OPIOIDS IN PREGNANCY

Oklahoma Perinatal Quality Improvement Collaborative
Stephenson Cancer Center
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Mike Herndon, D.O., OHCA Senior Medical Director
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
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
## SOONERCARE TOP PRESCRIBERS AND OPIOIDS

**Top prescriber types:**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>35%</td>
</tr>
<tr>
<td>Family Practitioner</td>
<td>17%</td>
</tr>
<tr>
<td>General dentist</td>
<td>14%</td>
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<tr>
<td>Emergency medicine</td>
<td>8%</td>
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<tr>
<td>Physician assistant</td>
<td>6%</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>3.5%</td>
</tr>
<tr>
<td>General practitioner</td>
<td>3.5%</td>
</tr>
<tr>
<td>Oral surgeon</td>
<td>3%</td>
</tr>
<tr>
<td>Internist</td>
<td>3%</td>
</tr>
<tr>
<td>Group prescriber</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Drug Utilization Review Board*  
*July 2014*
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)
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
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)
OPIOID PRESCRIPTIONS

Most frequent diagnosed pain conditions:

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

Per trimester:

• 1st Trimester = 10.5%
• 2nd Trimester = 9.5%
• 3rd Trimester = 9.8%
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.
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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
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
• 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
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
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
DISCUSSION

What can OHCA do as we go forward?
RESOURCES


• OHCA Reporting & Statistics Unit.
RESOURCES