

Opioid Overdose Prevention and Treatment

Opioid management presents complex challenges, and early intervention is imperative to reduce risk and avoid dependence, addiction, or diversion

Who is Most At-Risk for Overdose?

Patient ▶



Prior opioid overdose Untreated sleep disorders
Recreational opioid use Lung disease
Mental health disorders Kidney or liver problems

Population ▶



Middle-aged adults People in rural areas
More men than women Residents of states with higher
Whites and American sales and non-medical use of
Indian or Alaska Natives prescription painkillers

Medication ▶



Starting or switching to new opioids Morphine Equivalent Dose (MED) greater than 50 or aggressive dose increases
Extended-release or long-acting opioid Multiple prescriptions or prescribers
Resumption of opioid therapy after period of abstinence Route of administration (injectables)
Concurrent Central Nervous System (CNS) depressants prescribed

Understanding the risks of opioid use
allows Coventry to apply the most
effective and efficient interventions

Prevention ▶ Intervention ▶ Oversight ▶ Recovery



Proactively Addressing Opioid Risk

- Risk modeling applies predictive analytics to identify potential dependence, abuse, or overdose risk
- First-line opioid medication checks, daily dose restrictions, day supply limits, duplicate therapy constraints, and early refill restrictions
- Early opioid fill identification and prescriber outreach allow for meaningful provider engagement
- Automated prior authorizations provide adjusters with clinical recommendations for safer and/or less costly alternatives

Experts predict deaths from opioid misuse in the U.S. could surge from 115 people per day to 250 within the next 10 years¹



The Case for Take-Home Naloxone

The opioid overdose reversal agent naloxone continues to gain momentum for its life-saving implications, with expanding access driven by medical, law enforcement, government, and community efforts. All 50 states have enacted statutes that expand access to naloxone, 40 states and D.C. provide overdose "Good Samaritan" protections, and naloxone is available without a prescription in 41 states.^{2,3}



Recommendations for Care Following an Overdose

- Treatment for substance or opioid use disorder
- Referral to pain specialist for ongoing management
- Interventional, behavioral, or rehabilitation modalities



9 in 10 people who survive an overdose continue to get opioids⁴

Coventry Solutions

Prescriber and injured worker outreach and education combined with recognition and coordination opportunities for recovery are critical to effectively address the opioid crisis. Coventry tools and programs are designed to prevent, manage, and ultimately mitigate the risk of death and adverse claim outcomes related to the use of opioids.



Pharmacy Benefit Management



Customizable Formulary Management



RxProfile Claim Risk Assessments



Smart PA Prior Authorization



Drug Utilization Assessment Peer-to-Peer Review



Urine Drug Monitoring



Network Prescriber Program



RxRN Pharmacy Specialty Nurses

1. <https://www.statnews.com/2017/06/27/opioid-deaths-forecast/>

2. The Network for Public Health Law, May 2017, https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf 8/4/2017

3. <https://www.cvs.com/content/prescription-drug-abuse/save-a-life> 8/4/2017

4. <http://annals.org/aim/article/2479117/opioid-prescribing-after-nonfatal-overdose-association-repeated-overdose-cohort-study> 6/30/2017



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