

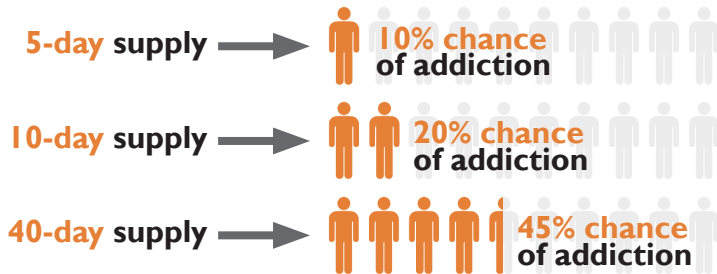
Prescribing Opioids in Colorado

Oxycodone, Percocet, and Vicodin



Opioid use disorders impact us all, not only patients. Working from within the health care system and across communities, together we can make a positive impact.

One critical approach to minimizing opioid use disorders is reducing the number of pills given to people with temporary, acute pain. Centers for Disease Control (CDC) research shows that people receiving a five-day supply of opioids the first time they are prescribed have a 10 percent chance of becoming addicted and using opioids long term (one year or more). The likelihood of using an opioid for over a year doubles to 20 percent for people receiving a 10-day supply and jumps up to 45 percent for patients receiving an initial 40-day supply.ⁱ



To help reduce long-term use and dependency when treating acute pain, the CDC suggests that providers offer alternative treatment options to opioids, and when necessary, prescribe the lowest effective dose for the shortest duration, typically three to seven days.ⁱⁱ

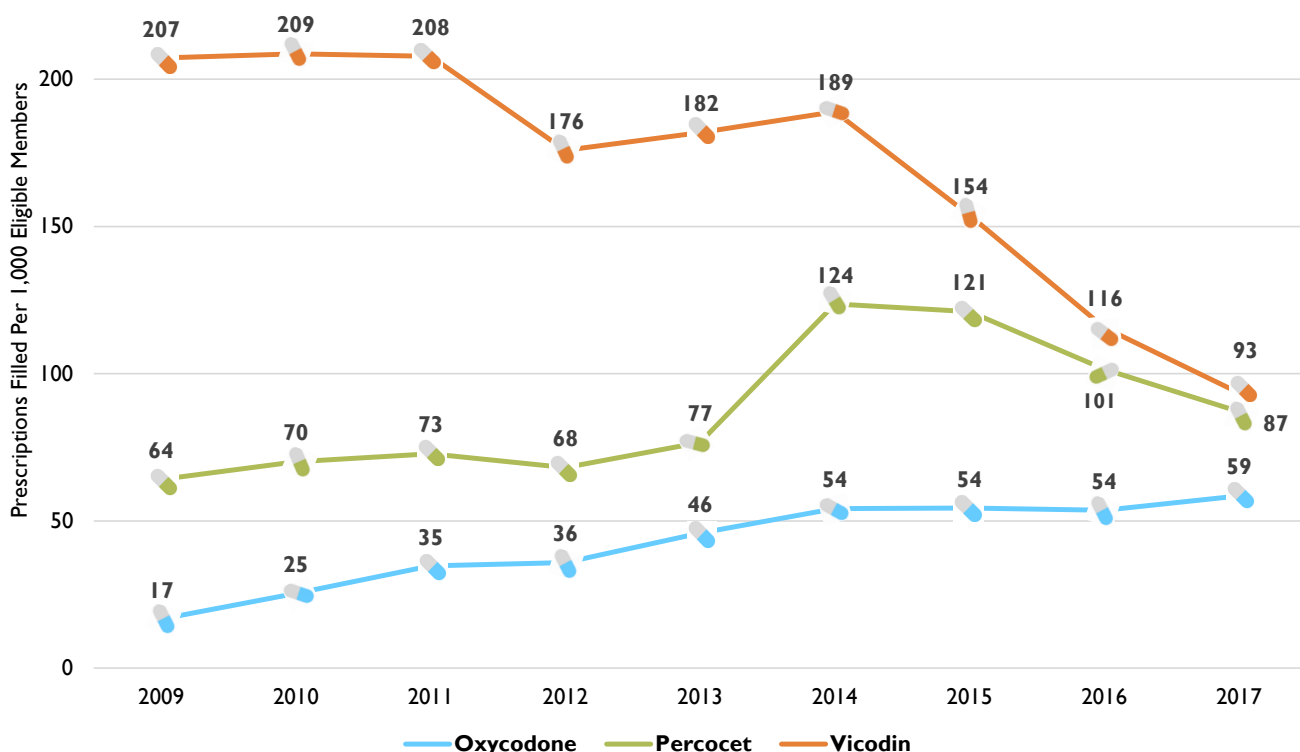
Opioid Prescribing Patterns in Colorado

To understand patterns in opioid days supply being prescribed and filled in Colorado, the Center for Improving Value in Health Care (CIVHC) used data from the Colorado All Payer Claims Database (CO APCD) to evaluate trends for short-acting versions of three commonly prescribed opioids: Oxycodone, Percocet, and Vicodin.

According to CO APCD data, between 2009 and 2017, Coloradans with Commercial, Medicaid and Medicare Advantage health insurance filled nearly 7 million prescriptions for the short-acting versions of Oxycodone, Vicodin and Percocet.

Oxycodone, Percocet, and Vicodin Prescription Trends in Colorado, 2009-2017

Commercial, Medicaid, and Medicare Advantage, CO APCD

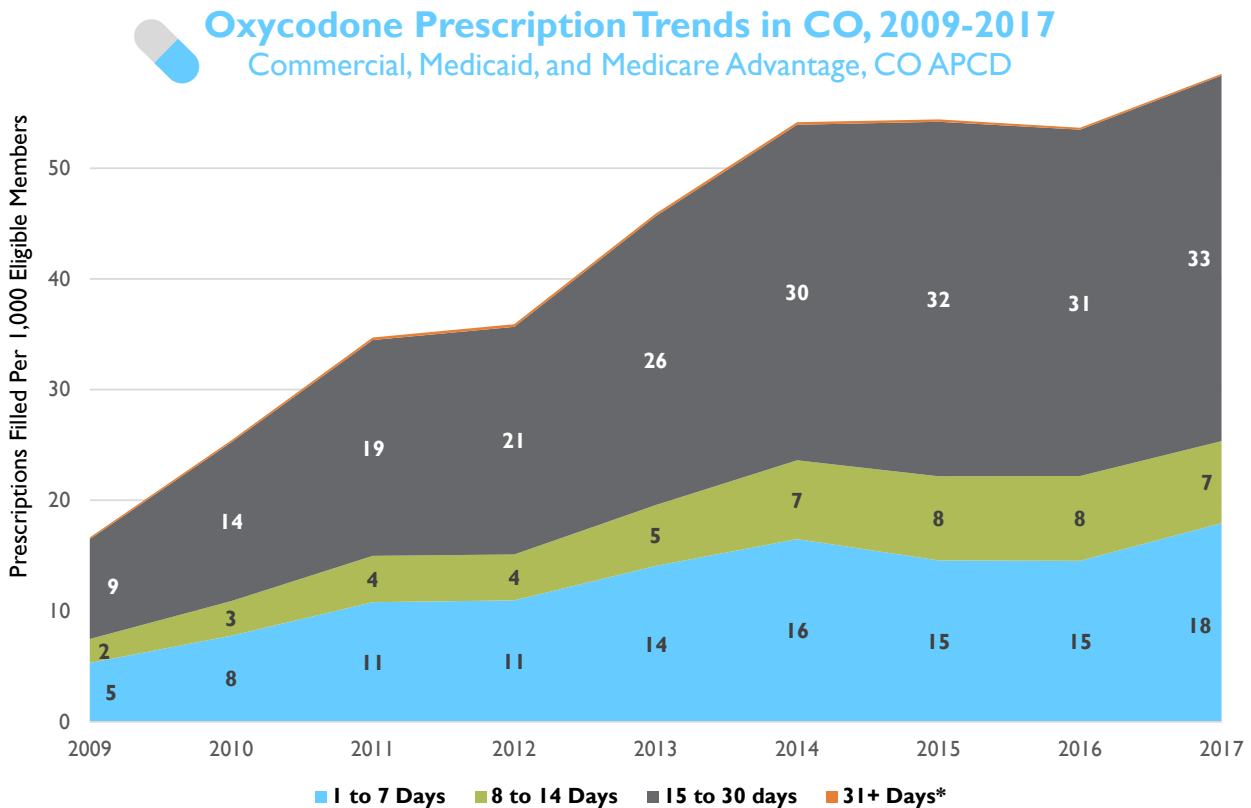
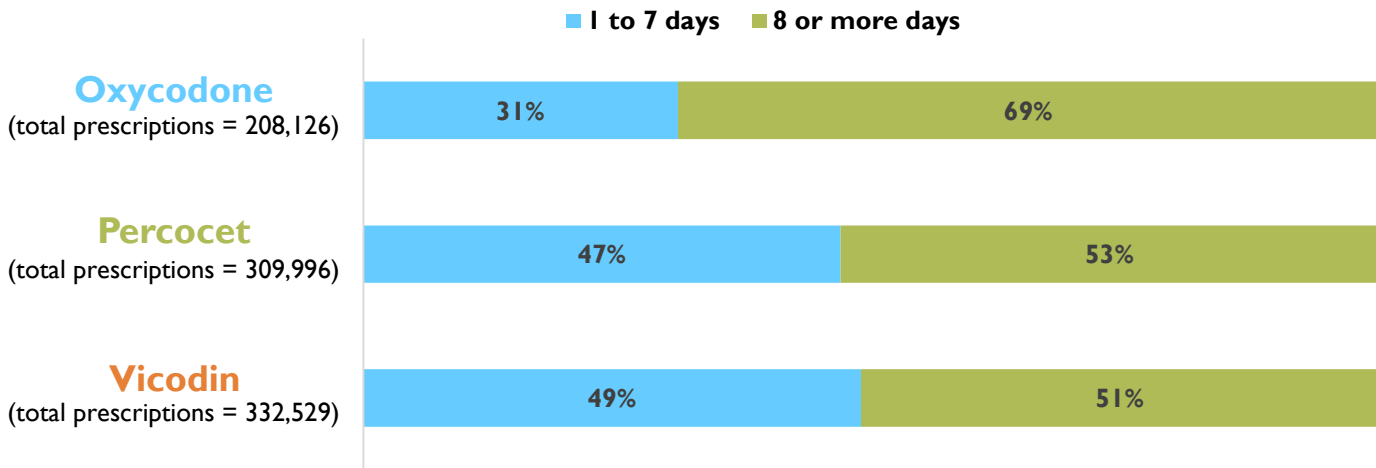


Evaluation of prescribing trends since 2009 indicate that:

- Although it is the least prescribed of the three opioids, rates of Oxycodone prescriptions increased 247 percent between 2009 and 2017.
- Rates of Percocet and Vicodin fills have steadily declined since reaching a peak in 2014 (30 percent and 51 percent reduction respectively).
- Vicodin prescription fills fell sharply in 2015, which could be a result of the Drug Enforcement Administration (DEA) changing the Vicodin drug schedule from a Schedule III to a Schedule II (higher potential for abuse and considered dangerousⁱⁱⁱ) in 2014. This change may also be related to the increase in Percocet and Oxycodone fills beginning in 2014 as an alternative to Vicodin.

Although the opioid fill rate has fallen for two of the three opioids analyzed, for all three drugs across all payers, more than half of all prescriptions filled were for eight days or more. Oxycodone in particular has higher rates of 15-30 days supply compared to 1-7 days or 8-14 days, and 69 percent of all fills for Oxycodone were for eight or more days.

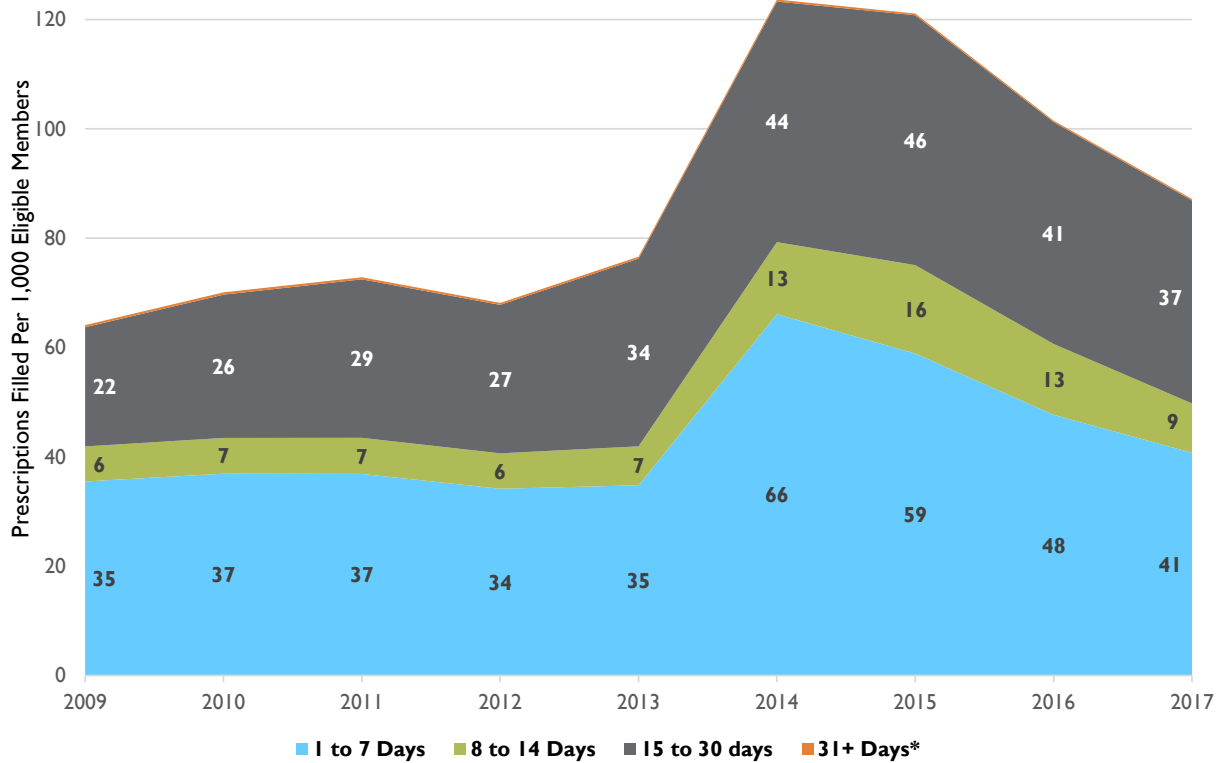
Opioids Days Supply Pattern, 2017 Commercial, Medicaid, and Medicare Advantage, CO APCD





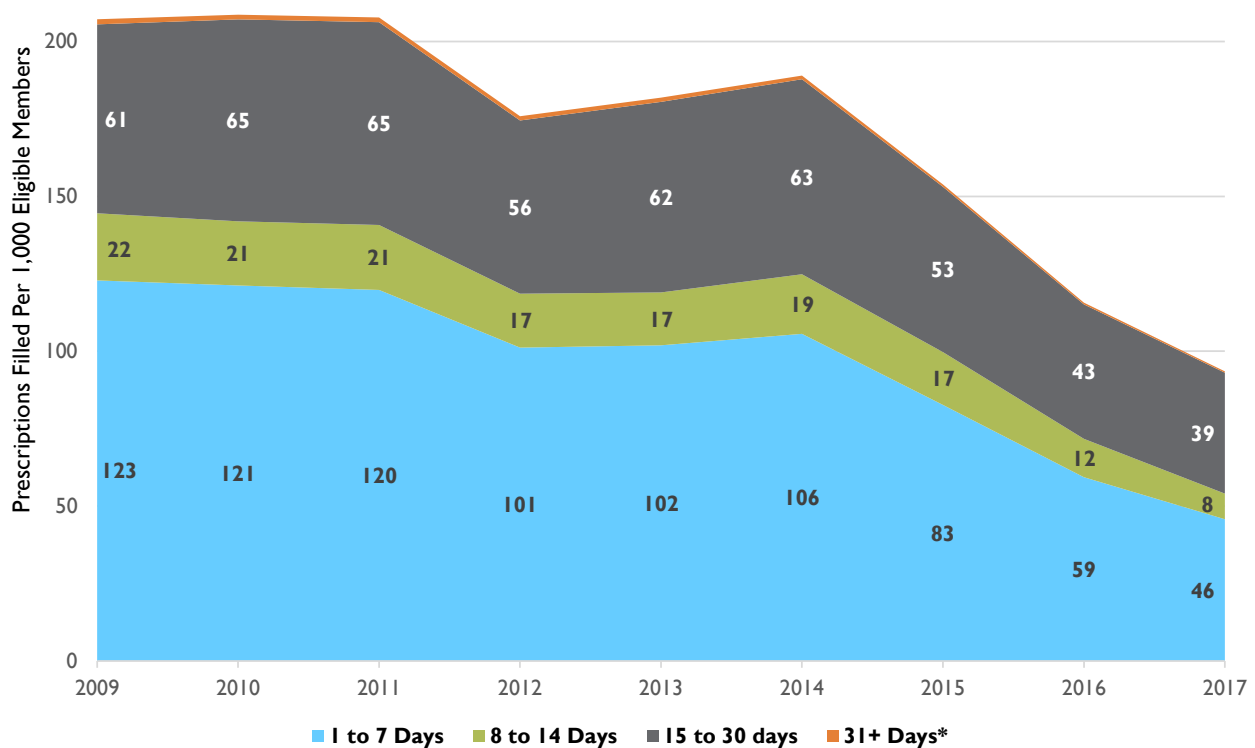
Percocet Prescription Trends in CO, 2009-2017

Commercial, Medicaid, and Medicare Advantage, CO APCD



Vicodin Prescription Trends in CO, 2009-2017

Commercial, Medicaid, and Medicare Advantage, CO APCD



*31+ Days supply results ranged from 1/1000 to >1/1000 for Oxycodone, Percocet, and Vicodin from 2009-2017.

Opportunities

According to this analysis, in general, Colorado is seeing positive movement toward reducing the total number of prescriptions being filled across these three common opioids, and reducing the number of long duration prescriptions in some instances. However, more can be done to reduce the hundreds of thousands of prescriptions for opioids that get filled every year, and the percentage of longer duration fills. There is no easy solution for addressing opioid use disorder in Colorado and the U.S. and it is likely going to require a concerted, multi-pronged approach including:

- Provider education on recommended prescribing practices
- Patient education on the addictive properties of opioids
- More research and widespread acceptance of alternative pain management choices

The Colorado General Assembly has considered numerous opioid bills and encouraging steps have already been taken to reduce the number of individuals living with use disorders to prescription opioids including, but not limited to:

- Health First Colorado, the state's Medicaid program, issued new opioid prescription restrictions in 2017, limiting the duration of treatment and adding pain management consultation requirements to future refills.^{iv}
- Colorado Hospital Association launched the Colorado Opioid Safety Pilot, designed to help educate Emergency Room provider to use alternatives to opioids as a first-line treatment for pain.^v
- The Colorado Consortium for Prescription Drug Abuse Prevention works with the Colorado Department of Public Health and Environment and many other stakeholder groups including policy makers, providers, consumers and others to improve education, public outreach, research, safe disposal, and treatment. Their Take Meds Seriously and Take Meds Back public awareness campaigns are just two examples of their work.^{vi}



Methodology

This analysis used claims submitted by health insurance payers (31 commercial, Medicaid and Medicare Advantage) from 2009-2017 to the Colorado All Payer Claims Database. Extended release (long-acting) versions of Oxycodone, Vicodin and Percocet were removed from the analysis to isolate short-acting opioids. These three drugs were chosen because they are among the top 20 highest volume prescription fills of all drugs in CO APCD. The drugs included brand and generic versions of the following:

Oxycodone

Oxycodone HCL 10mg tab
Oxycodone HCL 15mg tab
Oxycodone HCL 5mg tab

Percocet

Oxycodone HCL 10mg tab/Acetaminophen 325mg tab
Oxycodone HCL 15mg tab/Acetaminophen 325mg tab
Oxycodone HCL 5mg tab/Acetaminophen 325mg tab

Vicodin

Hydrocodone 10mg tab/Acetaminophen 300mg tab
Hydrocodone 10mg tab/Acetaminophen 325mg tab
Hydrocodone 10mg tab/Acetaminophen 400mg tab
Hydrocodone 10mg tab/Acetaminophen 500mg tab
Hydrocodone 10mg tab/Acetaminophen 650mg tab
Hydrocodone 10mg tab/Acetaminophen 660mg tab
Hydrocodone 10mg tab/Acetaminophen 750mg tab

Hydrocodone 2.5mg tab/Acetaminophen 325mg tab
Hydrocodone 2.5mg tab/Acetaminophen 500mg tab
Hydrocodone 5mg tab/Acetaminophen 300mg tab
Hydrocodone 5mg tab/Acetaminophen 325mg tab
Hydrocodone 5mg tab/Acetaminophen 400mg tab
Hydrocodone 5mg tab/Acetaminophen 500mg tab
Hydrocodone 5mg tab/Acetaminophen 500mg tab, UD

Hydrocodone 7.5mg tab/Acetaminophen 300mg tab
Hydrocodone 7.5mg tab/Acetaminophen 325mg tab
Hydrocodone 7.5mg tab/Acetaminophen 400mg tab
Hydrocodone 7.5mg tab/Acetaminophen 500mg tab
Hydrocodone 7.5mg tab/Acetaminophen 650mg tab
Hydrocodone 7.5mg tab/Acetaminophen 750mg tab

For more information regarding this analysis, please contact ColoradoAPCD@civhc.org. Special thanks to the CO APCD Advisory Committee and members of the Colorado Consortium for Prescription Drug Abuse Prevention for their input into this publication, and to the Colorado Health Foundation for their support of CO APCD public reporting.

ⁱ Shah, A., Hayes PharmD, C. J., & Martin, PharmD, PhD, B. C. (2017). Morbidity and Mortality Weekly Report: Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. Centers for Disease Control and Prevention. Retrieved February 2018, from https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm#F1_up

ⁱⁱ Dowell, MD, D., Haegerich, PhD, T. M., & Chou, MD, R. (2016). Morbidity and Mortality Weekly Report: CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Centers for Disease Control and Prevention. Retrieved February 2018, from <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

ⁱⁱⁱ United States Drug Enforcement Administration. Drug Scheduling. Retrieved October 2018 from <https://www.dea.gov/drug-scheduling>

^{iv} Williams, M. (2017, July). Colorado Medicaid to Tighten Opioid Usage Policy. Retrieved February 2018, from Colorado Department of Health Care Policy and Financing: <https://www.colorado.gov/pacific/hcpf/news/colorado-medicaid-tighten-opioid-usage-policy>

^v Center for Improving Value in Health Care. (2017, August). Change Agent Profile: Colorado Hospital Association - The Colorado Opioid Safety Pilot. Retrieved February 2018, from <http://www.civhc.org/change-agent-gallery/colorado-hospital-association-and-the-colorado-opioid-safety-pilot/>

^{vi} The Colorado Consortium for Prescription Drug Abuse Prevention. (2017). About the Consortium. Retrieved February 2018, from The Colorado Consortium for Prescription Drug Abuse Prevention: <http://www.corxconsortium.org/about-the-consortium/>