

# Curbing the Opioid Epidemic: Checklist for California Health Plans and Purchasers

In early 2017, Smart Care California conducted a survey among health plans that serve Covered California, CalPERS, and Medi-Cal members to learn more about which approaches aimed at lower opioid-related morbidity and mortality are currently in place, or under consideration. The survey was re-administered in the summer of 2018 to evaluate implementation progress. The 2018 survey was based on Smart Care California's [health plan and purchaser checklist](#) for curbing the opioid epidemic. The survey results have been condensed to identify the top approaches for plans. Below are aggregated results across the Covered California, CalPERS, and Medi-Cal business lines for California plans who completed the survey.



**Smart Care California is focused on four priority areas with the strongest evidence for impact:**

Priority	Approach	Status	2017	2018
PREVENT new starts	Implement quantity limits for new starts (with authorization requirements for ongoing treatment after first fill)	In Place	43.8%	60.7%
		In Planning	28.1%	35.7%
		No Plans	28.1%	3.6%
	Remove prior authorization requirement for first course of physical therapy for back pain, and ensure timely access to care	In Place	64.5%	60.0%
In Planning		12.9%	30.0%	
No Plans		22.6%	10.0%	
MANAGE pain safely	Implement formulary dose limits (total morphine milligram equivalents, with prompt authorization review to manage exceptions)	In Place	75.0%	64.3%
		In Planning	12.5%	28.6%
		No Plans	12.5%	7.1%
	Limit concurrent prescriptions for opioid and benzodiazepines	In Place	21.9%	35.7%
		In Planning	56.3%	50.0%
		No Plans	21.9%	14.3%
	Notify outpatient prescribers about hospital and ED admission for overdose events <sup>1</sup>	In Place	31.3%	20.0%
		In Planning	18.8%	30.0%
		No Plans	50.0%	50.0%
	Offer or support specific programs that help providers develop taper plans for patients on high opioid doses or combinations (opioids and benzodiazepines)	In Place	41.2%	50.0%
		In Planning	41.2%	34.4%
		No Plans	17.6%	15.6%
TREAT addiction	Evaluate network adequacy for specialty addiction treatment and develop action plan to meet demand	In Place	This question was not asked in 2017	59.4%
		In Planning		28.1%
		No Plans		12.5%
	Evaluate network adequacy for primary care addiction treatment (buprenorphine and naltrexone) and develop action plan to meet demand	In Place	This question was not asked in 2017	43.8%
		In Planning		37.5%
		No Plans		18.8%
	Offer or support provider education on buprenorphine prescribing (e.g. waiver training)	In Place	32.4%	68.8%
		In Planning	26.5%	18.8%
		No Plans	41.2%	12.5%
	Remove authorization requirements for initiating and maintaining buprenorphine for addiction (including eliminating requirements for detox in lieu of maintenance)	In Place	33.3%	91.7%
		In Planning	33.3%	0.0%
		No Plans	33.3%	8.3%
STOP deaths	Offer or support provider education on co-prescribing naloxone	In Place	30.3%	78.1%
		In Planning	54.5%	15.6%
		No Plans	15.2%	6.3%
	Provide member education on naloxone	In Place	40.6%	51.6%
		In Planning	31.3%	29.0%
		No Plans	28.1%	19.4%
	Remove authorization requirements and copays for naloxone	In Place	This question was not asked in 2017	33.3%
		In Planning		16.7%
		No Plans		50.0%

<sup>1</sup> The 2017 survey asked only about hospital admissions for overdose events. The 2018 survey expanded this to hospital and ED admissions.