

Anthem's Commitment to Addressing the Prescription Opioid Epidemic and Substance Use Disorders

ANTHEM'S COMMITMENT:

- With over 74 million people served by its affiliated companies, Anthem is taking a leadership role in addressing the national opioid epidemic by supporting prevention, treatment, recovery, and deterrence. We are committed to making a significant difference in the lives of our members and their families.
- As part of our strategy, Anthem reached the company's collective goal of reducing prescribed opioids filled at pharmacies by 30% since 2012 – 2 years earlier than the initial goal. Anthem has now updated its goal to achieve a 35% reduction by 2019.
- Anthem will double the number of consumers who receive mental health and substance use disorder services as part of Medication-Assisted Therapy (MAT) for opioid addiction by 2019.

Preventing Unnecessary Prescribing and Overprescribing of Opioids:

- Anthem has aligned our pharmacy benefit management strategies with the March 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. For short-acting opioids, initial prescriptions are limited to seven days. Members can receive a maximum of 14 days' supply in a 30-day period without additional authorization. For long-acting opioids, there is a prior authorization for initiation of therapy to support clinical appropriateness. Anthem also maintains robust exceptions processes available for clinically appropriate circumstances.
- Pharmacy Home programs exist that can assign members, who meet certain criteria related to medication utilization, to one pharmacy and/or one provider for their prescriptions. These programs allow providers to monitor for dangerous combinations of medications and access to opioids, while helping to ensure members are receiving counseling and mental health supports.
- Anthem's Medicare Opioid Overutilization Management Program uses pharmacist driven retrospective drug utilization review to identify inappropriate utilization and conduct outreach to members and prescribers. The current program has demonstrated a 55% reduction from 2014 to 2015 in the number of Medicare members who use more opioids than average compared to all Medicare members using opioids.

Supporting Early Identification, Treatment, and Recovery:

By partnering with our providers, we are working to minimize the risk of opioid misuse:

- Removed prior authorization for oral and sublingual MAT.
- Promoting the use of Naloxone as a life-saving emergency drug; Anthem does not require prior authorization.
- Improving MAT access in rural and underserved areas through primary care physician recruitment and training so there is at least one MAT-trained physician in each primary care practice.
- Accelerating best practices in local communities, such as funding and supporting an Extension for Community Healthcare Outcomes (ECHO) project in West Virginia (WV). Project ECHO is a collaboration among Anthem, the WV Clinical and Translational Science Institute (WVCTSI), WV University School of Medicine, WV Primary Care Association, and Cabin Creek Health Systems, connecting primary care providers with expert information to treat individuals with substance use disorders.

OPIOID FAST FACTS

11.4%

increase in deaths from drug overdose from 2014-2015.¹

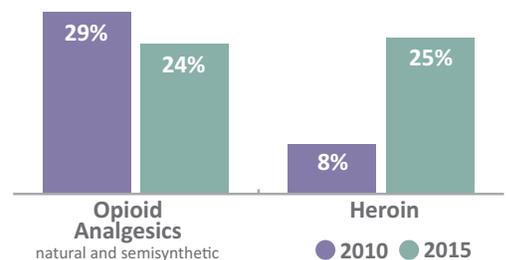


33,091

deaths in 2015 where opioids were involved.¹



Drug overdose deaths involving opioids versus heroin.²



5X

increase of babies born with Neonatal Abstinence Syndrome (NAS)^{3,4}

- Partnering with AWARE Recovery Services in Connecticut and New Hampshire to provide in-home substance use disorder treatment services, including peer recovery support. Also, in New Hampshire, we have partnered with an organization who provides clinically supported peer recovery coaching to assist individuals who enter emergency rooms due to overdoses or substance use complications.
- Extending availability of care and treatment through telehealth. Anthem launched LiveHealth Online Psychology and is contracting with Bright Heart Health, to provide outpatient, opioid use disorder treatment and MAT.
- Partnering with NICU facilities and their providers to establish care practices that follow established standards of care for newborns with NAS, while encouraging non pharmacologic treatment, parent involvement, rooming-in, and protocols to decrease the severity of symptoms and improve outcomes.
- Focusing on non-opioid pain management. Anthem addresses chronic pain through a holistic and integrated approach to care and services. Anthem supports coverage of pain relief drugs and non-drug treatments, according to best clinical practice guidelines and scientific evidence, including the CDC Guideline. There are many non-opioid approaches to pain relief that Anthem covers, including coverage for non-steroidal inflammatory drugs, skeletal muscle relaxants, benzodiazepines, anti-seizure medications, and systemic corticosteroids. Anthem also covers transcutaneous electrical nerve stimulation, percutaneous electrical nerve stimulation, bracing, traction, taping and in some plans covers massage, spinal manipulation and acupuncture.

Deterrence from Opioid Waste, Fraud, and Abuse:

- Anthem has a range of strategies to identify and address instances of opioid waste, fraud, and abuse, as well as diversion including: monitoring of claims for potential fraudulent or abusive behavior; data mining for top prescribers; review of pharmacies when identified for high volume dispensing of controlled substances; and monitoring cases of potential “doctor shopping”.

REMAINING CHALLENGES FACING THE HEALTH CARE SYSTEM:

- There are an inadequate number of qualified substance use treatment providers and licensed health care professionals trained to support individuals with substance use disorders.
- Due to a lack of accessible pain medicine specialists, non-specialists and primary care providers are left to manage some patients with complex chronic pain and painful conditions.
- There is a need for increased access to Naloxone to reduce overdose mortality.
- Greater resources need to be dedicated to research, understanding opioid misuse, substance use disorders, and the establishment of evidence-based treatment guidelines for NAS.
- 42 CFR Part 2 should be aligned with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of health care treatment, payment, and operations. Having all of the information necessary for safe, effective, high-quality treatment and care coordination is vital.
- Health plans should be granted access to Prescription Drug Monitoring Programs (PDMP). Increased information, with appropriate privacy protections, supports the provision of holistic and integrated care.

¹. “Drug Overdose Death Data.” Centers for Disease Control and Prevention, 16 Dec, 2016: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Accessed 6 Sept. 2017.

². “Drug Overdose Deaths in the United States, 1999–2015”, Center for Disease Control and Prevention, 24 Feb. 2017. <https://www.cdc.gov/nchs/products/databriefs/db273.htm>. Accessed 6 Sept. 2017.

³. Stephen W. Patrick, MD, MPH, MS; Robert E. Schumacher, MD; Brian D. Benneyworth, MD, MS; et al. “Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009.” JAMA. 2012; 307(18):1934-40.

⁴. Patrick SW, Davis MM, Lehmann CU, et al. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatol. 2015 Aug; 35(8):650-5.