OPIOIDS IN PREGNANCY

Oklahoma Perinatal Quality Improvement Collaborative
Stephenson Cancer Center
October 20, 2015
Mike Herndon, D.O., OHCA Senior Medical Director

Oklahoma HealthCare Authority

OKLAHOMA STATE MEDICAID CLAIMS DATA

State Fiscal Year (SFY) 2014

BIRTHS = 32,148

- 4,328 members with opioid prescriptions filled (up to three days before delivery)
- Per trimester
  - 1st trimester = 897 members/1,346 claims
  - 2nd trimester = 1,908 members/2,952 claims
  - 3rd trimester = 2,616 members/4,503 claims

Oklahoma HealthCare Authority

MEMBERS WITH OPIOID CLAIMS

4,328

- 1,424 members = 2 - 5 claims
- 2,630 members = 1 claim
- 231 members = 6 - 10 claims
- 38 members = 11 - 15 claims
- 3 members = 16 - 20 claims
- 2 members = 24 claims

Oklahoma HealthCare Authority

SOONERCARE TOP PRESCRIBERS AND OPIOIDS

Top prescriber types:

- OB/GYN (35 percent)
- Family Practitioner (17 percent)
- General dentist (14 percent)
- Emergency medicine (8 percent)
- Physician assistant (6 percent)
- Nurse practitioner (3.5 percent)
- General practitioner (3.5 percent)
- Oral surgeon (3 percent)
- Internist (3 percent)
- Group prescriber (3 percent)

Oklahoma HealthCare Authority

SOONERCARE TOP PRESCRIBERS AND OPIOIDS

The most common opioids prescribed for pregnant SoonerCare members were:

- Hydrocodone APAP(62.6 percent)
- Oxycodone APAP (20 percent)
- Codeine APAP (6.2 percent)
- Tramadol (5.4 percent)
- Buprenorphine (1.6 percent)

Oklahoma HealthCare Authority

ACOG* STUDY

May 2014

- 1.1 million Medicaid women with completed pregnancies in 46 states and Washington D.C.
- 21.6 percent filled an opioid prescription during pregnancy

*The American Congress of Obstetricians and Gynecologists

Oklahoma HealthCare Authority

ACOG STUDY

May 2014

- Increase from 18.5 percent (2000) to 22.8 percent (2007)
- Codeine and hydrocodone accounted for the majority of prescriptions
- Regional variation (South and Midwest highest)

Oklahoma HealthCare Authority

OPIOID PRESCRIPTIONS

Most frequent diagnosed pain conditions:

- Abdominal pain
- Lower back pain
- Headache syndromes
- Joint pain
- Migraine

Oklahoma HealthCare Authority

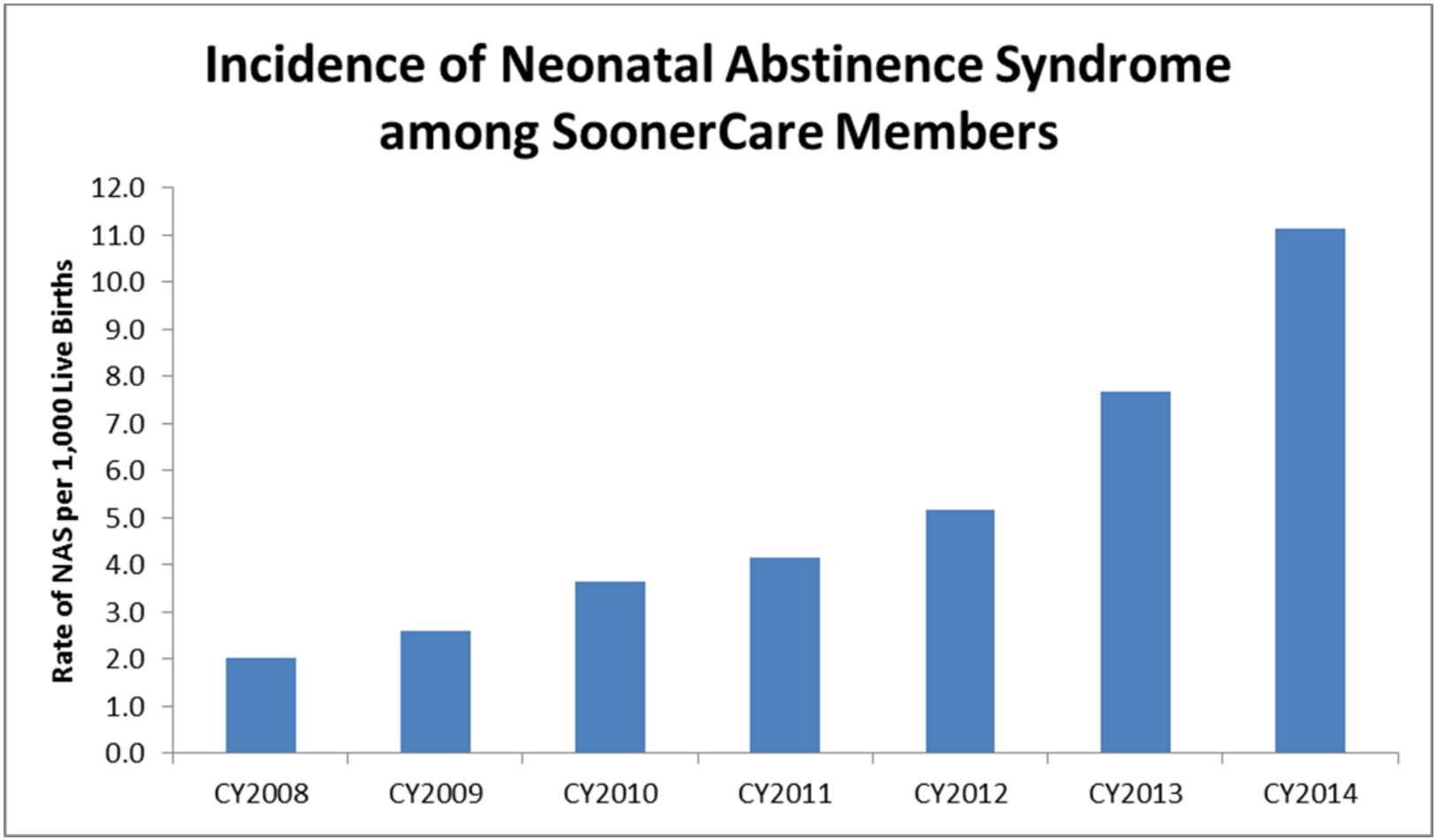
OPIOID PRESCRIPTIONS

Per trimester:

- 1st Trimester = 10.5%
- 2nd Trimester = 9.5%
- 3rd Trimester = 9.8%

Oklahoma HealthCare Authority

NEONATAL ABSTINENCE SYNDROME



Note: Cases of neonatal abstinence syndrome (NAS) were identified based on the presence of ICD-9 code 779.5 occurring during the first year of life. Each calendar year cohort was restricted to children born in the specified year. SoonerCare enrollment status was determined using SoonerCare Medicaid Management Information System. Enrollment data is used as the denominator based on infants enrolled in SoonerCare at time of birth or during their first year of life. NAS cases (numerator) were identified from the infants within the denominator which had an ICD-9 code 779.5 from paid claims; denied and voided claims are excluded.
Data is valid as of 10/16/15 and is subject to change.

Oklahoma HealthCare Authority

Reporting Period (By Calendar Year)	Members born during Reporting Period	NAS Members	% of Births with diagnosis of NAS
CY2008	36,715	74	0.2%
CY2009	37,497	97	0.26%
CY2010	38,083	139	0.36%
CY2011	38,429	160	0.42%
CY2012	37,628	194	0.52%
CY2013	37,925	291	0.77%
CY2014	37,562	418	1.11%

Note: Cases of neonatal abstinence syndrome (NAS) were identified based on the presence of ICD-9 code 779.5 occurring during the first year of life. Each calendar year cohort was restricted to children born in the specified year. SoonerCare enrollment status was determined using SoonerCare Medicaid Management Information System. Enrollment data is used as the denominator based on infants enrolled in SoonerCare at time of birth or during their first year of life. NAS cases (numerator) were identified from the infants within the denominator which had an ICD-9 code 779.5 from paid claims; denied and voided claims are excluded.
Data is valid as of 10/16/15 and is subject to change.

Oklahoma Health Care Authority

TREATMENT AND INTERVENTIONS

- Medication Assisted Treatment (MAT) with methadone or buprenorphine is safe and effective during pregnancy
- MAT is preferred to stopping, weaning, or continuing illicit drug use

Oklahoma HealthCare Authority

TREATMENT AND INTERVENTIONS

- Many women do not have access to MAT
  - ❑Methadone
    - Most states cover
    - Limits on dose, length of treatment common
    - Few pregnancy-specific criteria identified
  - ❑Buprenorphine
    - 10 states have pregnancy-specific criteria
    - Some states limit coverage to those age 16 and older

Oklahoma HealthCare Authority

CLINICAL PRACTICE GUIDELINES

- Encourage women to use MAT rather than to attempt opioid detoxification
- Methadone is standard of care (may be due to longer experience with methadone)
- Methadone and buprenorphine are both recommended
- Medically-supervised tapering of dose is not recommended
- Abrupt discontinuation of opioids can result in preterm labor, fetal distress or fetal demise

Oklahoma HealthCare Authority

OTHER RECOMMENDATIONS

Screening:

- Screen for substance use using validated screening tools
- Offer a brief intervention
- Follow-up with urine drug testing if necessary
- Refer to treatment when appropriate
- Do not conduct routine drug testing during pregnancy

Oklahoma HealthCare Authority

OTHER RECOMMENDATIONS

Support:

- Provide supportive and integrated care
- Address mother's feelings of guilt and fears of child removal
- Ensure that staff attitudes do not discourage women from seeking care

Oklahoma HealthCare Authority

DISCUSSION

What can OHCA do as we go forward?

Oklahoma HealthCare Authority

RESOURCES

- Desai, Rishi J, MS, PhD, Hernandez-Diaz, Sonia, MD, Bateman, Brian T, MD, Huybrechts, Krista, *Journal of Obstetrics and Gynecology,* "Increase in Prescription Opioid Use During Pregnancy Among Medicaid-Enrolled Women," May 2014.
- OHCA Reporting & Statistics Unit.

Oklahoma HealthCare Authority

RESOURCES

- Oregon Health & Science University: "Treatment for Opioid Dependence in Pregnancy: Evidence and Policy Summary," December 2014.

Oklahoma HealthCare Authority