

## The results are promising

Between Q1 2014 and Q4 2017, Independence has seen a major reduction in members using opioids, opioid prescription claims processed, and opioid dosages prescribed.

### MEMBERS USING OPIOIDS

**30%** REDUCTION IN OPIOID UTILIZERS = **40,000** FEWER MEMBERS USING OPIOIDS

### OPIOID PRESCRIPTION CLAIMS

**35%** REDUCTION IN OPIOID SCRIPTS = **85,000** FEWER OPIOID PRESCRIPTIONS

### MORPHINE EQUIVALENT DOSE

**35%** REDUCTION IN MORPHINE EQUIVALENT DOSE = **10** MED DECREASE

## Public policy leadership

Independence is actively involved in public policy discussions and advocates for immediate legislative changes to improve care coordination and patient treatment including:



**Protecting patient rights** by addressing disreputable patient brokering, which steers insured individuals with substance use disorders into certain treatment facilities or sober homes in exchange for financial commissions or payments. These so-called brokers are uncredentialed clinicians whose referrals — often to out-of-state, substandard treatment facilities — can be financially motivated and not based on medical guidelines.



**Enabling better care coordination** for substance abuse medical records to ensure more timely sharing of information between substance abuse treatment providers and primary care physicians (PCPs). Data sharing, for instance, about a patient's recent detox or in-patient stay is vital to keeping PCPs at the frontline of patient care fully informed. This flow of information is currently limited by federal law.



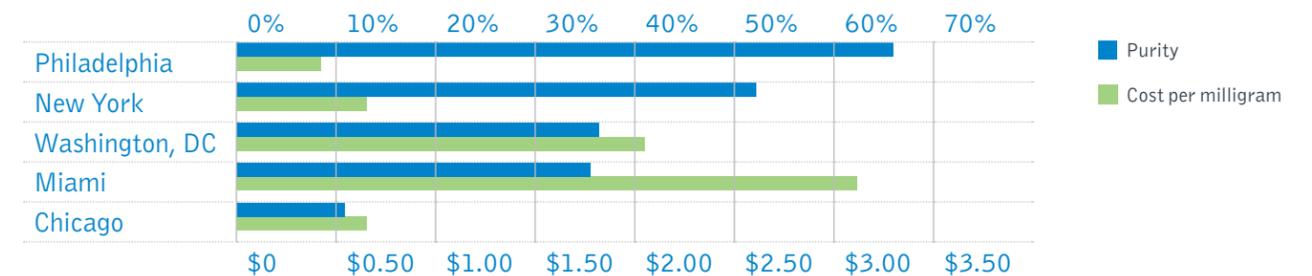
**Removing barriers in the Medicare program** that hinder clinically appropriate, evidence-based pain management by aligning Medicare prescribing policies with Centers for Disease Control and Prevention (CDC) guidelines. Non-opioid treatments, such as physical therapy, are necessary to address the opioid epidemic, as well as addiction disorders in general, in a holistic manner. Medicare Advantage plans have found it difficult to require members to be evaluated for these types of treatments before they are prescribed opioids.

# Independence Blue Cross and the Opioid Epidemic

## A crippling epidemic in southeastern Pennsylvania

As the leading health insurance organization in southeastern Pennsylvania, Independence Blue Cross (Independence) has a unique perspective in the fight against opioid abuse. In the five counties across southeastern Pennsylvania served by Independence, the opioid epidemic has been particularly devastating for many reasons. For example, Philadelphia has a history of multi-generational heroin-addicted families and the purest and cheapest heroin in the nation. Opioid sales have increased fourfold since 2000.

### Philadelphia has the purest and cheapest heroin in the nation.



The effect on human life is nothing short of tragic. Approximately 1,600 people in southeastern Pennsylvania died in 2016 from an opioid overdose. In Philadelphia alone, health officials estimate there were 1,200 overdose deaths in 2017.

However, fatal overdoses are only the tip of the iceberg. Approximately 14,000 people are in treatment in Philadelphia for opioid dependence.

### IN 2016

OPIOID DEATHS WERE **3X** THE NUMBER OF HOMICIDES IN PHILADELPHIA **300%** INCREASE SINCE 2010\*

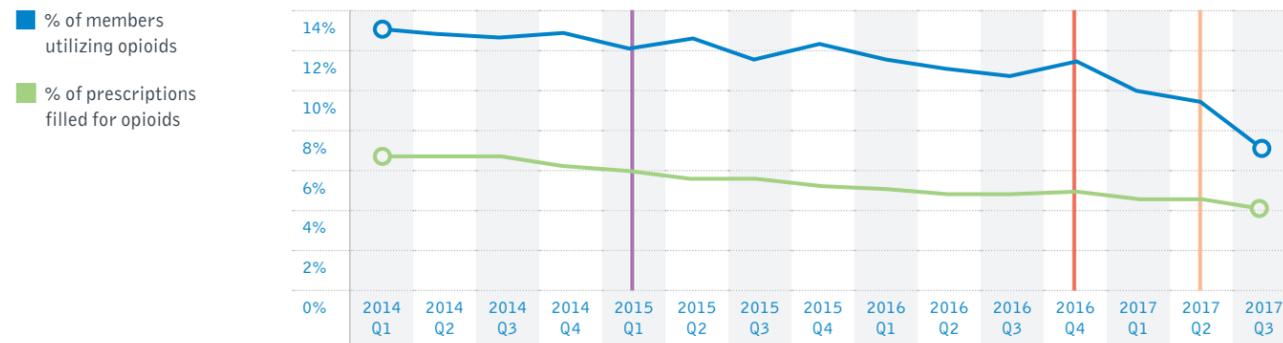
\*Philadelphia Medical Examiner's Office.

## How Independence and the Blues are responding to the growing opioid crisis

The 36 independent and locally operated Blue Cross and Blue Shield plans, serving one in three Americans, are at the epicenter of health care, not only as a repository of vital health data, but as active partners, working with communities, doctors, hospitals, members, and their families to improve well-being.

Our actions, such as limiting initial opioid prescriptions, can have a profound and lasting effect on this crisis. Our long-standing reputations and investment in the health of our communities help us partner effectively with others on initiatives, such as opioid awareness and drug take-back campaigns that can reach millions of people. Our comprehensive consumer engagement tools also help us communicate with our members in ways that are more personal and likely to result in actionable steps to improve their health.

Since July 1, 2017, we've seen 8,000 fewer members on opioids and 19,000 fewer prescriptions.



### Improved prescribing habits

January 1, 2015:

Prior authorization required on all high-dose opioids.

October 1, 2016:

Added prior authorization to >90 MED.

July 1, 2017:

- Cumulative 5-day supply limit.
- Prior authorization on all pain patches.
- Removed prior authorization on all buprenorphine products.
- Safety edit messaging for benzodiazepine/opioid utilization.

Independence is committed to turning the tide on opioid addiction and overdose. We are keenly focused on prevention and treatment of this crisis. The many steps we've taken include:

- Restricting most initial low-dose opioid prescriptions to no more than five days. As a result, during the last six months of 2017, the number of members using opioids dropped 14 percent and the number of prescriptions dropped 16 percent, compared with the prior six-month period.
- Providing access to a full range of in-patient and out-patient treatment options, including residential facilities, and not limiting visits to detox facilities to ensure our members suffering with opioid abuse disorders get the treatment they need.
- Lifting prior-authorization requirements on Vivitrol and Suboxone, two common medication-assisted treatments (MATs), as well as covering methadone in August 2017 due to proven efficacy of MATs.
- Removing member cost-sharing for injectable and nasal spray formulations of naloxone and Narcan (a brand of naloxone).
- Including nearly 100 substance abuse rehabilitation facilities and more than 5,000 behavioral health providers in our provider network.
- Increasing awareness of and access to effective community-based opioid treatment and prevention through The Independence Blue Cross Foundation's Supporting Treatment and Overdose Prevention (STOP) Initiative:

#### Warm Hand-Off

A regional study to evaluate "warm hand-off" pilots that connect overdose victims immediately with recovery programs.

#### De-stigmatization

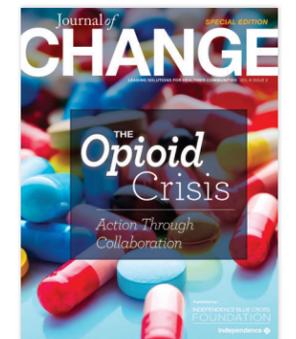
A research initiative with the Justice Center for Research at Penn State University for a multi-media public awareness campaign to share real stories of addiction and recovery — through print, video, and community events — to reduce the shame often associated with opioid abuse.

#### Drug Take-Back Sites

A collaboration with Walgreens that adds new drug take-back kiosks in five Walgreen stores in Philadelphia, Bucks, and Delaware counties.

#### Education and Emotional Support Grants

Grants to help a range of community-based programs in southeastern Pennsylvania.



Our chief medical officer, Dr. Richard Snyder, served on the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia in 2017 to develop a comprehensive response to reduce opioid abuse.