Narcotic Safety Initiative

Background:

A 2013 study published in the Journal of the American Medical Association cited that 75 percent of prescription drug overdoses involve an opioid narcotic medication. The over-prescribing and excessive use of highly addictive pain relief drugs known as opioid narcotics has become a national epidemic that has led to significant health and social consequences.

In an effort to curb this epidemic, Blue Shield has launched a three-year Narcotic Safety Initiative. The goal is to reduce inappropriate prescribing and overuse of opioid narcotic medications for our members by at least 50 percent by the end of 2018. We’re working with prescribers to prescribe narcotics judiciously and avoid prescribing long-acting opioids for non-cancer conditions to prevent long-term use that can lead to drug dependence.

Blue Shield’s efforts include:

- Engaging our provider community to use California’s Prescription Drug Monitoring Program (PDMP) and CURES (California’s Controlled Substance Utilization Review and Evaluation System) when prescribing.
- Enhancing member support programs and promoting them to those patients using opioid narcotics routinely for non-cancer pain.
- Developing additional services to support members to safely lower doses or taper off long-term use of opioid narcotics when no longer needed for pain and when opioids are no longer working as intended, such as causing opioid-induced pain sensitivity.
- Enhancing existing pharmacy benefits and medication coverage policies to ensure appropriate coverage of opioid narcotics.
- Enhancing formulary and utilization management to ensure appropriate and medically necessary use of narcotics.
- Identifying and mitigating fraud, waste and abuse associated with opioid narcotic medications.
- Participating in the U.S. Surgeon General’s Prescription Opioids Campaign and other public task forces addressing the opioid epidemic.

(More)
First Year Results:

- 11% reduction in members using the very highest doses of opioids (> 500 mg MED/day), and a 5% reduction in those using moderately high doses of opioids (between 100-500 mg MED/day).
- Prevented 25% of all new opioid utilizers from progressing to chronic use beyond 90 days for pain unrelated to cancer or terminal illness.
- And we’ve seen an overall reduction in all opioid consumption of 5% as measured by the total kg MED/10,000 member years (combines all opioids regardless of dose and formulation).

(MED = morphine equivalent dose; a conversion factor for opioids to determine the dose needed to produce the equivalent analgesic effect as a standard morphine dose)