Reducing the risk of opioids in the workplace

Key questions for your health solutions provider

The following questions can help ensure you're creating a safer, more supportive work environment for your employees while also managing pharmacy costs effectively.

- ☐ When your employees need help with a substance use disorder, what resources will be available and how easily can they access them?
- ☐ What does your health plan cover? People with an opioid use disorder (OUD) may need treatment with methadone, buprenorphine or naltrexone, as well as behavioral therapy.
- ☐ What are the options to increase access to care and reduce overall costs at the same time?
- ☐ If you were an employee with an OUD, would you feel safe asking for help? Could you seek help confidentially without fear of being reprimanded or shamed?

Questions to ask your pharmacy benefits manager (PBM)

The National Safety Council recommends the following crucial questions to evaluate your PBM's ability to manage opioid prescriptions and automatically flag potential abuse.

- ☐ Does your PBM provide information about total opioid drug spend and trends? Employers should have current and retrospective utilization data to evaluate how much doctors are prescribing opioids, including dose levels and duration of therapy.
- ☐ Does your PBM have an alert for repeated attempts for "too early refills" that could uncover non-compliance with a prescriber's recommendation?
- ☐ Are dose levels flagged, including morphine equivalents exceeding 120 mg per day? High daily doses are associated with fatal overdoses.
- ☐ If the "duration of therapy" limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the "duration of therapy" limit start over again?
- ☐ Is there a system flag when opioids are combined with other drugs especially in combination with benzodiazepines (sedatives)? The use of benzodiazepines (anti-anxiety medications) with an opioid increases the risk of a fatal overdose.
- ☐ What is your PBM's process following retrospective (historical) review of opioid prescribing? What's the approach for communicating with high prescribers?
- ☐ What occurs if the system shows someone is seeing several prescribers for the same drug? Can the benefit plan design "lock" the patient into using a single opioid prescriber or pharmacy?
- ☐ Who is monitoring whether and how often retail pharmacists access the prescription drug monitoring program (PDMP) database that tracks controlled substance prescriptions?
- ☐ What is your PBM's recommendation for a prior authorization (PA) program for prescription opioids?
- ☐ How often do retail pharmacists choose to override system flags at the point of dispensing? Are these instances documented and how are they handled?
- ☐ How does the PBM handle cancer patients or other individual cases that fall outside system flags and legitimate clinical use of opioids is justified?

More resources from HealthPartners on how to reduce the risk of opioid misuse in your company at **healthpartners.com/employer-public/home/toolkits/opioids-unused-medications.**

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