

Proposed Changes in Opiate Prescribing in Oregon

Rick Kincade, MD
Community Advisory Council Meeting
March 28, 2015

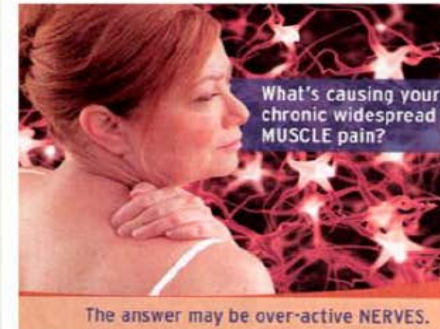
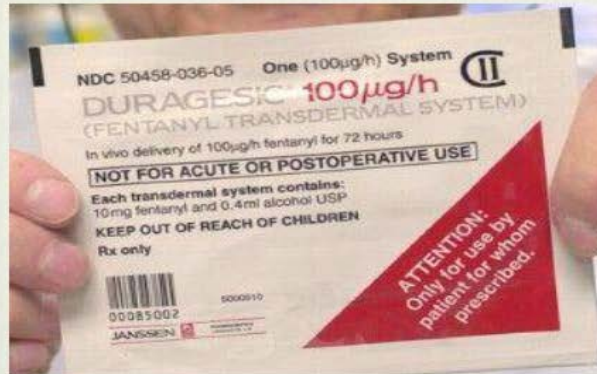
Our Place in the World

Opioid Consumption in US

- ❖ We are 4.6% of the world's population and consume 80% of the world supply of opioids.



Opiates Come in Many Forms



OXYCONTIN[®] II
(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

10 mg 	20 mg 	40 mg
80 mg 	160 mg 	



Abbe LABORATORIES NDC 0074-1949-12
100 Tablets Abbo-Pac[®]

vicodin[®]
hydrocodone bitartrate and acetaminophen tablets, USP

Each tablet contains:
hydrocodone bitartrate 5 mg
acetaminophen 500 mg

Tamper-Evident: Do not accept if sealed blister unit has been broken or opened.

THIS PACKAGE FOR HOUSEHOLDS WITHOUT YOUNG CHILDREN

3.375"

NDC 0081-1289-10
MS Contin[®] II
morphine sulfate controlled-release) Tablets
100 mg
Rx Only
100 Tablets

Purdue Pharma L.P. LPL106-2004B-10



A National Epidemic

What is
killing
middle
aged white
Americans?

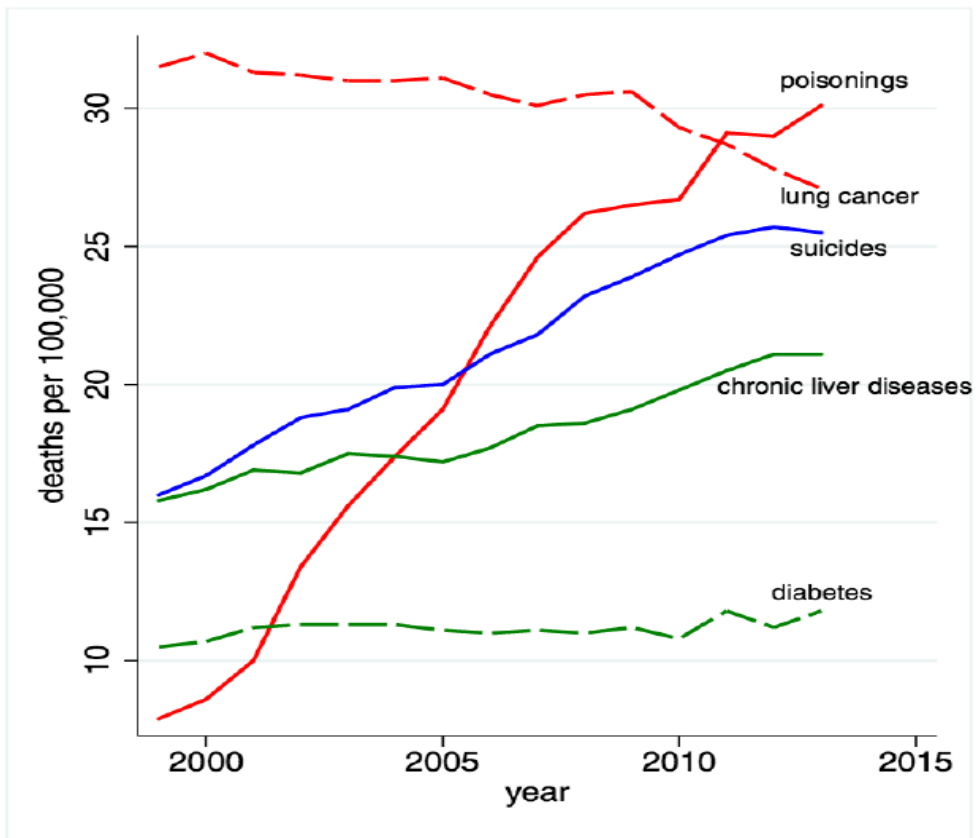
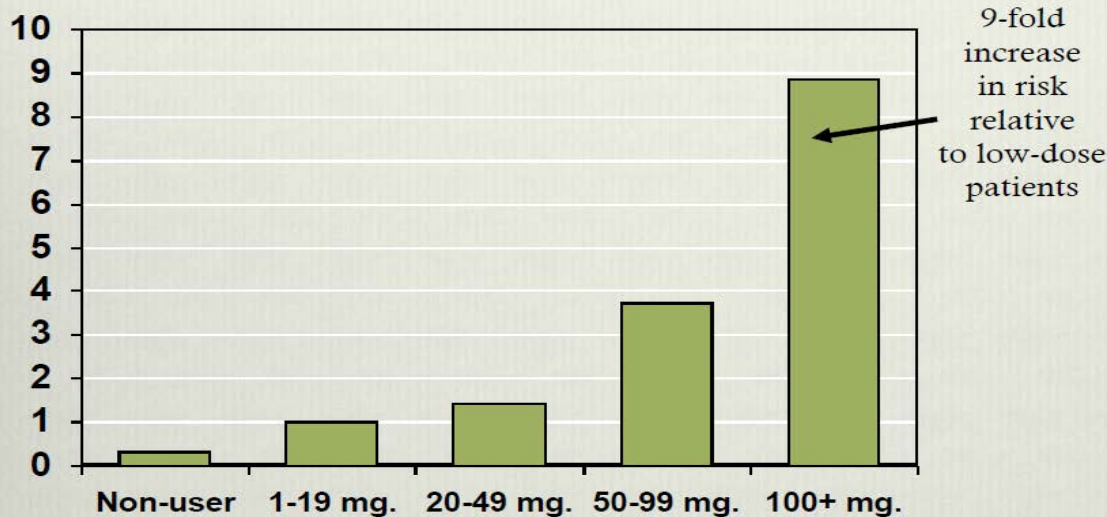


Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.

Dosing and Combining with Tranquilizers

As the dose increases, so does mortality
Mortality risk compared to Morphine Equivalent Dose (MED)¹



Combining Opioids plus Benzodiazepines
increases the mortality 10 fold

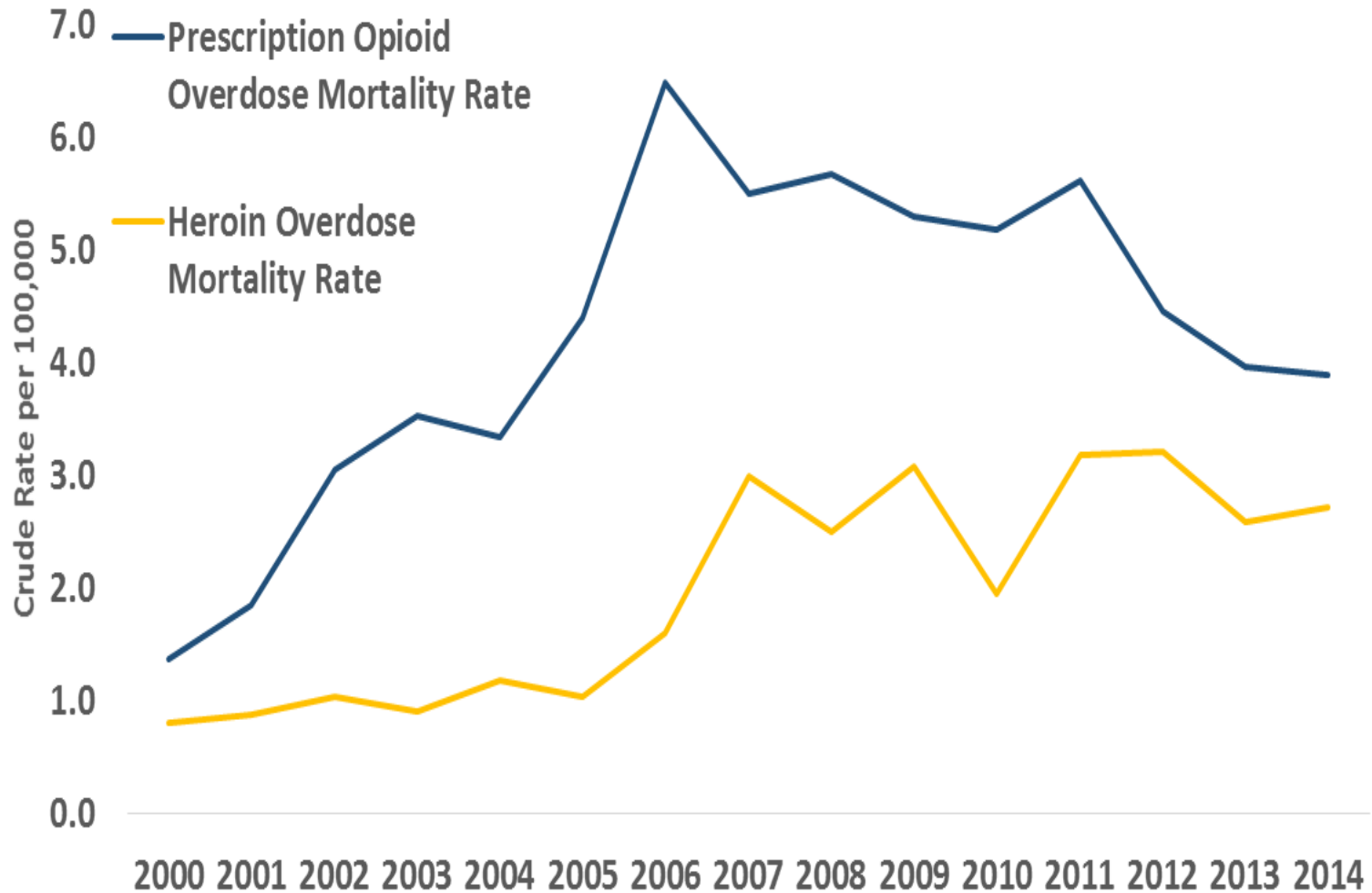
1. Dunn et al., Annals Int Med, 2010

2. [Pain Med.](#) 2015 Sep 1. doi: 10.1111/pme.12907. [Epub ahead of print] Cohort Study of the Impact of High-dose Opioid Analgesics on Overdose Mortality. [Dasgupta N](#) et al.

Oregon's Opiate Use

- **Deaths in 2014**
 - 154 Oregonians died (prescription opioids)
 - Rate of opioid deaths declined 40% between 2006 and 2014
- **Hospitalizations in 2013**
 - 330 Oregonians hospitalized
 - Cost of care was \$9.1 million
 - 4,300 hospitalized patients had opioid use disorder diagnosis
- **Misuse**
 - 212,000 Oregonians (5% of population) self-reported non-medical use of prescription pain relievers in 2012-13 (2nd highest in US)

Annual Rates of Overdose Mortality, Prescription Opioids and Heroin, Oregon, 2000-2014



Prevention Goals

- Improve Population Health
 - Decrease drug overdose deaths,
 - Decrease drug overdose hospitalizations/ ED visits
 - Decrease opioid misuse
- Improve Care
 - Improve pain management practice, including use of alternative pain therapies
 - Increase medication assisted treatment for opioid use disorder
- Decrease Health Care Costs

Goal 1: Decrease Amount of Opiates Prescribed

- Implement Opioid Prescribing Guidelines for Pain Management
 - Acute, Chronic, End-of-life
 - Primary care; Emergency Departments; Hospital Discharge
- Use Prescription Drug Monitoring Program to Assess
- Provide reimbursement for non-opioid pain treatment therapies

Goal 2: Improve Pharmacy Interventions

- Prior authorization
- Dispensing limits
- Provide feedback to prescribers
- Information on safe drug storage and medication take-back
- Increase availability of Naloxone (reverses opiate overdose)

Goal 3: Increase Alternative Treatments

- Improve access to Medication-Assisted Treatment (MAT) services throughout Oregon
- Ensure that CCOs cover MAT
- Increase number of Oregon physicians “waivered” to provide buprenorphine

Goal 4: Improve Community Education/Policy Interventions

- Education of patients/ providers/ policy makers
- Provider groups to develop best-practices in local area
- Potential statutory changes:
 - Prescription Drug Monitoring Program: incorporate into Emergency Department Information Exchange; use for public health practice/ research; automated notifications
 - Naloxone availability Over the Counter

Lane County's Response

- Largely led by Trillium and Pain Society of Oregon
- Local Education with Trillium University
- Tapering Guidelines
- Emergency Department Guidelines
- Community Consortium
 - Law Enforcement
 - Judicial System
 - Law Makers (Local, State, National)
 - Behavioral Health
 - Addictions Treatment Services
 - Health Care: Medical, Dental, Surgical Services
- Alternative Treatment Focus

