

IWP

The Patient Advocate Pharmacy®

THE WAR ON OPIOIDS

The Centers for Disease Control and Prevention (CDC) reports that

115
Americans
die every day from an opioid overdose.

Of the
63,632
drug overdose

deaths
in 2016,
66%
of them involved
an opioid.

The number of overdose deaths involving an opioid in

2016
is
5X higher
than in
1999ⁱ.

The opioid epidemic is big, bad, and ugly. It has dominated news cycles and investigative reporting. It has been the talk of presidential campaigns and the focus of state legislatures. The epidemic has become so pervasive it's spurred a new war in America:

THE WAR ON OPIOIDS.

Much like any war, it must be fought on many battlefields. The federal government, state governments, attorneys general, and health care providers are all involved in developing and implementing tactics to help curb the epidemic and address this public health crisis. Whether it be opioid prescribing guidelines or class action lawsuits against drug manufacturers, there are numerous approaches being

utilized to address the opioid epidemic.

The federal government is not immune from the opioid epidemic that is sweeping the nation. While states work hard to help their citizens, the federal government has been exploring how best for them to step into the battle. Over the last few years, legislation has been introduced in the U.S. House of Representatives and U.S. Senate

that would provide financial grants to states to expand their addiction treatment services and the use of the Prescription Drug Monitoring Programs (PDMP).

In addition, bills have explored authorizing the Food and Drug Administration (FDA) to require special safety packaging for opioids and instituting a national fill limit. Moreover, the Drug Enforcement Administration (DEA) has been doing their part in the war by proposing significant opioid manufacturing reductions over the last few years. Reducing production is the DEA's response to the number of opioids being diverted for misuse. Reducing limits encourages vigilance from manufacturers about how their drugs are used and where they go.



Straight to the Source

Similar to the tobacco lawsuits of the 1990s, attorneys general across the country, and representatives of municipalities, have filed lawsuits against opioid manufacturers. The lawsuits generally target Purdue Pharma, the pharmaceutical company responsible for the creation of OxyContin. The lawsuits all make similar arguments, that the pharmaceutical companies' actions and deceptive marketing practices created the opioid epidemic and showed a reckless disregard for the health and wellbeing of their citizens. The pharmaceutical companies spent millions on marketing the benefits of opioid medication but downplayed the risk of addiction associated with the drug

and hid information about how their product could not provide the results they advertised.

Many of the lawsuits seek to receive compensation for the loss of the quality of life and the first responder and medical expenses associated with the opioid addictionⁱⁱ. And although the lawsuits have drawn even more attention and scrutiny of the pharmaceutical companies and their marketing practices, the result of the lawsuits won't necessarily be a decrease in opioid abuse. Rather, the lawsuits attempt to change the actions of the pharmaceutical companies with the hopes of stopping the epidemic from growing and providing a source of revenue to states and municipalities to cover the significant costs associated with fighting the opioid epidemic.

State Legislators are Fighting Back

State legislatures continue to be heavily involved in the opioid epidemic. From New Hampshire to California, opioid legislation has been present in nearly every legislature over the last few years. While all states seem to agree something must be done about the opioid epidemic, state approaches are unique and varied.



**FINANCIAL GRANTS
& FUNDING**



**CONTINUING
EDUCATION**



**BEST
PRACTICES**



**DRUG
FORMULARIES**



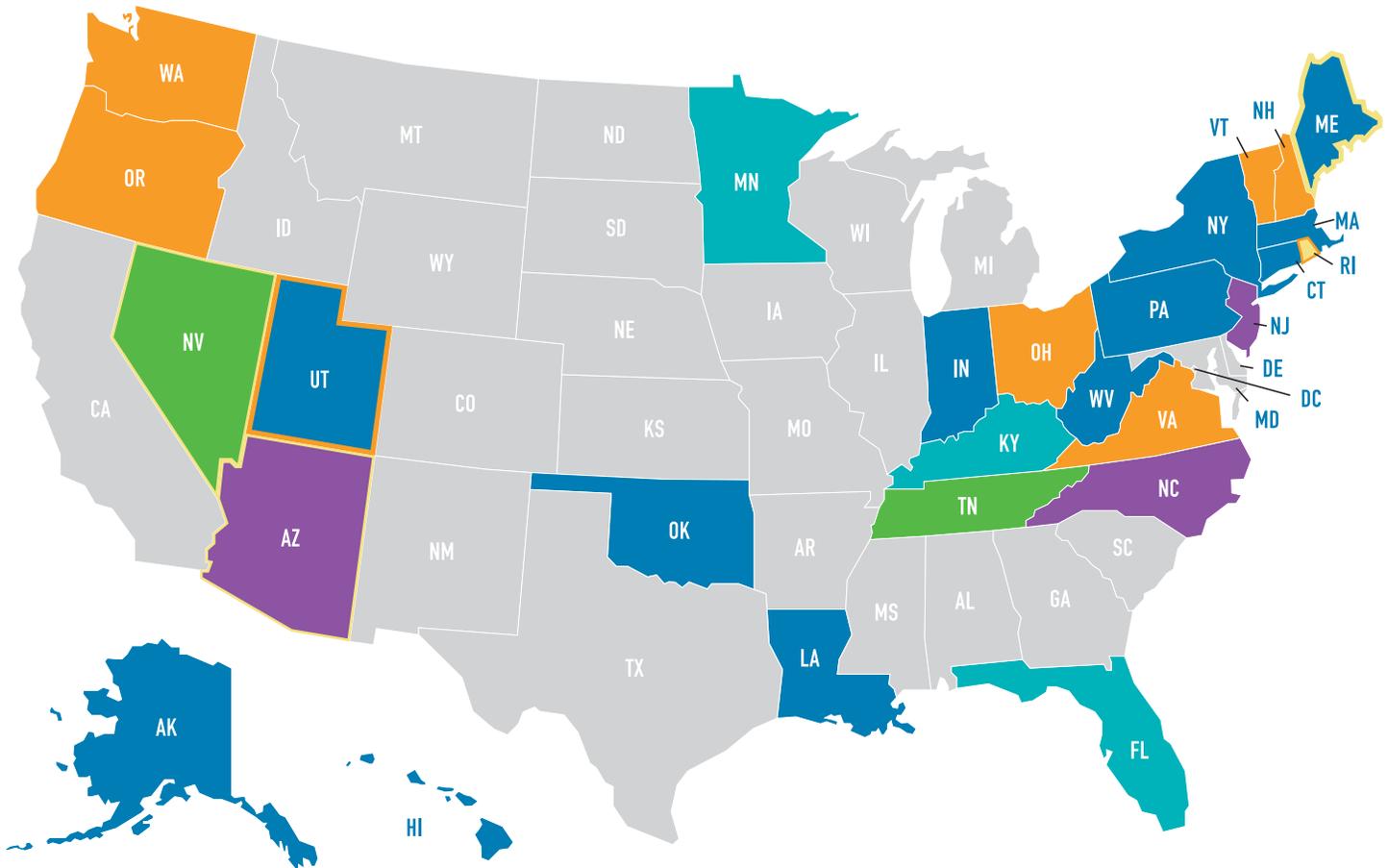
**PRESCRIBING
GUIDELINES**



**FILL
LIMITS**

New England was one of the first regions to tackle the opioid epidemic through comprehensive legislation. Initial fill limits started in the northeast corridor, with New York, New Jersey, and Massachusetts. Initial fill limits help reduce the overprescribing of opioids for the treatment of acute pain. By limiting an initial prescription of an opioid to a 3 or 7-day supply and requiring physicians to see the patient again, prescribers must now properly assess the patient's needs before issuing another opioid prescription, thus reducing the number of unused opioids in circulation.

Opioid Prescription Limits By Stateⁱⁱⁱ



- Statutory Limit: 14 Days
- Statutory Limit: 7 Days
- Statutory Limit: 5 Days
- Statutory Limit: 3-4 Days
- Statutory Limit: Morphine Milligram Equivalents (MME)
- Direction or authorization to other entity to set limits or guidelines
- No Limits



States across the country have explored responses to the opioid epidemic, and while no two reform packages are alike, some states have seen success.

New Hampshire, a state that has the second highest rate of opioid related overdose deaths in the country^{iv}, established a joint task force to address the state's opioid epidemic in 2015.

The task force made numerous recommendations to the legislature, many of which have been passed into law, including opioid prescribing rules for physicians and a requirement that insurance companies cover at least two out patient treatments for substance abuse.

Governor Charlie Baker of **Massachusetts** led the state's opioid efforts, introducing comprehensive opioid legislation in 2015 and 2017. The new laws tackle the opioid epidemic through a variety of avenues including mandatory electronic prescribing by 2020, establishing best practices for the prescribing of opioids by dental and medical offices, and required counseling between a patient and the prescriber regarding the known risks associated with an opioid and the right of the patient to fill the prescription in a lesser amount.

Since Governor Baker's introduction of opioid legislation in 2015, Massachusetts has seen a 10% decline in opioid related deaths in the first three quarters of 2017^v.



Pennsylvania legislators attempted to push a workers' comp drug formulary as part of an opioid epidemic response. The legislation argued that a formulary was necessary to effectively limit the abuse and diversion of opioids. By establishing a formulary, the state would list opioid as "N" drugs, or those that should not be used as a first-line of defense, forcing prescribers to consider other treatment options and only use opioids when necessary.

Governor Tom Wolfe vetoed the legislation, arguing a formulary was about more than opioids and instead developed eleven new prescribing guidelines for the use of opioids in treating a variety of ailments, including non-cancer pain, dental work, and anxiety^{vi}.



In mid-2018, the Arizona legislature passed the **Arizona Opioid Epidemic Act**, a comprehensive piece of legislation that targeted opioid abuse and diversion through several avenues. Not only did the bill establish a 5-day initial fill limit for opioid prescriptions, but it limited opioid dosages to 90 morphine milligram equivalents (MME) per day. It also prohibits providers from dispensing opioids directly to patients and requires pharmacies to check the PDMP before dispensing an opioid prescription.



Florida's battle with opioids started several years ago with the influx of "pill mills" that spread quickly through the state. As the state and federal government cracked down on the pill mills, where Florida providers were prescribing ten times more oxycodone than all other states combined, the state also had to tackle the opioid epidemic that was ravaging communities. During the 2018 session, the Florida legislature quickly passed **HB 21** to combat opioid abuse in the state. Going beyond fill limits, the law requires prescribers and pharmacies to verify the identity of individuals picking up prescriptions, mandates PDMP reporting for all prescribers, and establishes continuing education requirements related to opioids for all licensed prescribers in the state.



In 2017, Governor Roy Cooper signed the **Strengthen Opioid Misuse Prevention (STOP) Act** into law. The STOP Act attempted to limit and prevent opioid abuse and diversion, prevent doctor shopping, and encourage use of tools to help prevent inappropriate prescribing. Under the law initial Schedule II or Schedule III opioid prescriptions for acute pain are limited to a five day supply, requires pharmacies to report dispensing of opioids to the state PDMP by the next business day, mandates electronic prescribing by 2020, and requires prescribers to consult the state's PDMP prior to prescribing a Schedule II or Schedule III opioid or narcotic.

A Comprehensive Approach for the Future

The opioid epidemic took nearly two decades to spread across the country and now, in the course of just a few years, state and federal government are working hard to control and reduce the epidemic. While many states have seen success with their opioid reforms, it remains unclear which of the current approaches will be most successful. However, what we do know is that there is not one answer to the opioid epidemic, rather, a comprehensive approach that tackles the epidemic from all angles.



As governments continue to study and respond to the opioid epidemic we will continue to see legislation involving fill and dosage limits, mandatory reporting and checking of the PDMP, and increased education for prescribers and dispensers pop up across the country. As we continue to see success and failure in states, legislative efforts will continue to evolve and develop as we strive to win -

THE WAR ON OPIOIDS.

Injured Workers Pharmacy (IWP)

IWP is a national workers' compensation home delivery pharmacy. We advocate on behalf of injured workers so that their prescription benefits are never denied or delayed. Our Pharmacy staff is trained on state-specific workers' comp nuances and work closely with the prescriber and patient to offer clinical counseling and medication management.

Let's Connect!



IWP (Injured Workers Pharmacy)



Injured Workers Pharmacy



@IWPharmacy



info.iwpharmacy.com

IWP

The Patient Advocate Pharmacy[®]

SOURCES

- i. <https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>
- ii. <https://www.npr.org/2018/08/18/639822878/the-role-of-lawsuits-in-addressing-the-opioid-crisis>
- iii. <http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx>
- iv. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/new-hampshire-opioid-summary>
- v. <https://www.mass.gov/lists/current-opioid-statistics#updated-data-q2-2018-as-of-august-2018>
- vi. <https://www.pa.gov/guides/opioid-epidemic>

To learn more about IWP, visit our website at
www.IWPharmacy.com or call 888-321-7945