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Lives at Risk and Naloxone Co-Prescribing

KY opioid prescribing versus the U.S. Averages

In 2018, Kentucky providers wrote 79.5 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.

- Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. (2019, October 3)

https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

“Despite widespread devastation caused by America's opioid epidemic, an investigation by NPR found that doctors and other health care providers still prescribe highly addictive pain medications at rates widely considered unsafe.”

Critics say the practice exposes tens of millions of patients each year to unnecessary risk of addiction, overdose and death. It also floods communities with vast quantities of opioid medications that go unused, building up a deadly reservoir of drugs in home medicine cabinets that often wind up being abused.

"It's not just a handful of doctors doing it. We kind of all are. It's become part of our culture that this is normal."

- https://www.weku.fm/post/doctors-and-dentists-still-flooding-us-opioid-prescriptions - July 20, 2020

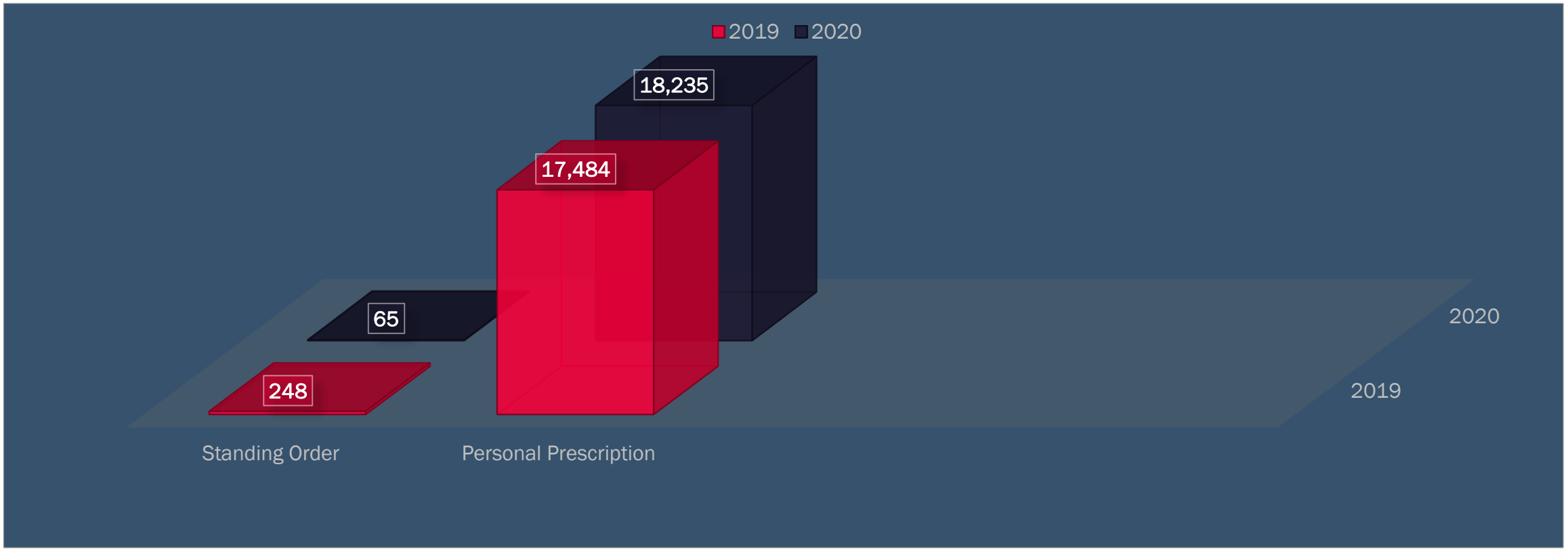
Kentucky Opioid Epidemic Summary and Policy Recommendations

- State Opioid Mortality Trends
- Standing order and prescription volume - KY
- Lives at-risk for an Opioid Overdose
- Intervention and Distribution Points for Naloxone
- Naloxone Co-Prescribing Policy Recommendations
- Naloxone Co- Prescribing Impact

Presented in support of public policy application. Not product advertising or promotion.

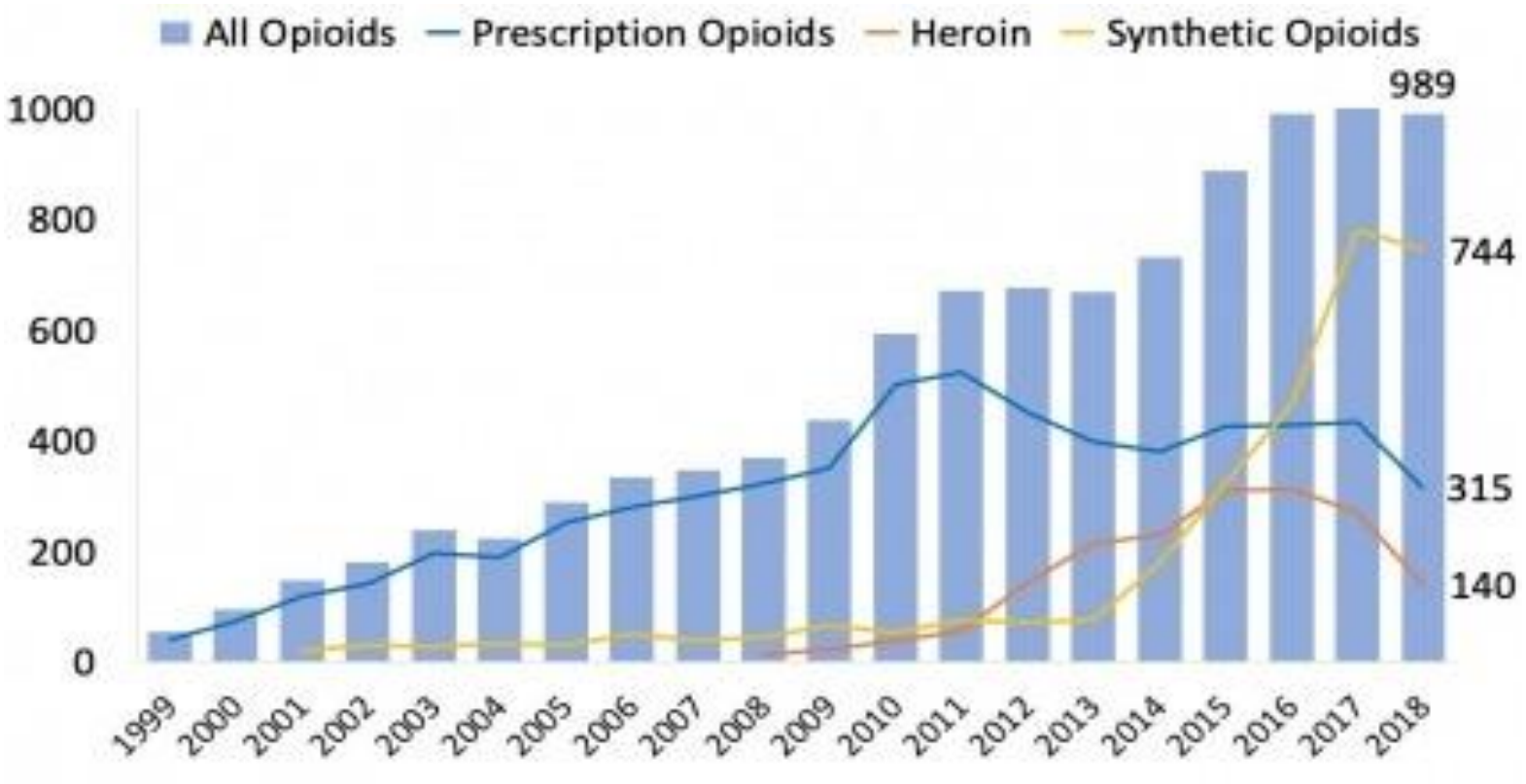
The following is a presentation for consideration in the development of governmental public policy initiatives. It is not intended, nor should it be construed as product advertising or marketing, suggesting or advocating any therapeutic uses of any drug products, for which, in all cases, appropriate full prescribing information should be consulted for indications and important risk information.

Standing Order and Personal Prescription Volume



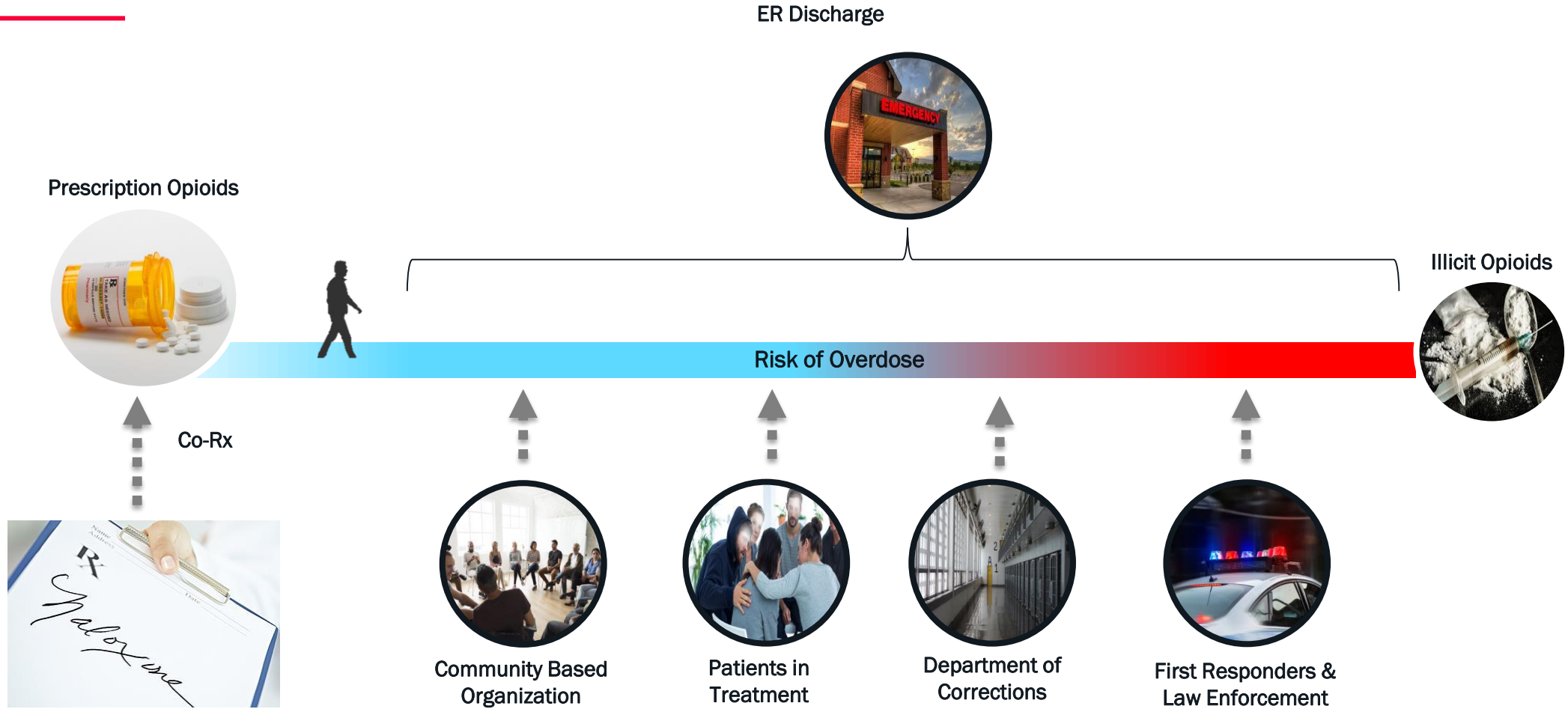
IQVIA Data through Week ending October 16, 2020

Kentucky Opioid Mortality Trends



Graph https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/kentucky-opioid-summary

Introduction Points for Naloxone Before an Overdose



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Co-Prescribing Naloxone Landscape

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Many Stakeholders Support Integrating Naloxone for At-Risk Opioid Patients

SAMHSA Substance Abuse and Mental Health Services Administration	**CMS** Centers for Medicare & Medicaid Services	**CDC** Centers for Disease Control and Prevention	**AMA** American Medical Association
WHO World Health Organization	**ASAM** American Society of Addiction	**AAPM** The American Academy of Pain Medicine	**AHA** American Heart Association
IHS Indian Health Service	**FSMB** Federation of State Medical Boards	**NABP** National Association of Boards of Pharmacy	**APhA** American Pharmacists Association

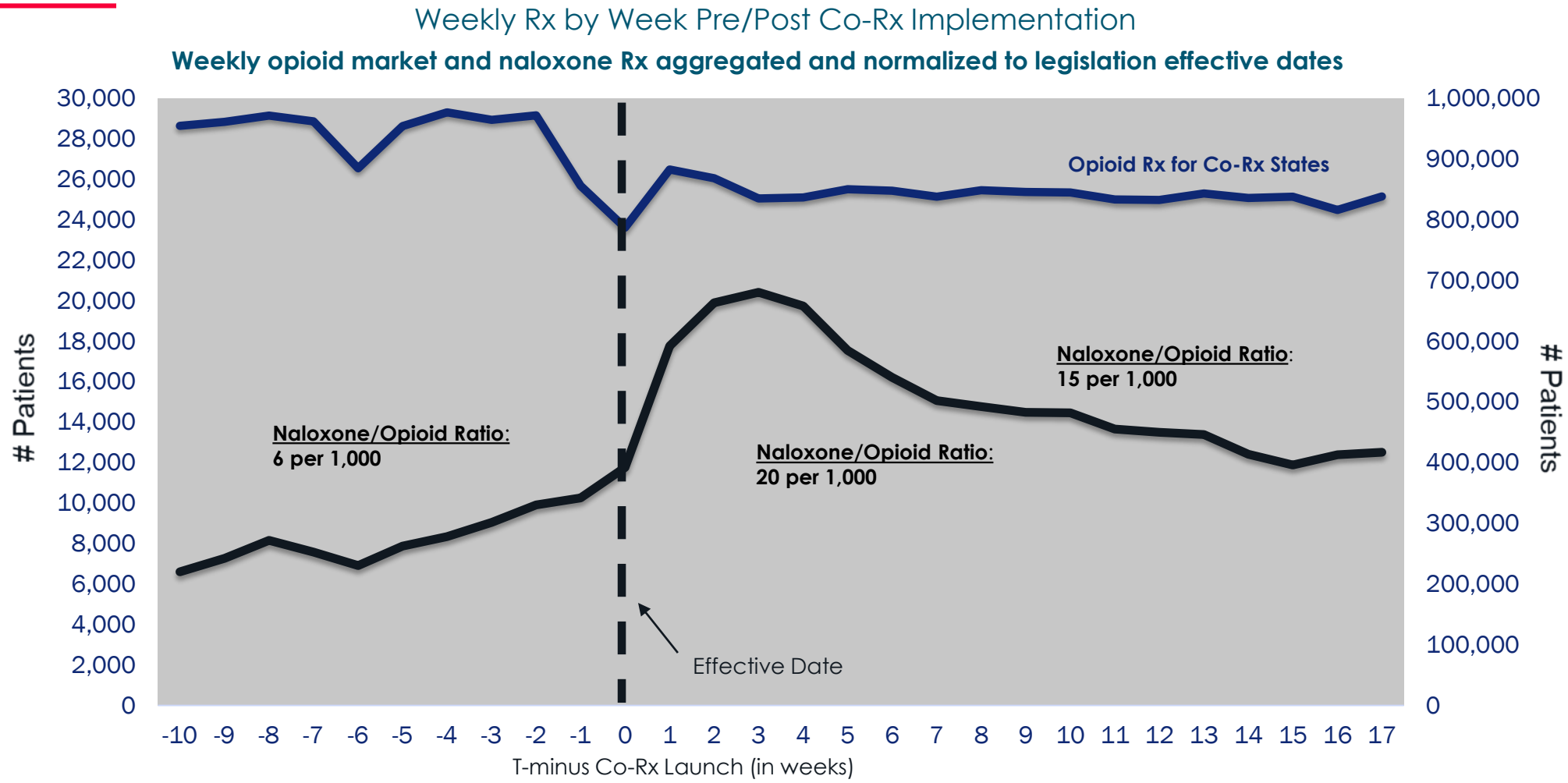
https://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf https://wire.ama-assn.org/delivering-care/new-guidance-who-can-benefit-naloxone-co-prescribing http://www.who.int/features/2014/naloxone/en/ https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf http://www.painmed.org/files/aapm-comments-on-naloxone-uptake-and-use.pdf https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-10-special-circumstances-of-resuscitation/highlights-introduction/highlights/ https://www.ihs.gov/opioids/naloxone/ http://www.fsmb.org/globalassets/advocacy/news-releases/2017/fsmb-releases-updated-guidelines-for-chronic-use-of-opioid-analgesics.pdf https://nabp.pharmacy/nabp-issues-policy-statement-supporting-the-pharmacists-role-in-increasing-access-to-opioid-overdose-reversal-drug/ https://www.japha.org/article/S1544-3191(16)31018-4/fulltext?rss=yes

State Legislation/Rules Requiring Co-Prescribing to High Risk Opioid Patients

State Legislation/Rules Requiring Co-Prescribing on Naloxone have expanded Naloxone to High-Risk Opioid Patients

- There is a growing trend where states have implemented requirements to co-prescribe naloxone
- To date 9 states have required co-prescribing naloxone with high-risk opioid prescriptions
- Criteria that triggers a requirement for co-prescribing varies (mainly by level of Morphine Milligram Equivalent MME) however all states have seen significant adoption by physicians and filled prescriptions by patients who are at increased risk of overdose.
- The following slides lay out the data that illustrates the spikes in naloxone distribution post implementation of these laws/rules/regulations.
- Subsequent slides highlight sources with law/rule/regulation language.

9 Co-Prescribing States Show Growth Post Implementation



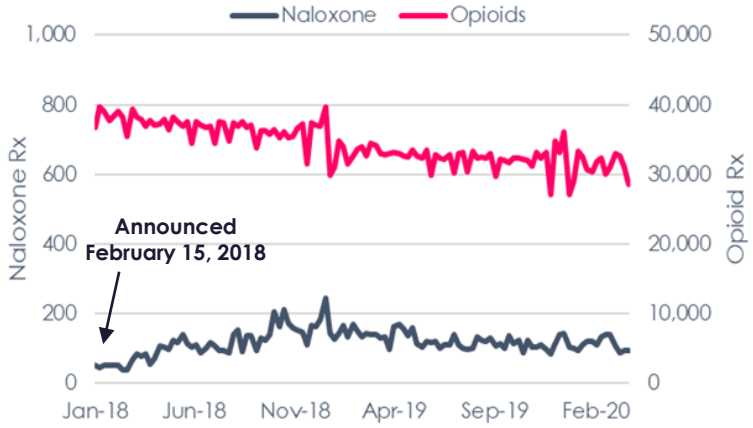
Co-Rx States include: AZ, CA, FL, NM, OH, RI, VA, VT, WA

Actual launch dates varied during 2017-2019 period.

** IQVIA Data on File*

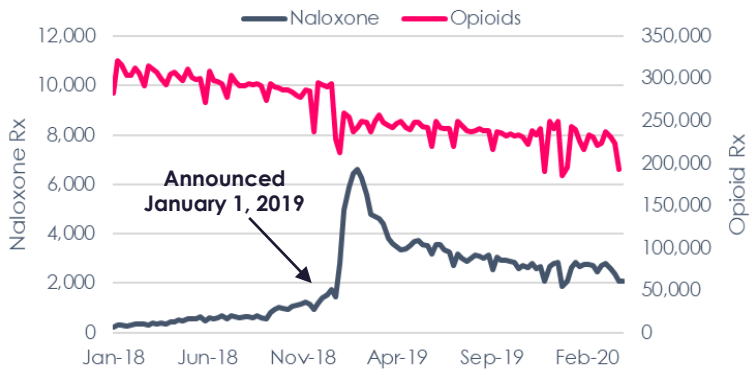
Impact of Language on Naloxone Co-Prescribing

UTAH



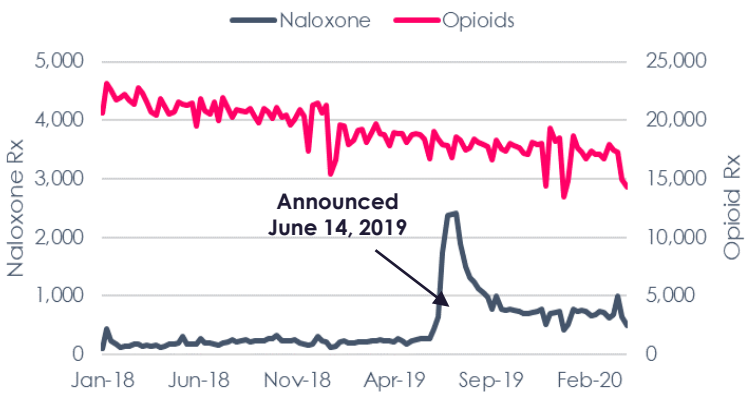
Prescribers are **encouraged** to co-prescribe an opioid antagonist in those taking higher opioid dosages such as a dose **≥50 MME per day**/concurrent benzodiazepine use[a]

CALIFORNIA



Prescriber **shall** offer a prescription of naloxone to patients with prior overdose, substance abuse, doses in excess of **90 MME per day**/or concomitant benzodiazepine

NEW MEXICO



Physician **shall** co-prescribe opioid antagonist with any opioid Rx of more than 5 days

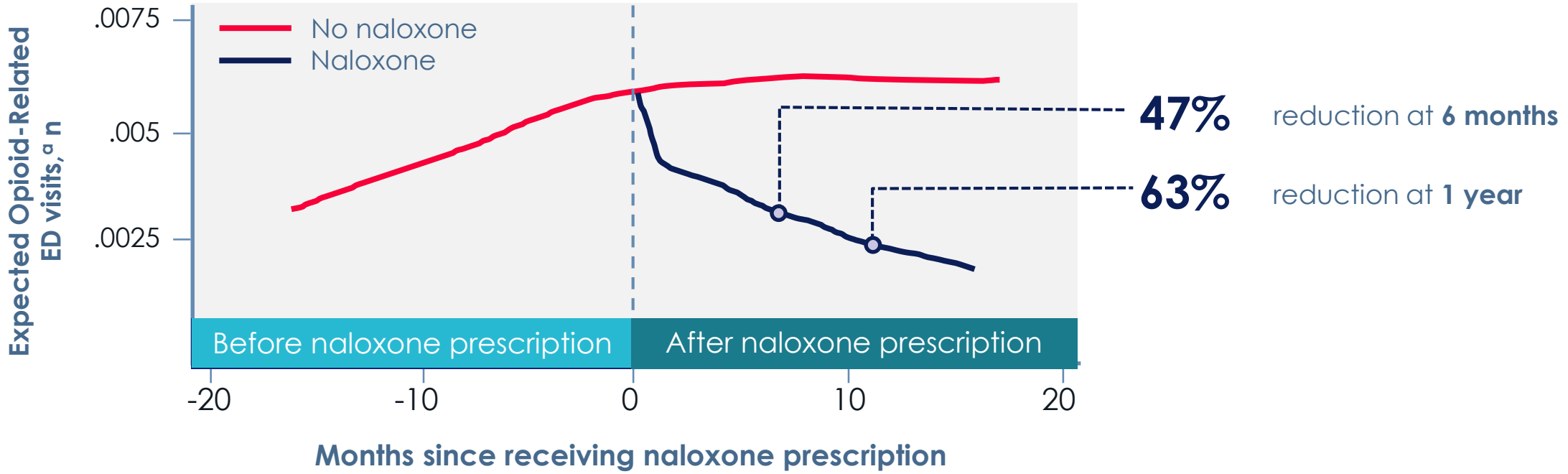
[a]Households where preschool-age children live or visit, whenever opiate medication is prescribed/a known history of overdose/a known history of substance use disorder/a mental health condition that could make a patient susceptible to overdose/a risk for returning to a high dose to which they are no longer tolerant/unstable medical conditions, such as respiratory disease, sleep apnea, cognitive decline medical conditions, or other comorbidities that make a patient susceptible to opioid toxicity, respiratory distress or overdose/higher opioid dosages such as a dose greater than or equal to **50 MME/day**/concurrent benzodiazepine use.

Data on File, Emergent BioSolutions.

Naloxone Co-Prescription and Opioid-Related ED Visits in San Francisco

Expected number of opioid-related ED visits per month by receipt of naloxone prescription

(N=1985 adults receiving long-term opioid therapy)



Coffin, P. O., Behar, E., Rowe, C., Santos, G. M., Coffa, D., Bald, M., & Vittinghoff, E. (2016). Nonrandomized intervention study of naloxone coprescription for primary care patients receiving long-term opioid therapy for pain. Annals of internal medicine, 165(4), 245-252.

Data from a 2-year, nonrandomized intervention study involving 759 patients receiving long-term opioids who were prescribed naloxone in San Francisco during February 2013 through April 2014. Results are observational and may not be generalizable beyond safety-net settings.

[a]Expected number of emergency department (ED) visits per month calculated for 2 patients (1 who received a naloxone prescription).