Opioid misuse in the United States has escalated into a deadly epidemic. According to the Centers for Disease Control and Prevention, prescription painkillers and heroin are claiming the lives of 91 Americans every day. What often starts as treatment for pain too frequently ends in an opioid use disorder, leading to the largest rise in heroin use in over 20 years and costing more than $78.5 billion annually in direct healthcare costs.

Blue Cross and Blue Shield (BCBS) companies, with more than 106 million members and deep ties to every local community in America, are uniquely positioned to help raise awareness and find solutions to this serious problem that is lurking inside medicine cabinets across the country.

NATIONAL INITIATIVES

The Blue Cross Blue Shield Association (BCBSA) and member BCBS companies are committed to addressing the nation’s growing opioid crisis community by community, nationwide. As part of this commitment, the BCBS System has a number of initiatives underway, including:

- **Increasing awareness and education** of the risks associated with opioid use through the funding and production of public education programs.

- **Leveraging the BCBS System’s industry-leading data capabilities** to uncover deeper insights into the prevalence of opioid use disorder in the U.S. and collaborating with leading research institutions to develop a framework for improving the treatment of opioid use disorder.

- **Investing in research** by convening scientists, academic researchers and clinical experts to develop and implement protocols to successfully reduce rates of relapse.

- **Promoting best practices** by convening an executive-level committee of top BCBS System experts in pharmacology, psychology, behavioral health, policy, strategy and business to coordinate systemwide efforts for the successful treatment of patients suffering from opioid use disorder.
Local Blue Cross and Blue Shield Company Initiatives (Alphabetical Order)

BCBS companies around the country are already undertaking initiatives to help families and communities address the opioid epidemic. Examples include:

**Anthem, Inc.**

Anthem is setting aggressive goals to help prevent opioid use disorder and increase access to care – including doubling the number of members getting counseling and reducing the total amount of opioids dispensed among health plan members by 30 percent from historic peak levels by the end of 2019.

Anthem continues to expand and refine a comprehensive suite of services to assist members and their physicians in managing opioid use disorder. Opioid and substance use disorders (SUDs) are chronic disease conditions, best treated and managed through a holistic and personal approach to care. Addressing both prescription opioid management and the early identification and treatment of opioid use disorder are fundamental objectives of Anthem’s strategy. Anthem seeks to do this through a combination of enterprise-wide initiatives with a focus on local needs and collaborating with local services and providers.

Anthem operates Pharmacy Home programs in its Medicaid and commercial business to encourage appropriate prescription opioid use for high risk members. With this program, members receive prescriptions from one provider and fill prescriptions at one pharmacy. In order to facilitate early identification and treatment for opioid misuse, Anthem is working directly with primary care physicians in rural areas to extend availability of medication assisted treatment. Anthem provides a variety of care management programs that encompass a wide range of approaches to coordinate care and assist members after medication assisted withdrawal as well as with recovery and long-term stability. Finally, Anthem has enhanced screening and case management for substance use disorders for maternal and child health members.

**Blue Cross and Blue Shield of Louisiana**

In 2015, BCBS of Louisiana partnered with the National Association of Drug Diversion Investigators to install 29 drug take-back boxes around the state. The drug take-back boxes are located in Louisiana law enforcement agencies, and each month, the contents are properly disposed of. In just a short time, the program is making a big impact with one Sheriff’s office reporting it has already collected more than 2,500 pounds of pills since September 2015. The program is planning to expand and add to the number of drug take-back boxes available. In addition, BCBS of Louisiana has been supporting the U.S. Drug Enforcement Administration’s National Prescription Drug Take-Back Day since 2011.

**Blue Cross and Blue Shield of Massachusetts**

The misuse of prescription painkillers is a safety and healthcare quality priority for BCBS Massachusetts. The company has put into place a Prescription Pain Medication Safety Program that implements opioid-prescribing best practices. It includes an agreement between the patient and prescriber outlining responsibilities and behaviors of both sides, an assessment of addiction risk, the use of a single pharmacy or pharmacy chain for opioid prescriptions and prior authorization for all new short-acting prescriptions exceeding a 30-day supply. It also ensures doctors are informed about narcotic prescriptions their patients receive from other providers and provides members access to the care they need. The terminally ill and cancer patients, for example, are not included in the program. A Centers for Disease Control and Prevention
A study by the CDC has praised the program finding that it has lowered the average monthly rate of opioid prescriptions by 15 percent and reduced the number of members using opioids by up to nine percent. In short, Blue Cross and Blue Shield of Massachusetts' Prescription Pain Medication Safety Program has reduced the risk of addiction and misuse of prescription painkillers while protecting vulnerable patients.

**Blue Cross Blue Shield of Michigan**

The BCBSM Doctor Shopper program addresses the issue of members who obtain controlled substances from multiple providers without the prescribers’ knowledge of other prescriptions. The goal of the program is to reduce the number of members who misuse their prescription drug benefit, reduce the risk of opioid overdose, and to improve coordination of care among physicians.

Through the Prescriber Block Program, BCBSM/Blue Care Network implemented a claims edit to block prescriptions written by practitioners who prescribe drugs that:

- Are not medically necessary
- May cause significant patient harm
- Are not appropriate for the documented medical condition

Adverse drug interactions may result in patient suffering, costly and avoidable medical care, or even death. The “Holy Trinity” is a drug regimen consisting typically of an opioid analgesic, a benzodiazepine, and Soma® (carisoprodol). This combination of controlled substances has no legitimate medical indication according to physician experts. The Holy Trinity Initiative, which began in August 2014, continues to educate providers about this deadly combination and coordinate care for BCBSM/Blue Care Network members who obtain these medications from multiple prescribers. Prescribers who wrote at least one prescription for members who received this drug combination receive a letter in the mail.

Electronic prescribing of controlled substances improves patient safety, increases efficiencies and reduces fraud, waste and abuse. The goal of the Controlled Substances Electronic Prescribing Program is to increase controlled substance e-prescribing rates. Over 40 physician organizations receive quarterly feedback reports showing the mode by which their attributed physician's prescriptions were transmitted (i.e., written, facsimile, phone and electronic) for both retail and mail order prescriptions. The reports help them track their e-prescribing performance and identify opportunities for improvement. Physician organizations receive rewards for improving their average performance in Electronic prescribing of controlled substances.

**Blue Cross & Blue Shield of Rhode Island**

Blue Cross & Blue Shield of Rhode Island supports Rhode Island Department of Health initiatives to minimize exposure to opioids by limiting the number of opioid doses prescribed to patients who are first time users. BCBSRI’s requirement for prior-authorization for long acting opioid prescriptions led to a 25 percent reduction in such prescriptions in 2014. BCBSRI has removed prior-authorization requirements for the first 10-day prescription of Suboxone®, making it easier to address recovery needs immediately. BCBSRI also provides members with access to peer recovery coaches.

BCBSRI also covers services through Butler Hospital’s ambulatory detoxification program for members who are able to travel back and forth from home, have home-based support and do not have medical or psychiatric conditions that require an inpatient level of care.
In 2016 BCBSRI implemented the CODAC Medication Assisted Treatment Program to increase access to intensive medical treatment options addressing opioid use disorder. CODAC, deemed Rhode Island’s first Center of Excellence by state health officials for its treatment of opioid use disorders, provides treatment, recovery and prevention services to individuals and families. As part of the CODAC program available to BCBSRI members, individuals receive a comprehensive biopsychosocial assessment and medical exam prior to being treated for opioid use disorder. Members also have expanded treatment offerings, including methadone, Suboxone® and others. Ongoing support and interventions to maintain recovery are a critical part of the program.

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**BlueCross BlueShield of South Carolina**

BlueCross BlueShield of South Carolina is in the early stages of an innovative pharmacy campaign which is designed to reduce overdose deaths from opioids and other controlled substances and increase access to substance use disorder resources and treatment options. The initial efforts focus on a widespread provider education outreach that encourages safe prescribing practices and access to health coaching services for those patients/members with addiction issues. In addition, cross-functional teams of behavioral health professionals, medical directors (psychiatrists) and others within the organization work together to identify providers who are writing large numbers of these prescriptions. Providers are called and invited to speak to BlueCross BlueShield of South Carolina medical directors about their practice experience. Early feedback indicates that these peer-to-peer conversations are welcomed by the provider community. We anticipate widespread adoption of these offerings.

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**BlueCross BlueShield of Tennessee**

The BlueCross BlueShield of Tennessee Health Foundation has partnered with the state Department of Health and the Coffee County Anti-Drug Coalition to reduce prescription pain medication misuse and abuse via the Count It! Lock It! Drop It! (CLD) program.

Founded in 2011, CLD encourages community members to:

- Count pills once every two weeks to monitor theft and help ensure medications are taken properly.
- Lock and store medications in a secure place where others would not think to look.
- Take unused or expired medications to drop boxes located in participating law enforcement offices or pharmacies or during take-back events.

CLD’s grassroots programming, currently represented in 33 Tennessee counties, includes education outreach and promotion of safe disposal sites. In 2016, the BlueCross BlueShield of Tennessee Health Foundation granted $1.3 million to fund CLD’s expansion to areas identified as “hot spots,” which are counties with high numbers of opioid prescriptions dispensed, overdose deaths and babies born with neonatal abstinence syndrome. The funding also supports a statewide public awareness campaign driven by public service announcements and other awareness-building efforts. The BlueCross BlueShield of Tennessee Health Foundation also partnered with the University of Tennessee’s Law Enforcement Innovation Center (LEIC) to train law enforcement professionals on how to administer Naloxone, a lifesaving anti-opioid-overdose medication and funded a $250,000 grant to help law
enforcement organizations obtain the treatment.

The Foundation continues support of the Mothers and Infants Sober Together (MIST) program, which provides a variety of behavioral health services to pregnant women and mothers with drug-exposed infants.

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**BlueCross BlueShield of Vermont**

BCBSVT’s fights opioid use disorder and opioid-related deaths in Vermont through innovative initiatives, key partnerships, insightful prescription policies and community outreach. BCBSVT sets quantity limits and prior authorization requirements for pain medications and modifies benefits to reduce barriers to care—for example by eliminating every-visit co-payments for daily substance use disorder treatment. The organization supports drug disposal days, identifies inappropriate opiate sourcing from prescribers and pharmacies and participates in a fraud detection consortium to identify problematic prescribing. BCBSVT provides training on nationally established Screening, Brief Intervention and Referral to Treatment (SBIRT) methods and structures its reimbursement design to support substance use disorder treatment in primary care settings. BCBSVT’s psychiatrist medical director also provides care, consultation and education to Vermont communities. In addition to its clinical efforts, BCBSVT concentrates its community outreach efforts on addiction, and particularly opiate use. The company partnered with neighboring Kingdom County Productions on two award-winning documentaries that sparked conversation about Vermonters affected by drug use. These documentaries toured the state flanked by their producer and the addicts who shared their stories in the movies. After each showing, Vermonters engaged in lively, often poignant, conversations about opioid use in their communities.

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**BlueCross BlueShield of Western New York**

The region's largest health plan has taken a leadership role in fighting the epidemic since launching a community-wide public awareness effort in 2013 called “PainKillers Kill.” The initiative focuses on providing resources to the medical community and community-at-large and includes middle and high school curriculum, a documentary, multi-media advertising, information cards for pharmacies and doctors’ offices, a dedicated website and a 24/7 hotline. After the initial launch of the campaign, over 1 in 3 consumers reported taking action inspired by the campaign, most often by discussing addiction with friends and family or discarding expired medications.

In 2017, BlueCross BlueShield of WNY is funding a new program called “House of Hope” which educates and involves families with the recovery process of their loved one suffering with addiction. By educating families and providing access to volunteer recovery coaches and drug treatment professionals, the program provides suffering individuals with a better support system at home.

The goal is to reduce the current 92 percent relapse rate within the first 6 months after completing treatment. Additionally, the health plan has made significant policy changes including removing preauthorization for all medically assisted therapies, reducing first-fill opioid prescriptions to seven days, creating a behavioral health advisory committee with local mental health providers and community leaders, and developing a robust care management program to help members find care within a recommended treatment plan.
Blue Shield of California

Blue Shield of California launched a three-year Narcotic Safety Initiative to help reduce inappropriate prescribing and overuse of opioid narcotic medications. Since opioids are not very effective for chronic non-cancer pain – in fact, may actually worsen pain – and lead to drug dependence, the company is working to reduce the number of people on chronically high doses of opioids; reduce the number of people converting from short- to long-term opioid use; and reduce the prescription quantity and number of refills prescribed for people newly starting opioids. Blue Shield has enhanced medication coverage policies and formulary management; engaged providers to practice prudent prescribing and create care plans that include tapering and stopping opioid use; and developed an interdisciplinary case management program that addresses quality, fraud, waste or abuse. Additional programs to manage chronic pain, addiction and substance use disorder will also be launched. In the first year, the program has resulted in a reduction in the use of narcotics, particularly people on high doses.

Capital BlueCross

Over the last two years, Capital BlueCross has committed a total of $150,000 to help fight heroin addiction in central Pennsylvania and the Lehigh Valley. The funding enables the purchase of naloxone for municipal police departments in its service area. The prescription drug can help save the life of a person who has overdosed on prescription painkillers or heroin.

Excellus BlueCross Blue Shield

Like many other places across the country, the number of opioid-related deaths and overdoses remains frighteningly high in upstate New York. As one way of combatting this epidemic, Excellus BCBS expanded an initiative that was originally implemented in May 2016 that now includes an auto-approval of initial lengths of stay of 5 days for inpatient opioid detoxification, 14 days for opioid inpatient rehabilitation and 14 days for opioid residential treatment in NY-licensed facilities for eligible members. For medical necessity reviews for additional days after the auto-approved initial length of stay, Excellus BCBS is changing to Level of Care for Alcohol and Drug Treatment Referral (LOCADTR), the review criteria adopted by the New York State Office of Alcoholism and Substance Abuse Services, which helps determine the most appropriate recommended level of care for individuals.

Excellus BCBS has been a long-time supporter of buprenorphine treatment and provides an incentive for induction visits. Excellus BCBS developed a unique partnership of payer, providers and regulators called the WNY Collaborative ECHO for Chronic Pain, Opioid Prescription, Substance Use Disorder and Medication Assisted Treatment. This partnership brings virtual case conferencing on pain and addiction to primary care providers.

Excellus BCBS is also working with physicians to promote better care that follows recommendations from Choosing Wisely, an initiative of the American Board of Internal Medicine Foundation. The initiative’s goals are to improve the quality of care and encourage physician-patient conversations about services that may be unnecessary and may cause harm.
Florida Blue

Florida Blue has implemented a comprehensive management program, following guidance from the Centers for Disease Control and Prevention, to address opioid use disorder in Florida. Focusing on safety first, known opioid best management practices were implemented which includes providing a host of services for providers and members. The company’s programs include the use of physician/member treatment agreements, analytics to identify “doctor shopping” and narcotic diversion, along with limiting day supply and ensuring appropriate utilization and dosing through medical coverage policies. In addition, Florida Blue requires both providers and pharmacies to utilize the state’s Prescription Drug Monitoring Program (PDMP) before writing and dispensing opioid prescriptions. The company retrospectively reviews controlled substance claims, consults with prescribers and members by phone about narcotic use, refers members to pain and/or behavioral health specialists when appropriate, conducts regular pharmacy audits, provides prescribers with education and limits members to one prescriber and one pharmacy or pharmacy chain when appropriate. Florida Blue’s program has yielded a reduction in controlled substance claims, and providers have reacted positively.

Health Care Service Corporation (HCSC)

HCSC, which operates Blue Cross and Blue Shield companies in Illinois, Montana, New Mexico, Oklahoma and Texas, applies a multi-pronged approach to manage controlled substances. HCSC’s Controlled Drug Substance (CDS) program identifies opportunities to help improve member care by monitoring pharmacy claims data for the potential misuse of controlled substances. An informational letter is sent to the prescriber to help reassess the member’s treatment regimen. The company’s comprehensive Controlled Substance Integration (CSI) program is designed to identify patterns of atypical controlled substance usage and intervene in cases of suspected misuse, abuse, opportunities for care coordination, patient or provider management and/or education. The CSI Provider-Centric program reviews opioid prescribing patterns among certain prescribers and engages them in opportunities and provides resources to support their management of HCSC members.

HCSC also engages in collaborative efforts to manage fraud, waste and abuse (FWA). The Special Investigations Department (SID) provides fraud detection, investigation and prevention services that can include law enforcement and the pharmacy audit division. Comprehensive pharmacy audit and education programs further promote these collaborative FWA efforts. Utilization management and drug utilization review activities also allow for monitoring of potential drug therapy problems before dispensing.

Highmark, Inc.

Highmark Inc., which operates Blue Cross Blue Shield companies in Pennsylvania, West Virginia and Delaware, has taken a number of strategic measures to address the opioid epidemic. Highmark is working with providers to give them the resources and tools that support appropriate prescribing protocols. The quality improvement program uses claims data to help physicians better understand their patients’ total prescription and medication use and gain insight into their own prescribing patterns. Another program aims to detect patients who might be addicted to opioid pain pills by limiting them to using only one pharmacy when filling prescriptions for controlled substances. Other initiatives include the addition of pharmacists to its care management team to help members who have multiple health issues manage their prescription medications safely and effectively and a $75,000 contribution to provide naloxone to local law enforcement officials across Pennsylvania to fight the opioid overdose epidemic. Additionally, the Highmark Foundation
Highmark hosted a solutions-based forum to bring together thought leaders and industry experts in West Virginia to explore ways to reduce the impact of opioid use disorder and donated $50,000 to assist police departments in western Pennsylvania with the purchase of naloxone kits to reduce the incidence of opioid overdoses. Highmark continues to work with state officials and other community stakeholders to tackle this public health crisis.

**Horizon Blue Cross Blue Shield of New Jersey**

In addition to traditional, member-focused opioid management programs, Horizon BCBSNJ, in collaboration with Principled Strategies, developed the SafeUseNow™ Opioid Management Program. This program is an educational, prescriber-centric intervention designed to stop prescription drug abuse and encourage safe use of opioids for patients. To increase the safe use prescribing of medications, the SafeUseNow program identifies combinations of prescribers, patients and pharmacies at risk for medicine misuse and suggests action steps to take both within and external to the Horizon BCBSNJ network. Phase 1 and Phase 2 of the educational intervention program collectively delivered comprehensive, fact-based and actionable risk reports to 1,700 prescribers treating 60,000 patients. To date, results have achieved statistically significant reductions in key endpoints, including Concomitance and Morphine-Equivalent Dose (MED), PSI Score™, Multiple Prescribers and Multiple Pharmacies, resulting in a reduction in annualized direct pharmacy costs of $2.6 million. Phase 2 results are forthcoming.

**Independence Blue Cross**

Independence addresses the crisis of prescription opioid use disorder on multiple fronts and believes that all stakeholders need to play a constructive role in finding thoughtful solutions. Independence has a strong focus on reducing inappropriate prescribing by:

- Implementing enhanced preauthorization requirements for high-potency opioid narcotics;
- Working with CMS to identify Medicare members trying to obtain prescriptions from multiple sources and reporting that information to prescribing physicians;
- Educating doctors directly and through the company’s online provider resources on new opioid prescribing guidelines; and
- Conducting outreach to doctors who do not follow critical aspects of the Centers for Disease Control and Prevention’s guidelines for non-cancer pain, alerting them to their outlier prescribing status.

Independence provides online tools that allow its members and the public to more easily access information on opioid safety, drug disposal and addiction resources. Independence has expanded prescription coverage of the overdose reversal drug Naloxone to include a nasal spray that produces a faster response and has donated $50,000 to the District Attorneys Association of Pennsylvania for the purchase of Naloxone for law enforcement officers in Southeastern Pennsylvania.

In addition, the Independence Blue Cross Foundation's STOP (Supporting Treatment and Overdose Prevention) initiative increases awareness and access to effective community-based opioid treatment and prevention. STOP will expand outcome-and evidence-based programs and community resources, identify the barriers to treatment and prevention, and disseminate effective community-based strategies and education around this public health epidemic.