



Curbing Opioid Abuse: *A payer perspective*

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Uniquely Positioned to Address Rx Drug Abuse



90 Million

MEMBERS

1.4 Billion

PRESCRIPTIONS PER YEAR

3,500

CLIENTS

65,000+

PHARMACIES

»» Predictive and Real-Time Data Analysis



Why Are Payers Concerned?

Each year, prescription
painkiller abuse leads to...

1.2 MILLION

Emergency Room visits¹

\$42 BILLION

in lost productivity²

\$72 BILLION

in health care fraud



The Medical Multiplier

FOR EVERY \$1 of abused drugs obtained through “doctor shopping,” **an ADDITIONAL \$41 ARE WASTED** on related medical claims.



Catching Fraud, Waste, and Abuse Requires A Comprehensive Approach

- ✓ Holistic view of patients
- ✓ Medical and pharmacy data
- ✓ Billing data that goes beyond Prescription Drug Monitoring Programs
- ✓ Predictive models
- ✓ Clinical and enforcement investigative skills



Case Study: Identity Theft and Fraud Ring

5 Cases

7 Clients

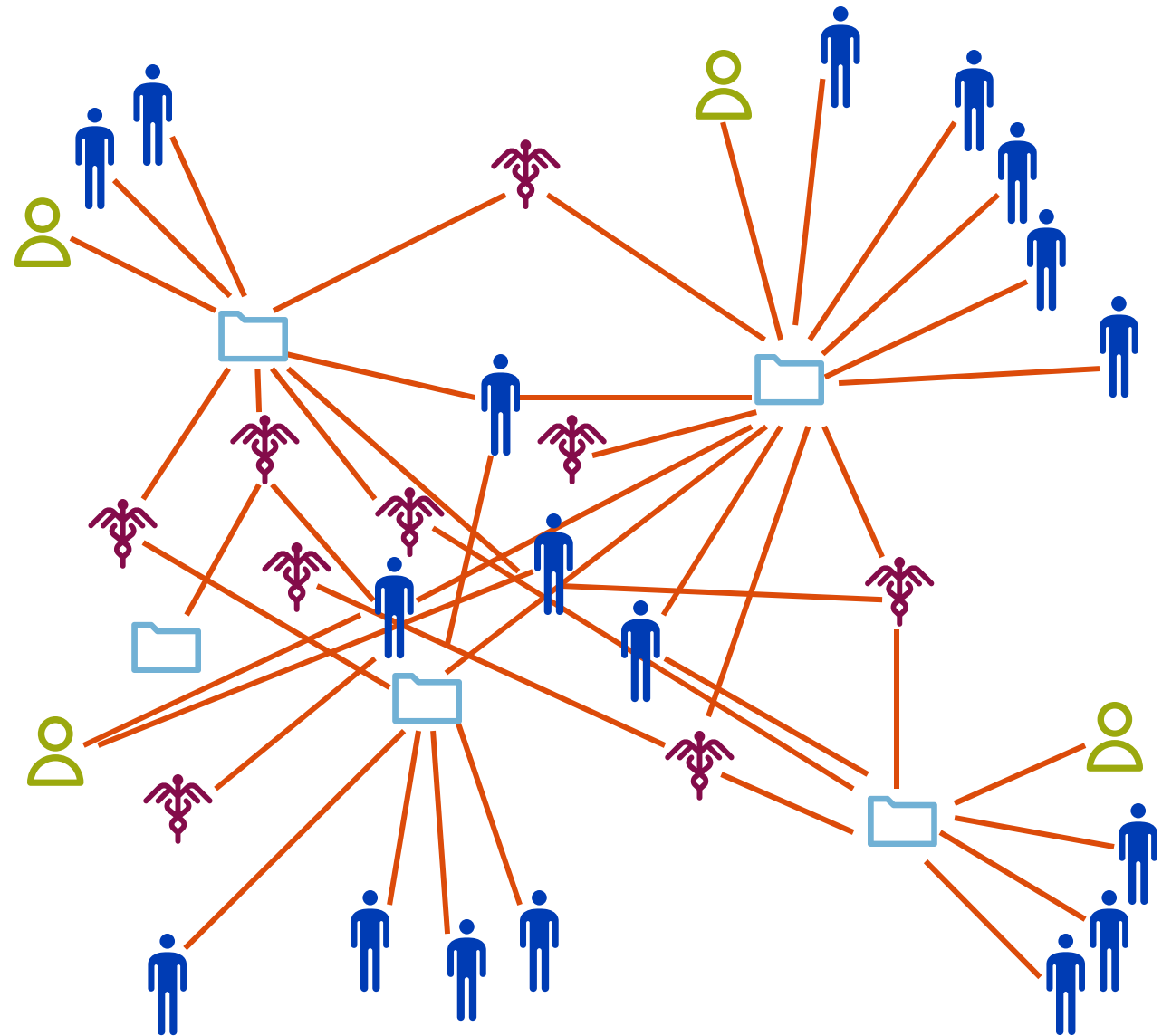
17 Members

19 Prescribers

80 Pharmacies

28 Counties

200 Claims



Case Study: Abuse Intervention

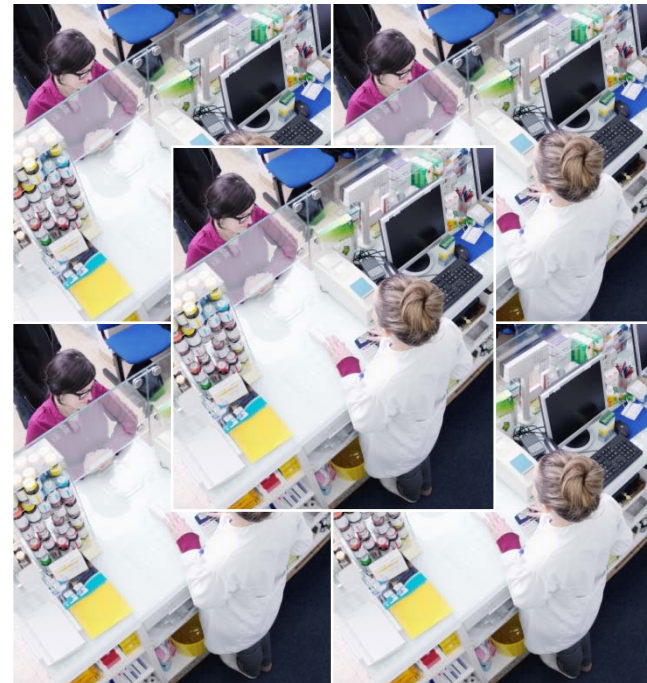
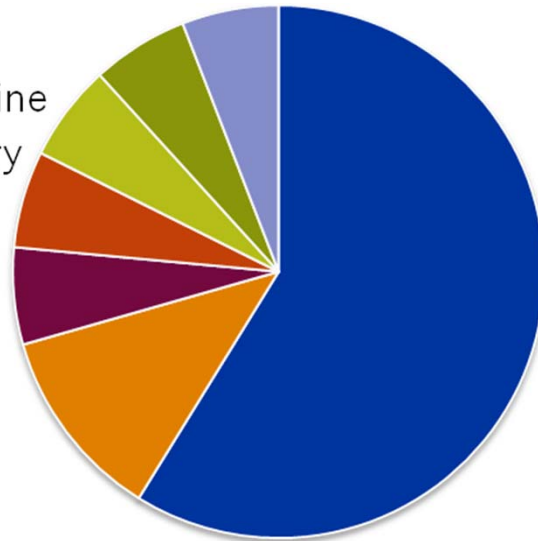
1 patient

43 prescriptions

17 prescribers

5 pharmacies

- Emergency Medicine
- Orthopedic Surgery
- Spine and Pain
- Endocrinology
- Cardiology
- Internal Medicine
- Psychiatry



Case Study: Abuse Intervention

1 patient

1 prescriber

1 pharmacy

- Emergency Medicine
- Orthopedic Surgery
- Spine and Pain
- Endocrinology
- Cardiology
- Internal Medicine
- Psychiatry



Outcome to a Successful Investigation



Clients

- Notified of evidence of fraud/abuse
- Discussion on actionable outcomes
- Improve health outcomes
- Reduce future costs



Physicians & Pharmacies

- Physicians blocked
- Pharmacies removed from network
- Reported to proper agencies



Members

- Locked in: 1 physician and 1 pharmacy
- Case management/Patient Safety
- Terminated from benefits



Takeaways

1

PBMs are uniquely positioned to identify and investigate fraud, waste, and abuse

2

Collaboration between PBM, client, and agencies

3

Lock-ins most effectively address drug seeking behavior

»» MEDICARE LACKS TOOLS FOR STOPPING ABUSE

