Tackling the Opioid Epidemic

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November 4, 2014
NAMD Fall Conference
The National Problem

- Four-fold increase in overdose deaths from opioids from 2001 to 2011
- 475,000 ER visits for Rx drug overdose in 2009
- Misuse, diversion, abuse, and addiction
- Balance the need for appropriate use for patients in pain
The Medicaid Problem

• Mortality - 5 times that of the general population due to prescription drug abuse

• Opioid abusers are more likely to be covered by Medicaid than by any other insurance program
Opioid Use in Pregnancy

• Risk of neural tube defects after the first trimester

• Risk of neonatal withdrawal syndrome
  – Nationally, 1 birth every hour

• One in five Medicaid pregnant women filled at least one Rx for opioid during pregnancy
  – Most common diagnoses – abdominal pain, back pain, headache, joint pain, migraine
  – Median Rx was 5 day supply
  – 2.5% had > 30 days coverage

Oklahoma Health Care Authority, 11/4/2014
Opioid Use in Pregnancy - Oklahoma

- 42,291 pregnant members in 12 months
- 9.4% > 2 opioid claims
- OB-GYN most common prescriber (35%)
- Considering an edit to require PA’s for opioids while pregnant
Interventions - General

- State Prescription Monitoring Programs (PMP)
- Claims processing edits
- Multi-agency task force
- Disseminate best practice guidelines
- SBIRT in primary care and emergency department settings
- Review prescribing patterns
- Monitor excessive individual use
- Lock-in programs
- Monitor claims for pregnant women for signs of abuse and addiction
Interventions - Oklahoma

- Quantity limits, age limits, early refill
- Ingredient or Therapeutic duplication
- Prior authorization
- Prefer abuse deterrent products
- Lock-in to pharmacy and prescriber
- Mailers to prescribers
- Task Force participation
Treatment of Addiction

• Review access to substance use disorder services

• Develop/Improve substance use disorder treatment programs

• Link patients with interventions (tools)