Nothing Compares
NORTH CAROLINA

June 17, 2016

Department of Health and Human Services

Prescription Drug Abuse Advisory Committee

Second Meeting

Welcome and Introductions of Attendees

Sharon Rhyne, Acting Chief, Chronic Disease and Injury Section Chief
NC Division of Public Health

Flo Stein, Deputy Director, Community Policy Management Section
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Please share with us…

- Your name
- Your organization/affiliation

Meeting Goals

- **Learn** about, **explore**, and **clarify** topics related to the prevention, intervention, and treatment of opioid drug overdose and addiction
- **Finalize** and **share** Workgroup Action Plans based on the *NC Strategic Plan to Reduce Prescription Drug Abuse*

Learn, Explore, and Clarify

- **John Stancil**, Division of Medical Assistance: Medicaid Lock-in Program
- **Joe Prater**, Department of Public Safety: Community Corrections, Offender Reentry Programs, and Prisons/Jails
- **Anna Stein**, Division of Public Health: State Standing Order for Naloxone – Pharmacy dispensing; and,
- **Eva Bland**, UNC Injury Prevention Research Center: NaloxoneSaves.org

- Questions and Discussion at end

John Stancil, NC Division of Medical Assistance

NC Medicaid Combating Prescription Drug Abuse: The Payer's Role

U.S. death rate goes up in 2015

- U.S. mortality rate grew in 2015 in part by:
  - Alzheimer's
  - Strokes
  - Drug Overdoses
- Age adjusted death up per 100,000
  - 729.5 in 2015
  - 723.2 in 2014
- Drug overdose death rate
  - 14.1 in 2014
  - 15.2 in 2015

America's opioid crisis

- Prescription opioid sales
  - Since 1999, sales quadrupled
  - Despite no proliferation in amount of reported pain
- 259 million prescriptions written in 2012
- Tennessee Medicaid study
  - Patients using opioids are at 64% higher risk of dying within six months of treatment
- Drug overdoses
  - Rate of overdoses has quadrupled since 1999
  - Nearly 500,000 deaths from 2000 through 2014 due to prescription opioids
  - 165,000 deaths caused by prescription opioids in 2014
  - 78 Americans die every day from opioid overdose

America's opioid crisis

- Hopkins survey
  - 57% of those prescribed pain medication either still have or expect to have leftovers
  - More than 60% were no longer using pain medication with half of those planning to hold on to the medication for future use
- 1 of 3 opioid prescriptions is being abused/misused.
  - 69% obtained from family/friends (82% from one prescriber)
  - 20% obtained from one prescriber
- 1 in 5 people who use opioids for non-medical reasons will try heroin in the next 10 years
- People addicted to opioids are 40 times more likely to become addicted to heroin

North Carolina's opioid crisis

- Opioid and heroin deaths in NC
  - More than 1,000 opioid and heroin related deaths each year
  - 1 of 4 autopsies indicate drug overdose
- Dispensing rate
  - 91,000 opioid prescriptions per 100,000 NC residents
- Hospitals and opioid overdoses
  - 20,000 ER visits each year in NC
- More deaths from drug overdose than firearms or car accidents
- 1 in 4 families in the U.S. is somehow affected by this epidemic

Medicaid strategies to reduce opioid abuse

- Prospective and retrospective drug utilization review
- Clinical coverage criteria and prior authorization program
- Prescription and/or quantity limits
- Refill Thresholds
- Preferred Drug List
- Lock-in program

NC Medicaid Preferred Drug List

NARCOTIC ANALGESICS	
Long Acting	
Clinical criteria apply	
Preferred	Non-Preferred
Butrans® Patch	Avinza® Capsule
Embeda® ER Capsule	Duragesic® Patch
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	Exalgo® Tablet
Kadian® Capsule	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages)
morphine sulfate ER tablet (generic for MS Contin®)	hydromorphone ER tablet (generic for Exalgo®)
OxyContin® Tablet	Hysingla® ER Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	Nucynta® ER Tablet
	Opana® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet (generic for old formulation of Opana® ER)
	Xartemis® XR Tablet
	Zohydro® Capsule

- Effective 11/1/15
- NC PDL Panel approved two opioids with abuse deterrent properties
- FDA on opioids with abuse-deterrent properties
  - Cites the development as a potentially important step in the fight on opioid abuse

Prescription opioid abuse prevention

"Since 2010 our agency has seen a remarkable decrease in the diversion and seizure of OxyContin products involving street sales. There were no seizures by the SBI in 2014, 2015 or to date in 2016. When involved in undercover purchases of pharmaceutical controlled substances, you cannot give OxyContin away. Abusers and addicts do not want it due to the reformulation and their inability to design a measure to defeat the tamper resistant mechanism."

Judy S. Billings
Special Agent in Charge
North Carolina State Bureau of Investigation
Diversion and Environmental Crimes Unit

NC Medicaid Preferred Drug List

OPIOID ANTAGONIST	
Preferred	Non-Preferred
naloxone ampule / syringe / vial (generic for Narcan®)	**Evzio® Auto-Injector**
naltrexone (oral)	Vivitrol®
Narcan® Nasal Spray	

- Effective 4/1/16
- Narcan nasal spray was approved for preferred status on the PDL
  - Able to provide naloxone to 24,010 beneficiaries
  - Cheaper than Evzio
- NC Medicaid projected to spend $3.3 million on naloxone annually
- Narcan nasal spray treats 25 beneficiaries to Evzio's 1

N.C. SL 2015-241, 12F.16 Medicaid lock-in program

The Division of Medical Assistance of the Department of Health and Human Services (DMA) shall take the following steps to improve the effectiveness and efficiency of the Medicaid lock-in program:

(1) Establish written procedures for the operation of the lock-in program, including specifying the responsibilities of DMA and the program contractor.

(2) Establish procedures for the sharing of bulk data with the Controlled Substances Regulatory Branch.

(3) In consultation with the Physicians Advisory Group, **extend lock-in duration to two years and revise program eligibility criteria to align the program with the statewide strategic goals for preventing prescription drug abuse**. DMA shall report an estimate of the cost-savings from the revisions to the eligibility criteria to the Joint Legislative Program Evaluation Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services within one year of the lock-in program again becoming operational.

N.C. SL 2015-241, 12F.16 Medicaid lock-in program

The Division of Medical Assistance of the Department of Health and Human Services (DMA) shall take the following steps to improve the effectiveness and efficiency of the Medicaid lock-in program:

(4) Develop a Web site and communication materials to inform lock-in enrollees, prescribers, pharmacists, and emergency room health care providers about the program.

(5) Increase program capacity to ensure that all individuals who meet program criteria are locked in.

(6) Conduct an audit of the lock-in program within six months after the effective date of this act in order to evaluate the effectiveness of program restrictions in preventing overutilization of controlled substances, identify any program vulnerabilities, and address whether there is evidence of any fraud or abuse within the program.

Criteria for inclusion in the Medicaid lock-in program

NC Medicaid beneficiaries will be locked-in to one prescriber and one pharmacy for controlled substances categorized as opiates or benzodiazepines and certain anxiolytics if one or more of the following criteria are met:

1. Beneficiaries who have at least ONE of the following:
   a) Benzodiazepines and certain anxiolytics: > 6 claims in 2 consecutive months
   b) Opiates: > 6 claims in 2 consecutive months.
2. Receiving prescriptions for opiates and/or benzodiazepines and certain anxiolytics from > 3 prescribers in 2 consecutive months.
3. Referral from a provider, DMA or CCNC

NC Medicaid – upcoming initiatives

- Align pharmacy policy and clinical coverage criteria with CDC Guidelines for Prescribing Opioids for Chronic Pain
- Recommend Morphine Milligram Equivalent reduction
  - Reduce to 50 to 90 mg per day
- Recommend daily dose limits for short- and long-acting opioids
- Recommend prescription limits for opioid prescriptions
- Recommend quantity limits on short-acting opioids
  - 10 day maximum
- Recommend increasing refill threshold for opioids to 85%

Joe Prater, NC Department of Public Safety
Division of Adult Correction and Juvenile Justice

The new day

S.L. 2015-241, Sec. 12F.10
JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH

- "...The Joint Oversight Committee on Health and Human Services and Oversight Committee on Justice and Public Safety shall study the intersection of justice and public safety and behavioral health…"
- "…shall meet to study the impact of the Justice Reinvestment Act on the State's behavioral health system …"
- Due to overlap and time constraints, the committee deferred to the Governor's Task Force on Mental Health and Substance Use

SO What's new?

- ✓ Justice Reinvestment
  - ✓ Enacted in NC in 2011; one of first states to enact
  - ✓ Intended to:
    - ✓ Reduce recidivism ("revolving door")
    - ✓ Increase public safety
    - ✓ Lower corrections costs
  - – …through data-driven approach designed to reinvest in strategies that make communities safer

    - ➢ Transforms probation supervision
    - ➢ **Reinvents treatment and rehabilitation delivery**
    - ➢ Reserves prison space for the most serious offenders
    - ➢ Supervises offenders released from prison with greater emphasis on reentry/transition

SO What's new?

- ✓ Re-missioning
  - ✓ Made possible by JR
  - ✓ Move away from "cookie-cutter," based solely on custody levels, to "strategically-designed" facilities to meet specific inmate population needs and public safety needs, based on societal demands and supported by evidence-based practices.
    - ✓ Mental health/behavioral health
    - ✓ Restrictive housing (segregation)
    - ✓ Reentry/transition
    - ✓ Palliative/long term care
    - ✓ Youthful offenders
    - ✓ Other mission-specific facilities

- = Substantial culture change from "**control**" to evidence-based practices with results

The bottom lines

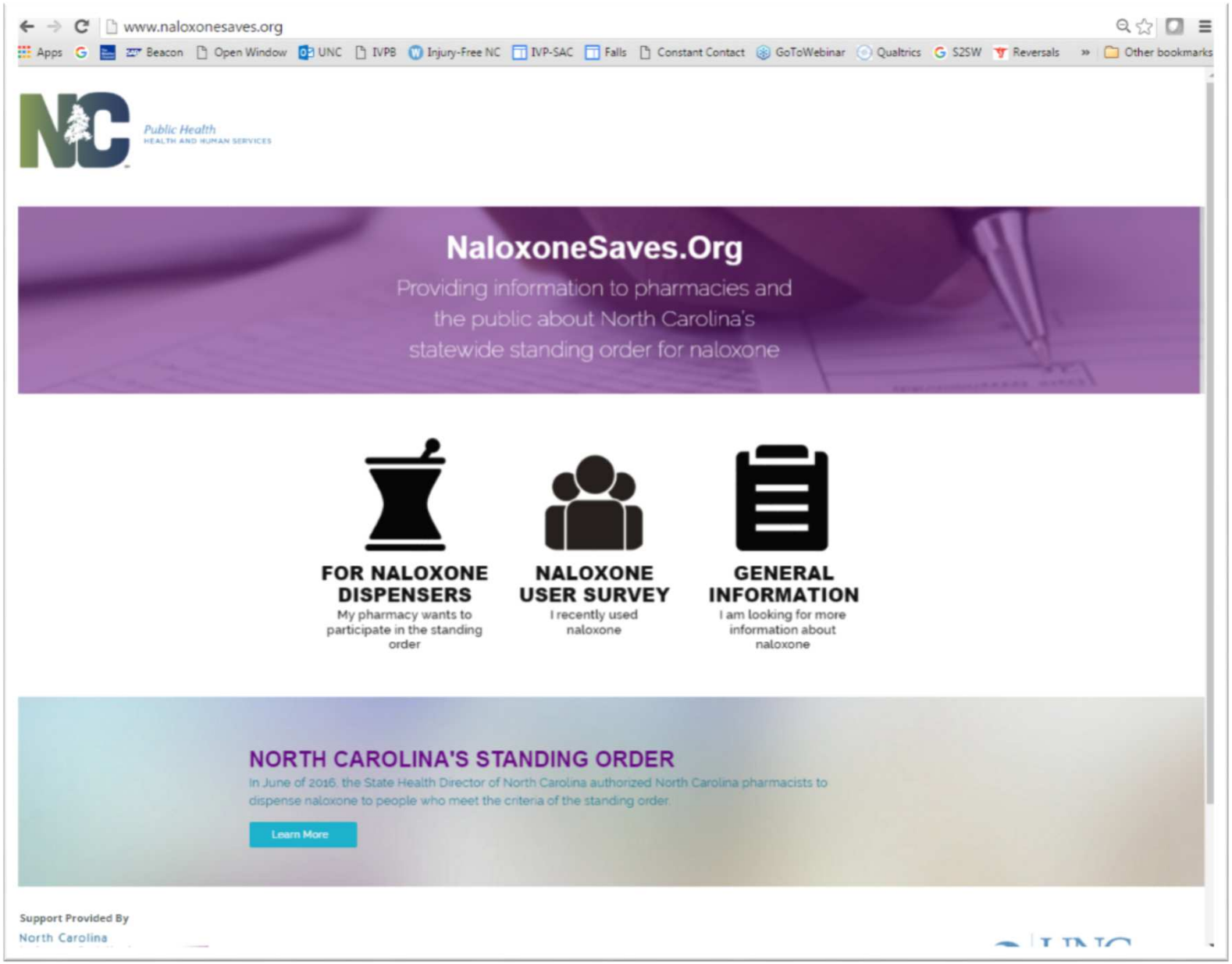
1. 180%
2. $800M
3. 137%
4. 4,000
5. $114M
6. $560M
7. 9.6%
8. 50%
9. $164M

How'd we get where we are and why?

1. Laundry detergent
2. Structured Sentencing
3. Justice Reinvestment
4. Music and Dance
5. 95%
6. The Fram Oil Filter Man

Anna Stein, Division of Public Health
Eva Bland, UNC Injury Prevention Research Center

NC Statewide Standing Order for Naloxone – Pharmacy Dispensing
NaloxoneSaves.org


www.naloxonesaves.org
Apps
Beacon
Open Window
UNC
IVPB
Injury-Free NC
IVP-SAC
Falls
Constant Contact
GoToWebinar
Qualtrics
S2SW
Reversals
Other bookmarks
Public Health
HEALTH AND HUMAN SERVICES
NaloxoneSaves.Org
Providing information to pharmacies and the public about North Carolina's statewide standing order for naloxone
FOR NALOXONE DISPENSERS
My pharmacy wants to participate in the standing order
NALOXONE USER SURVEY
I recently used naloxone
GENERAL INFORMATION
I am looking for more information about naloxone
NORTH CAROLINA'S STANDING ORDER
In June of 2016, the State Health Director of North Carolina authorized North Carolina pharmacists to dispense naloxone to people who meet the criteria of the standing order.
Learn More
Support Provided By
North Carolina

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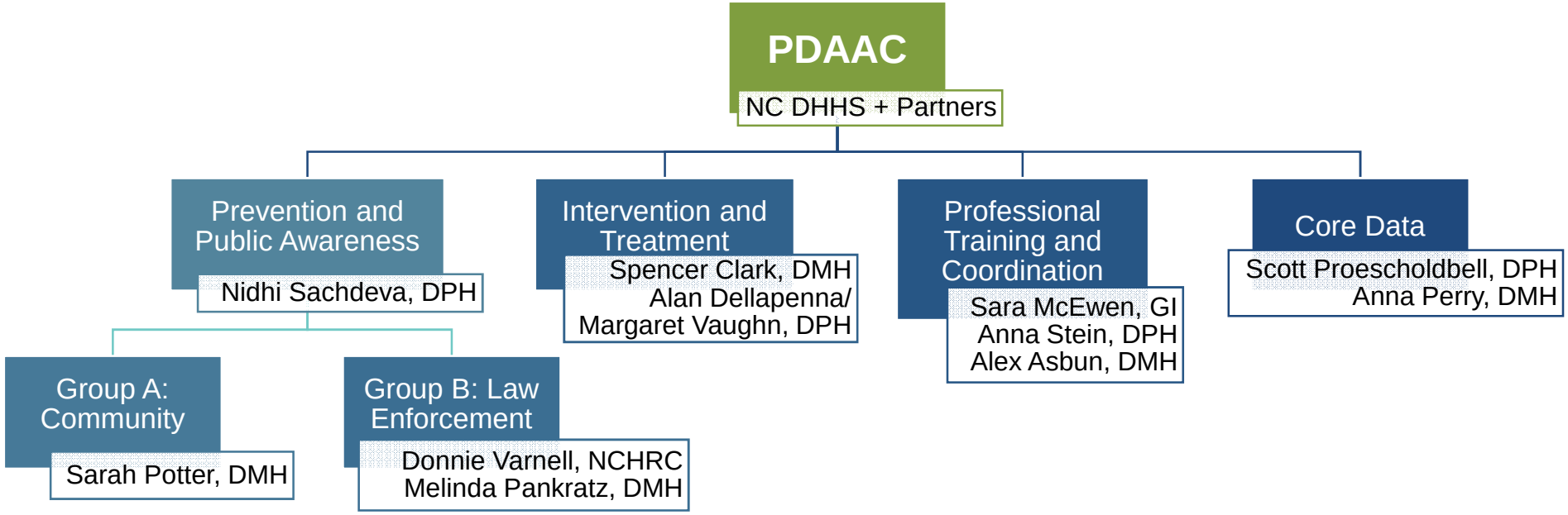
WORKGROUPS: Plan for Breakouts

PDAAC Structure and Staff Support



Today's Tasks

- **(Re)introduce** yourself, **reconnect, welcome** new members
- **Designate** note taker
- Quick **review** of current status and progress to date
- **FINALIZE Action Plans for Implementation!**
- **Prepare** 5 minute summary of Action Strategies and Timeline to share

Brief (5 minutes) Summary Presentations

- Topics you ***might*** include:
  - Brief mention of any **key deviations** from the NC Strategic Plan to Reduce R_x Drug Abuse
  - **Concise description of action plan milestones and project deliverables planned**
  - **Name** other workgroup(s) you plan/hope to **cross-collaborate** or **coordinate**
  - List short **questions** you have for the PDAAC group at-large

Workgroup Time

Workgroup Name	DHHS Staff Facilitators	Meeting Room
Prevention and Public Awareness, *Group A: Community*	**Sarah Potter** Nidhi Sachdeva	Cardinal Room A (Here)
Prevention and Public Awareness, *Group B: Law enforcement*	**Melinda Pankratz** Donnie Varnell	Sparrow Room (same floor, down hall)
Intervention and Treatment for Opioid Dependence	**Alan Dellapenna** Spencer Clark	Robin Room (2nd floor)
Professional Training and Coordination	**Anna Stein** Sara McEwen Alex Asbun	Computer Training Room (2nd Floor)
Core Data and Surveillance	**Scott Proescholdbell** Anna Perry	Director's Board Room (same floor, down hall)

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BREAK!

Workgroup Reports and Celebrations of Progress!

- Five Workgroups present key Action Plan intervention strategies, timeline
  - Prevention and Public Awareness, Group A: Community
  - Prevention and Public Awareness, Group B: Law enforcement
  - Intervention and Treatment for Opioid Dependence
  - Professional Training and Coordination
  - Core Data and Surveillance

- *Key deviations, Concise description of action plan milestones planned, Cross-collaboration/coordination, Questions*

Announcements and News

Scott Proescholdbell, Epidemiologist

Injury and Violence Prevention Branch, Division of Public Health

Summary and Wrap-up

Sharon Rhyne, Acting Chief, Chronic Disease and Injury Section Chief
NC Division of Public Health

Flo Stein, Deputy Director, Community Policy Management Section
NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Thank you

- The prescription drug and heroin epidemic can and will be successfully addressed by the best minds, working together, to implement strategies that tackle every aspect of this crises in NC

- **Thank you** for your time and commitment to this committee!

- Next Full PDAAC Meeting: September 16, 2016, 8:30AM – 12:30PM