

## **SCR 5 CONCURRENT RESOLUTION DIRECTING PEHP REGARDING PAIN MEDICATION (Weiler, Todd)**

**Anticipated Fiscal Impact: \$579,451 or  
\$0.78 per member per month cost of this bill  
averaged over the next three years**

SCR 5 requires the state employee health plan to include and give preferred status to all nonopioid analgesia drugs if the plan gives preferred status to any opioid or narcotic drug. Preferred status would require covering the drug, at the lowest patient cost sharing tier, and without any utilization management tools, including prior authorization and step therapy. Currently, PEHP covers approximately 1,051,200 opioid or narcotic pills per year under the state employee health plan with average paid cost per pill of about \$0.48, which amounts to about \$504,576 in total. PEHP is aware of new nonopioid analgesia drug called Journavx. The per pill cost of this drug is about \$15.50/pill or roughly 32 times higher than the average per pill cost of covered opioid/narcotic drugs. PEHP does not currently cover this drug, but if it did, it would likely limit coverage through prior authorization to those with a history of potential addiction for acute pain. Because Journavx is new, few providers prescribe it. However, according to industry projects, the market share of the drug for those with acute or chronic pain is expected to reach 15% by the early 2030s with migration over the next year of reaching approximately 2.5% in 2026, 5% in 2027, and 7.5% in 2028. Accordingly, if coverage of Journavx was mandated, along with member payment at the lowest tier with no ability to manage utilization, we would expect 5% of opioid drugs to be replaced by Journavx on average over the next year, if not more, since there would be no limit on this drug other than providers choosing not to prescribe it. (Last year's version of this bill had a lower three-years assumption because 2025 was year one of the drug.) At 5%, we'd expect a three-year average increase to the state employee health insurance plan of \$789,451.  $((\$15.50 - \$0.48 \text{ difference in price between drugs}) \times 5\% \text{ migration} \times 1,051,200 \text{ pills/year} = \$789,451/\text{year})$ . About 12,000 state plan individuals were prescribed opiates last year, about 75% for acute pain. As such we'd expect 600 or 5% would take Journavx. Of those 600, we'd expect 2.5% would avoid developing opioid dependency or about 15 people. Data suggests that this would result in a cost savings of approximately \$14,000 per person or \$210,000 in total. Total costs = \$789,451/year costs - \$210,000/year savings = \$579,451/year costs.