

Beyond Opioids

Managing Drugs of Concern in Workers' Compensation



After a decade of combatting opioid abuse and addiction among injured worker patients, workers' compensation payers are finally seeing a significant reduction in opioid prescriptions and costs. Opioids have not been eliminated entirely, of course, and are not likely to be. Pain management will always be an important aspect of workers' comp healthcare and opioids are sometimes appropriate treatment.

While the opioid trend is positive, some more nuanced, but still concerning prescribing patterns bear watching, including prescriptions for other controlled substances. In addition, mental health conditions and other comorbidities are increasingly common among injured worker populations, resulting in a diverse array of prescription drugs that require vigilant management to avoid unnecessary complications and costs.

- ▶ Per-claim opioid spend down 56% since 2018¹
- ▶ Opioid Rxs declined 60% since 2012²
- ▶ Opioids currently 6% of workers' comp drug spend¹

CONTROLLED SUBSTANCES

Controlled substances are drugs, including illegal and prescription drugs, that have been federally regulated by the Controlled Substances Act (CSA) since 1970. Organized by "schedules" from one to five, the relevant substances are categorized according to their potential for abuse, accepted medical use (or lack thereof), and their safety level. The lower the schedule number is, the more dangerous the substances within that schedule are considered to be.

Controlled Substance Classifications & Workers' Comp Concerns				
Schedule	Abuse Potential	Accepted Medical Purpose(s)?	Examples	Workers' Comp Concern
I	High	No	Heroin Gamma hydroxybutyrate (GHB) Marijuana (Cannabis)	Marijuana is classified as a Schedule I drug at the federal level but is legal for accepted medical purposes in 37 states
II	High	Yes	Morphine, Methadone, Cocaine, Methylphenidate (Adderall)	Opioids and opiates are Schedule II drugs. Methylphenidate is a CNS stimulant that is prescribed to workers' comp patients and poses risks of abuse and/or adverse side effects.
III	Moderate	Yes	Barbiturates, Anabolic steroids	Schedule III includes Buprenorphine, used to treat pain and opioid use disorder (OUD)
IV	Moderate to Low	Yes	Diazepam, Alprazolam, Zolpidem (Ambien), Eszopiclone (Lunesta®), Provigil, Nuvigil	Benzodiazepines are Schedule IV drugs, commonly prescribed for anxiety and dangerous when combined with opioids or alcohol. CNS sleep hypnotics are also commonly prescribed and cause risks when combined with other drugs or alcohol.
V	Low	Yes	Pregabalin Codeine	Pregabalin is an anticonvulsant often prescribed to treat neuropathic pain. Gabapentin, another anticonvulsant commonly prescribed for pain, is not considered a controlled substance by the federal government but is a Schedule V controlled substance in some states.

Schedule I drugs officially have no accepted medical purpose, so none can be prescribed for workers' comp patients – or any patients. However, marijuana, which is currently a Schedule I drug, brings some additional complexity due to varying state regulations regarding both medical and recreational use, discussed below.

MARIJUANA: THE EXCEPTION TO SCHEDULE I SUBSTANCES

- ▶ Marijuana is medically legal in 36 states and recreationally legal in 21 states
- ▶ The District of Columbia has also legalized both medical and recreational marijuana
- ▶ Many states have introduced bills or other regulatory initiatives to legalize marijuana in 2023, including OH, OK, MN, KY, and HI
- ▶ New York City, Philadelphia, and Nevada have banned pre-employment drug screening for marijuana
- ▶ A new model to circumvent federal banking restrictions that have prevented payers from directly paying for medical marijuana has launched in New Mexico. It allows patients to acquire their medical cannabis from a third-party partner who later bills the workers' comp payer

COMMONLY PRESCRIBED CONTROLLED SUBSTANCES IN WORKERS' COMP

Some Schedule II – V controlled substances, which do have federally accepted medical purposes, are commonly prescribed to injured worker patients, including:

- ▶ **Opioids'** addictive properties are all too familiar to workers' comp care managers. These drugs also have a range of side effects from constipation to low blood pressure and irregular heart rhythm. And they present a high risk of overdose, especially when taken in combination with other drugs. Opioid prescriptions in workers' comp – and in the general healthcare population – have decreased considerably in recent years, partly due to stringent guidelines published by CDC in 2016. New guidelines published in 2022 address possible misapplication of the 2016 guidelines and are meant to be more flexible, which could affect future opioid trends.
- ▶ **Buprenorphine** is an opioid partial agonist, but the CDC does not assign MME values to buprenorphine products. Approved by the FDA to treat opioid use disorder, buprenorphine can be prescribed for off-label use to relieve pain, while avoiding a calculated MME. Buprenorphine is also sometimes treated as a lifelong, rather than short-term, treatment for OUD, which brings health and cost implications.
- ▶ **Gabapentinoids** are anticonvulsants often prescribed off-label for pain and anxiety. In fact, only 4% of pregabalin and 1% of gabapentin are prescribed for FDA-approved diagnoses.³ The potential for addiction with these drugs is much lower than that of opioids, but they do produce a feeling of calm and euphoria that can lead to misuse.
- ▶ **Benzodiazepines** are commonly prescribed to treat anxiety, one of the mental health conditions that is unfortunately on the rise. These drugs have a sedative effect and are especially dangerous when used in combination with opioids or skeletal muscle relaxants, both of which are prescribed to treat pain in injured worker patients.
- ▶ **CNS Depressants** include sedatives, tranquilizers, and hypnotics that slow brain activity and are used to treat anxiety and sleep disorders. These drugs come with side effects that can be detrimental in the workplace, such as sleepiness and poor concentration. They also have the potential for misuse that can lead to addiction.
- ▶ **CNS Stimulants** increase central nervous system activity and are commonly prescribed to treat ADHD, narcolepsy, and obesity. CNS stimulants can cause a variety of side effects from insomnia to arrhythmia and can also lead to abuse and addiction.

The 2022 CDC Opioid Guidelines consist of 12 recommendations for clinicians who are prescribing opioids for outpatients aged 18 and older with acute (one month or less), subacute (one to three months), or chronic (three or more months) pain. These guidelines are broken up into four areas:

- ▶ Determining whether or not to initiate opioids for pain
- ▶ Selecting opioids and determining dosages
- ▶ Deciding duration of initial opioid prescriptions and conducting follow-up
- ▶ Assessing risk and addressing potential harms of opioid use

You can review the CDC's 2022 Clinical Practice Guideline for Prescribing Opioids at:
<https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>

OTHER DRUGS OF CONCERN

Officially designated controlled substances are not the only drugs of concern for workers' comp pharmacy programs. Other drugs that are often prescribed to injured worker patients pose risks that should be monitored.

Skeletal Muscle Relaxants

Skeletal muscle relaxants (SMRs) are commonly prescribed for injured workers, comprising 10% of workers' comp drug payments, on average.¹ SMRs are used to treat pain by blocking pain signals from nerves to the brain. They can be addictive and are known to be misused with other, prescription or illicit, drugs to produce feelings of euphoria and disassociation. Dangerous side effects can occur when muscle relaxants are combined with certain drugs or alcohol.

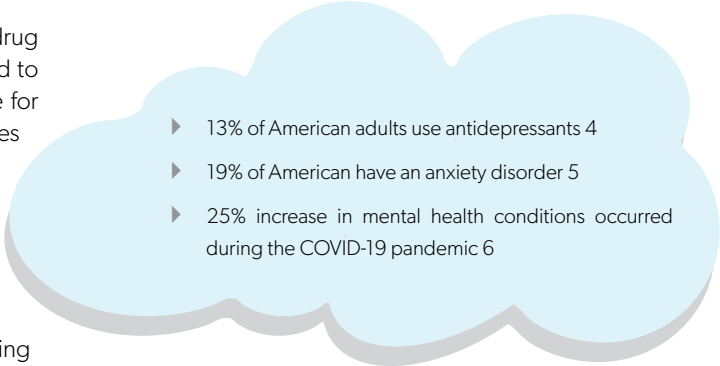
Skeletal Muscle Relaxants Commonly Prescribed in Workers' Comp

- ▶ Carisoprodol (Soma)
- ▶ Cyclobenzaprine (Flexeril)
- ▶ Metaxalone (Skelaxin)
- ▶ Tizanidine (Zanaflex)

Antidepressants

Antidepressants currently account for 4% - 5% of workers' comp drug spending, nationwide, but as high as 9% in some states.¹ The need to treat mental health conditions in injured worker patients may rise for some payers, due to a combination of factors, including more states covering PTSD and the increase of mental health conditions among the general population. In addition, some antidepressants, seen as a safer alternative to opioids, are used to treat pain.

Although antidepressants are generally safe, they are likely to be used in combination with other drugs – 72% of people who have depressive disorders also have at least one chronic condition⁷ – posing risks of adverse drug reactions.

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- ▶ 13% of American adults use antidepressants⁴
 - ▶ 19% of American have an anxiety disorder⁵
 - ▶ 25% increase in mental health conditions occurred during the COVID-19 pandemic⁶

Antidepressant Types and Risks

- ▶ **Selective serotonin reuptake inhibitors (SSRIs)** are the most commonly prescribed drugs to treat depression. They work by preventing the breakdown of serotonin, which ultimately increases serotonin levels in the body. SSRIs are generally safe, but drug interactions can occur, especially when combined with opioids and some migraine medications.
- ▶ **Serotonin and norepinephrine (SNRIs)** block the reabsorption of serotonin and norepinephrine in the brain, changing the chemistry of brain cells that regulate mood. SNRIs are used to treat depression, as well as anxiety disorder and chronic pain. As with SSRIs, drug interactions can occur. Both SSRIs and SNRIs can cause bleeding when combined with blood thinners or NSAIDs.
- ▶ **Tricyclic antidepressants**, such as amitriptyline, are generally used for depression only when other drugs fail. However, they are sometimes prescribed to treat pain, including nerve pain and migraines. Tricyclic antidepressants interact with multiple other drugs and can cause serious side effects, including irregular heart rate and seizures.



To varying degrees, opioids, benzodiazepines, gabapentinoids, SMRs, and antidepressants can pose risks to patients. This is especially true when taken in combination or with other drugs that patients may be taking for existing chronic conditions.

INAPPROPRIATE OR EXCESSIVE POLYPHARMACY

Polypharmacy is the simultaneous use of multiple medications in an individual patient. As we see more patients with comorbidities and mental health conditions, polypharmacy becomes a greater concern because patients may already be taking multiple medications that are not visible in the workers' comp pharmacy transaction records.

While sometimes necessary, many incidences of polypharmacy are inappropriate. Polypharmacy that involves opioids, benzodiazepines, and skeletal muscle relaxants is especially dangerous.

Risks of polypharmacy include:

- ▶ Therapeutic duplication
- ▶ Long term prescribing of short term agents
- ▶ Non-adherence due to side effects
- ▶ Hindered functional improvement
- ▶ Multiple drug-drug and drug-disease interactions
- ▶ Serotonin syndrome
- ▶ Risk of cardiac event
- ▶ Severe respiratory depression and/or death



5% of Americans aged 40-59 take at least 5 prescription drugs⁸



Patients who take 5-9 medications have a 50% chance of an adverse reaction⁹



Polypharmacy accounts for almost 30% of hospital admissions and is the 5th leading cause of death⁹

WORKPLACE SAFETY

In addition to concerns about drug therapy appropriateness and efficacy, controlled substances and other potentially risky drugs (including medical marijuana) share side effects that pose threats to job site safety when recovering injured workers are taking them.

Common side effects of opioids, benzodiazepines, SMRs, gabapentinoids, and marijuana are:

- ▶ Drowsiness and sedation
- ▶ Anxiety
- ▶ Dizziness, confusion, and disorientation
- ▶ Short-term memory loss
- ▶ Impairment
- ▶ Psychosis
- ▶ Physical dependence and addiction

As noted, opioids are, thankfully, not the dominant and all-consuming prescription drug problem they once were for workers' comp payers. And, while we can never be grateful for an epidemic that cost lives, livelihoods, and billions of dollars, we did develop some best practices for pharmacy management that can be applied to curb inappropriate prescribing and misuse of other potentially harmful drugs.

6 ESSENTIAL COMPONENTS FOR EFFECTIVE RX DRUG MANAGEMENT IN WORKERS' COMP

1. Strategic Formulary Design

A well-designed formulary is the foundation of a safe and effective pharmacy program. Medication plans should be evidence-based and customized to the needs of each specific workers' compensation population, accounting for the types of injuries and illnesses likely to occur. Appropriate dosage and duration limits should be set for high-risk medications, while ensuring easy access to safer alternatives.

2. Early Risk Identification

Risk identification should include: prospective and concurrent drug utilization review for each prescription transaction to identify dangerous drugs and drug combinations; ongoing analysis of each patient's total drug regimen and history; and consistent monitoring of prescriber behavior patterns. Claims and care management staff should receive immediate notifications to alert of scenarios that require attention beyond the prior authorization process.

3. High Pharmacy Network Utilization

Out-of-network prescription activity delays awareness and increases the risk of inappropriate treatment. Maintaining a high network penetration rate ensures that prescription activity is captured in real time. Essential components to a successful pharmacy network strategy include a comprehensive national network of pharmacies, an effective first-fill program; a fast and efficient prior authorization process; a comprehensive retro program to capture and convert any out-of-network activity; swift and effective communication with network pharmacists; and a convenient mail order program.

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4. Expert and Accessible Clinical Guidance

Expert and evidence-based clinical guidance should first be embedded into the entire claims workflow to automate decisions according to predetermined criteria and appropriately route authorizations to designated staff. Quick and easy access for claims professionals to educational materials and live support from pharmacology and occupational health experts who understand the complexities of workers' compensation healthcare is also needed to ensure patient safety and keep claims from inadvertently going off course.

5. Population-Based Analytics

The fragmented workers' compensation healthcare system prevents care providers from having a holistic view of the patient, and a transactional perspective of prescription activity is insufficient for effective management of patient populations over time. A more panoramic view that gives visibility into patterns and trends can inform therapy decisions and intervention opportunities. A robust analytics program can capture, process, and analyze myriad disconnected facts and turn data into the visual, actionable information needed to glean insights make clinical and operational adjustments as needed.

6. Active Intervention and Engagement

Outreach to and engagement with prescribers, pharmacies, and patients is the surest way to support desirable behaviors and ensure adherence to safe and effective treatment. This takes a combination of strategic planning, tactical programs, and intuitive technologies to create a positive experience for all stakeholders. Early engagement from pharmacy program managers that provides relevant information, helpful resources, and user-friendly tools can mean the difference between a rapid road to recovery and a long and complex claim.

DYNAMIC CHALLENGES, CONSISTENT CARE


Effective pharmacy management that ensures patient safety, optimal health outcomes, and affordable costs has always been – and always will be – an evolving challenge. Regulations, CDC guidelines, a shifting healthcare industry environment, and unpredictable health trends will keep workers' compensation payers and pharmacy program managers on their toes in the years to come. We will continue to assess and adjust to changing circumstances, guided by the fundamental principle of putting injured worker patient safety and well-being first.


Gain deeper insights into Rx drug activity and costs

Workers' comp pharmacy program management is complex and can be confounding when you don't have an objective and reliable benchmark to compare your program's performance to industry standards.

HealtheSystems offers a unique opportunity to receive an informative and complimentary clinical and financial review of the drug activity occurring within your claims population, including an executive summary of notable findings, instructive dashboards, and expert recommendations.

[Request your complimentary PBM e360](#)

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