed to **PREVENT** misuse and addiction, **TREAT** those who are addicted and **SUPPORT** long-term recovery.
Background On The Opioid Crisis.

Prescription opioid overdose is now the leading cause of accidental death in the United States. The statistics tell a grim story:

200% increase in the rate of deaths from drug overdose between 2002 and 2018²

High medical costs
Members with an opioid use disorder incur medical costs $6,000 per year greater than the costs for a member without an opioid use disorder.

The crisis is damaging the American economy and potentially impairing the health and productivity of employees.⁶,⁷ Opioid abuse accounts for:

- $15,000 in per-patient incremental annual health care costs.⁹
- 25 percent of all workers’ compensation costs.¹⁰

It’s an unprecedented epidemic. And it all starts with illegal drug use or a prescription.

Someone dies from an opioid-related overdose every 13 minutes.¹

80% of the world’s supply of prescription opioids is consumed in the United States.⁴

$504B estimated annual costs of US opioid epidemic includes the cost of premature fatalities.⁸
Our Approach.

With so many lives at risk, UnitedHealthcare® has been investing in multi-dimensional strategies to address this growing challenge.

With powerful data and analytics guiding our efforts, we are joining with care providers and others to prevent opioid misuse and deliver tailored treatment and recovery support to those who are struggling.

**But our work is far from done**

*UnitedHealthcare Opioids Management Strategy* connects efforts across the health system with a focus on three critical elements: prevent, treat, support.

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**Prevent** misuse and addiction

**Treat** those who are addicted

**Support** long-term recovery

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**Opioid Management Program.**

Multi-dimensional approach to confront the opioid epidemic.
Dentists write 10% of opioid prescriptions — many of which could likely be treated with other medications or very small quantities of opioids.

99% of physicians prescribe opioids beyond the dosage limit of three days recommended by the U.S. Centers for Disease Control and Prevention (CDC), according to a 2016 survey by the nonprofit National Safety Council.11

The top three ailments for which people are prescribed opioids include:

1. Back pain
2. Neck pain
3. Headaches

This, despite little evidence that non-medication treatments treat these conditions safely or more effectively in the long term than non-addictive medications such as ibuprofen.

70% of prescription abusers get drugs from friends or family12

Why this matters

According to experts, “The root cause of our nation’s opioid epidemic is not unethical or illegal medical practice, but the well-intentioned yet tragically misguided practice of over-prescribing opioids for common conditions.”13

Preventing and Education

We have the largest collection of data in the industry — our data and analytics enable us to take decisive, informed action at both the micro and macro level in real time.

Minimizing early exposure

Opioid dependence can start in just a few days. 30% of patients whose first-use opioid exposure was >30 days will remain on therapy after one year.14

We channel our expertise and capabilities to fully comply with the CDC’s guidelines for prescribing opioids for chronic pain.

Reducing inappropriate supply

Several years ago, UnitedHealthcare successfully implemented a Medical Necessity program that requires prior authorization for long-acting opioids. This program has evolved over time and now aligns with the requirements recommended by the CDC guidelines. Long-acting opioid supply limits have also been established and are based on morphine-equivalent dosing. These limits are only applicable to members with non-cancer or non-end-of-life pain.
PROBLEM

2.1M Americans are estimated to have a substance use disorder with prescription painkillers.15

SOLUTION

We treat at-risk and high-risk members like any other chronic condition, such as diabetes.

For the past 10 years, UnitedHealthcare has expanded its Retrospective Narcotic Overutilization program. This program identifies members who are at increased risk of opioid misuse or inappropriate use due to a high number of prescriptions from multiple doctors and pharmacies, allowing a coordinated and holistic approach to prescribing patterns.

We also use a Pharmacy Lock-In program to create a coordinated view of prescribing patterns.

We offer extensive resources to ensure individuals have the right access to the medical care they need including:

- Medication Assisted Treatment (MAT)
- Quick access to treatment
- Proactive interventions and support
- Patient substance use and treatment helpline
- Holistic, whole-person approach
- Live and Work Well website
- Ongoing monitoring of current prescriptions
PROBLEM

40–60% average relapse rate amongst opioid abusers in the U.S.\(^{16}\)

“It’s important for employees to be aware of and understand the safety concerns associated with opioids. That means communicating the risks of over-prescribing, overlapping treatments, abuse and side effects.”

— Susan Maddux, Chief Pharmacy Officer, UnitedHealthcare

SOLUTION

Like other chronic conditions, recovery from opioid addition requires different levels and types of support over a lifetime.

We connect people with certified peer support specialist who are uniquely qualified to support others because they have made the journey from substance abuse to recovery themselves.

We equip individuals with recovery tools.

We monitor claims data and partner with doctors and pharmacists to reach out to individuals who may need extra support to avoid relapse.

Through our robust provider relationships we are able to promote appropriate opioid use by providing training to doctors, dentists and pharmacists about proper prescribing practices, dangers and risks of opioid use, safe storage and disposal and pain treatment alternatives. By educating the health care community, we can work together to avoid serious opioid issues before they occur.

We also promote the U.S. Food & Drug Administration (FDA) guidelines regarding the safe disposal of unused medicines, including employer participation in take-back programs, to prevent unlawful distribution.
15 Years Of Experience:
Next Generation Opioid Model.

- Fentanyl PA requirement (short-acting opioids) implemented.
- CDC Guidelines released.
- Education to doctors on our PA changes and outlier mailings.
- Updated criteria to reflect CDC Guidelines.
- Excluded market leader and highly abused OxyContin.
- Implemented limits based on morphine equivalents.
- Limited supply to <90 MED supply for long-acting opioids.

- Supply limits for long-acting opioids based on number of doses/day.
- Alert for potential opioid use in pregnancy.

- Supply limits put into place for combination short-acting opioids/acetaminophen.
- PA and Medical Necessity for long-acting opioids.
- Step therapy implemented to drive non-opioid or preferred options.
- PA needed for diagnosis of any chronic pain.

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- Point of sale messaging:
  - Pharmacist override required for opioid and Medication-AssistedTreatment (MAT)/buprenorphine.
Continuing The Momentum.

To further efforts already in place for the UnitedHealthcare Opioid Strategy, the following enhancements will be implemented throughout 2018 and early 2019.

Click on the enhancements below for more information.

<table>
<thead>
<tr>
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<th>Description</th>
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<tr>
<td>1</td>
<td>Cumulative Morphine Equivalent Dose (MED) Limit</td>
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<tr>
<td>2</td>
<td>Refill too soon edit adjustment for controlled substances</td>
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<tr>
<td>3</td>
<td>7-day ‘first-fill’ max for members new to therapy</td>
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<tr>
<td>4</td>
<td>3-day ‘first-fill’ max for kids ≤19 yrs who are new to therapy</td>
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<td>5</td>
<td>Opioid dispensing limits at mail and retail</td>
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<td>6</td>
<td>Opioid warnings on home delivery caps and bottles</td>
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<td>7</td>
<td>Medication Disposal bags made available through OptumRx</td>
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<td>8</td>
<td>Concurrent Drug Utilization Review (DUR) Point-of-Sale (POS) alerts add optimization</td>
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<tr>
<td>9</td>
<td>Opioid Physician Safety Alerts via PreCheck MyScript</td>
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Thanks to the vast resources of the UnitedHealth Group enterprise, we are uniquely positioned to help address employer’s opioid concerns by connecting efforts across the continuum of care and across the entire health care system, improving outcomes and lowering the risk of overdose one member at a time.

**UnitedHealthcare Opioids Management Strategy Results.**

- **95%** Compliance with CDC guidelines of ‘first-fill’ opioid scripts ≤ 7 days supply.
- **27%** Reduction in total opioid prescriptions.¹⁸
- **21%** Reduction in average Morphine Equivalent Dose (MED) for all opioids.¹⁸
Contact your UnitedHealthcare representative for more information about Opioids Management Strategy.

12. MMWR / March 17, 2017 / Vol. 66 / No. 10 *Rainberg, Steven; HealthDay News; March 16, 2017
15. Q4 2016 vs. Q3 2018 UHC commercial client data and short-acting opioid script volume and do not represent a guarantee of results.
16. Results are based on Q4 2016 vs. Q3 2018 UHC commercial client data and short-acting opioid script volume and do not represent a guarantee of results.

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