W5: MEDICATION TRENDS IN WORKERS’ COMPENSATION

PRESENTERS

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Optum, Workers’ Compensation and Auto No Fault

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LEARNING OBJECTIVES

• Identify key differences between workers’ compensation and group health
• Review several of the medical management challenges facing workers’ compensation
• Describe the opioid analgesic misuse epidemic in the U.S. today
• Explain some of the workers’ compensation industry issues
• Understand the medication trends in workers’ compensation
• Review intervention programs leading to better outcomes

GROUP HEALTH VS. WORKERS’ COMPENSATION

<table>
<thead>
<tr>
<th>Health Care Spending</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>~$3 Trillion</td>
<td>~$3 Billion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Structure</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined benefit plan</td>
<td>Unused benefit plan</td>
<td></td>
</tr>
<tr>
<td>Varying levels of coverage</td>
<td>100% medical cost coverage</td>
<td></td>
</tr>
<tr>
<td>Eligibility determined prospectively</td>
<td>Eligibility determined retrospectively</td>
<td></td>
</tr>
<tr>
<td>Closed network</td>
<td>Open network</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Focus</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily medical issues</td>
<td>Primarily physical injuries</td>
<td></td>
</tr>
<tr>
<td>Chronic disease</td>
<td>Pain management</td>
<td></td>
</tr>
<tr>
<td>End of life care</td>
<td>Appropriate use of opioid analgesics</td>
<td></td>
</tr>
<tr>
<td>Health and wellness</td>
<td>Return claimant to work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opioid Analgesic Spend</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>~3-5% of total drug spend</td>
<td>35% of total drug spend</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare reform</td>
<td>Opioid analgesic use and diversion</td>
<td></td>
</tr>
<tr>
<td>Mandated benefits</td>
<td>Limited ability to direct care</td>
<td></td>
</tr>
<tr>
<td>Administrative efficiency</td>
<td>Increasing severity of injuries</td>
<td></td>
</tr>
<tr>
<td>Utilization management</td>
<td>Network/utilization management</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulatory Dynamics</th>
<th>Group Health</th>
<th>Workers’ Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavily influenced by federal government</td>
<td>State-based legislation</td>
<td></td>
</tr>
<tr>
<td>Subject to uncertainty due to healthcare reform</td>
<td>Insulated from federal changes/budgetary issues</td>
<td></td>
</tr>
</tbody>
</table>
JANE’S STORY

• In 1979, Jane, a 23-year-old female, hurt her back due to a fall at work
• She was diagnosed with failed back with bilateral legs
• Now 66-years-old, she has not worked since the accident, 37 years ago
• Throughout her plan of care she was prescribed
  – Oxycodone ER (OxyContin©) and oxycodone IR
  – Sertraline
  – Daily morphine equivalent dose (MED) of 555 mg
JANE’S CHALLENGES

- Beers List
- Long-term opioid analgesic use
- High Morphine Equivalent Dose (MED) level
- Inability/uncooperative to taper

GLENN’S STORY

- At the age of 35, Glenn suffered a head contusion and cervical and back strain in an industrial accident
- Now 52 and never out of work from the accident, he remains under treatment for his injuries
- Throughout his plan of care he was prescribed
  - Methadone (Methadose™): [MED:840mg]
  - Hydrocodone/APAP
  - Zolpidem
  - Methylphenidate
GLENN’S CHALLENGES

• Long-term claim
• Workplace challenges

ANNE’S STORY

• In March of 2016, Anne, a 57-year-old delivery driver, injured her back while lifting a heavy package
• Diagnosed with a pinched nerve due to a herniated intervertebral disc
• She reported that she uses recreational marijuana
• Throughout her plan of care she was prescribed
  – Tramadol (Ultram®), Diazepam, Tizanidine HCL
  – Lunesta®
  – Senna
  – Naloxone
**ANNE’S CHALLENGES**

- Higher risk for opioid-induced overdose
- Opioid-induced constipation
- Insomnia
- Marijuana use

**WORKERS’ COMPENSATION CLINICAL CHALLENGES**
WORKERS’ COMPENSATION CLINICAL CHALLENGES

Opioid Analgesic Epidemic
Tolerance/Dependence/Addiction/Pseudoaddiction
Tapering
Morphine Equivalent Dose (MED)
Aging Workforce/Claimants
Comorbid conditions

OPIOID ANALGESIC EPIDEMIC

• Major contributor to morbidity and mortality in the U.S. – classified as an epidemic
• $635 billion in annual costs for medical treatment and lost productivity
• 80% of all the opioid analgesics dispensed in the world are dispensed in the U.S. (4.6% of the population)
• 99% of all the hydrocodone dispensed in the world is dispensed in the U.S.
• Center for Disease Control (CDC) report on opioid analgesic deaths
  – In 2014, overdose deaths from all opioids increased by 14%
  – Deaths from prescription opioids up 9%

Source: National Vital Statistics System, Mortality File
Chart courtesy of the CDC; http://www.cdc.gov/mmwr, Dec 2015
Source: www.nih.gov
OPIOID ANALGESIC EPIDEMIC

Drug Overdose Deaths Involving Opioids

![Chart showing drug overdose deaths involving opioids over time](source: National Vital Statistics System, Mortality File; Chart courtesy of the CDC; http://www.cdc.gov/mmwr, Dec 2015)

MOST-FREQUENTLY PRESCRIBED MEDICATIONS

<table>
<thead>
<tr>
<th>Rank</th>
<th>Total Spend</th>
<th>Common Brand Name</th>
<th>Generic Name</th>
<th>Therapeutic Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7.1%</td>
<td>Lyrica® capsule</td>
<td>Not available</td>
<td>Anticonvulsants</td>
</tr>
<tr>
<td>2</td>
<td>6.9%</td>
<td>OxyContin® tablet</td>
<td>Oxycodone ER</td>
<td>Opioid analgesics</td>
</tr>
<tr>
<td>3</td>
<td>5.8%</td>
<td>Percocet® tablet</td>
<td>Oxycodone-acetaminophen</td>
<td>Opioid analgesics</td>
</tr>
<tr>
<td>4</td>
<td>3.6%</td>
<td>Vicodin®, Norco tablet</td>
<td>Hydrocodone-acetaminophen</td>
<td>Opioid analgesics</td>
</tr>
<tr>
<td>5</td>
<td>3.4%</td>
<td>Cymbalta® capsule</td>
<td>Duloxetine</td>
<td>Antidepressants</td>
</tr>
<tr>
<td>6</td>
<td>3.2%</td>
<td>Lidoderm® patch</td>
<td>Lidocaine</td>
<td>Dermatological</td>
</tr>
<tr>
<td>7</td>
<td>3.1%</td>
<td>Celebrex® capsule</td>
<td>Celecoxib</td>
<td>Anti-inflammatories</td>
</tr>
<tr>
<td>8</td>
<td>2.2%</td>
<td>Duragesic® patch</td>
<td>Fentanyl</td>
<td>Opioid analgesics</td>
</tr>
<tr>
<td>9</td>
<td>2.1%</td>
<td>Roxicodone® tablet</td>
<td>Oxycodone</td>
<td>Opioid analgesics</td>
</tr>
<tr>
<td>10</td>
<td>2.0%</td>
<td>Neurontin® tablet</td>
<td>Gabapentin</td>
<td>Anticonvulsants</td>
</tr>
</tbody>
</table>
TOLERANCE/DEPENDENCE/ADDICTION/PSEUDOADDICTION

Tolerance
A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time.

Pseudoaddiction
Patient behaviors that may occur when pain is inappropriately managed.

Physical Dependence
A state of adaptation that is manifested by a drug class-specific abstinence syndrome following abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

Addiction
A primary, chronic, neurobiologic disease, with genetic, psychosocial and environmental factors influencing its development and manifestations. Impaired control over drug use, compulsive use, continued use despite harm and craving.

TAPERING CHALLENGES

- Patient “ownership”
- Duration of use and dose
- Past medical history/comorbid conditions
- Clinically appropriate taper
- Weeks to months
- Multiple medications to taper
- Physician support
- Symptom support
- Behavioral support
MORPHINE EQUIVALENT DOSE (MED)

- Relative potency of opioid analgesic medications
- Morphine is the “standard” for comparison: 1 mg of morphine = 1 MED
- 24-hour cumulative dose calculated: milligrams/day
- Comparison of opioid analgesic medication doses (“Level the playing field”)
- Evidence based guidelines
  - Official Disability Guidelines (ODG): 100 milligrams per day MED limits
  - State specific guidelines: MED limits vary
  - Centers for Disease Control
- Clinical study use

AGING WORKFORCE/CLAIMANTS
AVOID THE FOLLOWING MEDICATIONS IN THE PRESENCE OF DELIRIUM, DEMENTIA, COGNITIVE/MENTAL IMPAIRMENT, CONGESTIVE HEART FAILURE, A HISTORY OF FALLS OR FRACTURES, CHRONIC CONSTIPATION, INSOMNIA, SEIZURES AND URINARY INCONTINENCE.

- Benzodiazepines
- Tricyclic antidepressants
- Sedative hypnotics
- Selective serotonin reuptake inhibitors
- Mepipidine
- Oral decongestants
- Anticholinergics
- Stimulants
- H1-blockers
- Xanthisnes
- Zolpidem
- Caffeine
- Antipsychotics
- NSAIDs
- Non-benzodiazepine hypnotics
- COX-2 inhibitors

**AGING WORKFORCE/CLAIMANTS**

<table>
<thead>
<tr>
<th>Beers List Medication Category</th>
<th>Reason why they may be inappropriate for older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anticholinergics</strong> - treat allergies, hives, itching, eczema, nausea and vomiting.</td>
<td>May cause many side effects in older adults, including confusion, dry mouth, hallucinations, drowsiness, blurred vision, difficulty urinating and constipation.</td>
</tr>
<tr>
<td>Antihistamines:</td>
<td>May cause many side effects in older adults, including confusion, dry mouth, hallucinations, drowsiness, blurred vision, difficulty urinating and constipation.</td>
</tr>
<tr>
<td>Tertiary Tricyclic Antidepressants (TCAs), alone or in combination:</td>
<td>Potential side effects include: confusion, drowsiness, blurred vision, difficulty urinating, dry mouth and constipation in older adults. They can also cause a drop in blood pressure and dizziness when standing up.</td>
</tr>
<tr>
<td>All antipsychotic drugs:</td>
<td>May increase risks of confusion, sleepiness, blurred vision, difficulty urinating, dry mouth, constipation, stroke and death in people with dementia.</td>
</tr>
<tr>
<td>Benzodiazepines:</td>
<td>Older adults are especially sensitive to these medications. May increase risks of mental decline, delirium, falls, fractures and car accidents in older adults.</td>
</tr>
<tr>
<td>Nonbenzodiazepine hypnotics:</td>
<td>May not significantly improve sleep and cause many serious side effects, including confusion, falls and bone fractures.</td>
</tr>
<tr>
<td>Pain Medications - treat pain (acute and chronic) and inflammation, and muscle spasms.</td>
<td>Not very effective pain reliever and may cause seizures. Safer medications are available.</td>
</tr>
<tr>
<td>Meperidine (Demerol®, Meperitab®)</td>
<td>May cause confusion, hallucinations and other side effects. Safer medications are available.</td>
</tr>
<tr>
<td>Pentazocine (Talwin®, Talwin® NX)</td>
<td>May increase risk of confusion, sleepiness, dizziness, falls and bone fractures.</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory drugs (NSAIDs) - non-COX-2 selective:</td>
<td>May increase chance of stomach and intestinal bleeding in adults ≥ 75 years old and adults ≥ 65 years taking other medications that increase this risk, such as aspirin, warfarin and clopidogrel, and in patients taking other medications that increase this risk.</td>
</tr>
<tr>
<td>NSAIDs - non-COX-2 selective:</td>
<td>These NSAIDs are even more likely to increase chance of stomach and intestinal bleeding and ulcers or cause other harmful effects.</td>
</tr>
<tr>
<td>Skeletal muscle relaxants:</td>
<td>Questionable effectiveness and can cause side effects such as sleepiness and increase risk of bone fractures in older adults.</td>
</tr>
</tbody>
</table>
OPIOID ANALGESICS IMPACT ON THE BODY SYSTEMS

- Aging
- Obesity
- Depression
- Diabetes Mellitus
- Insomnia
- Hypertension
- Cardiovascular Disease and Stroke
- Tobacco Use
- Alcohol Use
- Osteoarthritis
- GERD/Pepitic Ulcer Disease
- Hyperlipidemia
WORKERS’ COMPENSATION
INDUSTRY CHALLENGES

Average Wholesale Price
Alternate Distribution
Government Affairs

Medical Marijuana
Workplace Challenges
AVERAGE WHOLESALE PRICE INFLATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Generic</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>6.2%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>2012</td>
<td>4.7%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2013</td>
<td>6.1%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>2014</td>
<td>7.8%</td>
<td>0.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2015</td>
<td>11.4%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>2016</td>
<td>10.5%</td>
<td>4.9%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

PHARMACY VS. PHYSICIAN NON-REPACKAGED DRUG PAYMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Pharmacy Nonrepackaged Total Payments</th>
<th>Physician Nonrepackaged Total Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$120,171,750</td>
<td>$4,494,377</td>
</tr>
<tr>
<td>2011</td>
<td>$124,269,995</td>
<td>$6,425,850</td>
</tr>
<tr>
<td>2012</td>
<td>$123,828,322</td>
<td>$12,071,919</td>
</tr>
<tr>
<td>2013</td>
<td>$127,495,455</td>
<td>$32,770,669</td>
</tr>
<tr>
<td>2014</td>
<td>$133,757,774</td>
<td>$47,364,562</td>
</tr>
</tbody>
</table>

Source: 2015 Florida Division of Workers' Compensation Results and Accomplishment Report
WORKERS’ COMPENSATION COMPOUNDED MEDICATION PROVISIONS

* Additional state regulatory/statutory language regarding billing and reimbursement for compounded medications (including doctor dispensed compounded medications)

Data – Reflects published statutes/regulations/fee schedules related to workers’ compensation compounded medication billing/reimbursement

Current as of July 2016

REGULATORY AND LEGISLATIVE AFFAIRS

• Pharmacy fee schedule
• Opioid analgesics
• Workers’ Compensation Medicare Set Asides (WCMSAs)
• Official Disability Guidelines (ODG) chronic pain and opioid treatment guidelines
• Formularies
• Medical Treatment Utilization Schedule (MTUS)
• Medical marijuana
• Compounded medications
MEDICAL MARIJUANA


WORKPLACE CHALLENGES

• Safety
• Policies
• Drug-free workplace
• Drug testing
• Employer and employee education
• Employee assistance programs
CASE STUDIES – IMPACT OF INTERVENTION

JANE
- A tapering plan was initiated for her pain medications
- Pain medications were reduced to Oxycodone/APAP [60 mg MED]

GLENN
- Long-term treatment plan was managed by a multidisciplinary team
- Pain medications were reduced to: Hydrocodone/APAP [60 mg MED]

ANNE
- Medication treatment was managed with a urine drug monitoring program
- Pain medications were reduced to: Tramadol 50mg [20mg MED]
INTERVENTIONS: JANE

• Medication review
• Pharmacist counseling
• Tapering plan
• Physician support
• Case management follow up

INTERVENTIONS: GLENN

• Medication review
• Direction of care (physician unwilling to reconsider therapy)
• Peer-to-peer discussion
• Tapering plan
• Case management follow up
INTERVENTIONS: ANNE

• Urine drug screening
• Peer-to-peer review
• Physical therapy
• Tapering plan
• Case management follow up

SUMMARY

• Multiple medical challenges facing the industry
  ‒ Medical and recreational marijuana
  ‒ Opioid analgesic use and misuse
  ‒ Polypharmacy especially in the older worker
  ‒ Comorbid disease states
• Legislative and governmental influences
• Inflationary pressures on cost containment
• Need for multi-pronged approach
• Educational considerations
THANK YOU
QUESTIONS?