Short Acting, Long Acting and Abuse-Deterrent Opioid Utilization Patterns among 15 Million Commercially Insured Members

**Background**

- DEATHS FROM DRUG MORTALITY IN THE UNITED STATES WERE HIGHEST IN 2014 AND 2015 (40,000 AND 41,000, RESPECTIVELY) AMONG COMMERCIALLY INSURED ADULTS.
- OPIOID ABUSE AND DEATHS IN A VARIOUS PUBLIC HEALTH PROBLEM. THIS DEVELOPMENT OF A DRUG FORMULATION THAT REQUIRES INTRAVENOUS ADMINISTRATION (DEFINITION) TO PREVENT INTRAVENOUS USE (DEFINITION). THE FDA CONSIDERS THE DEVELOPMENT OF A DRUG’S PROPERTIES TO HAVE PUBLIC HEALTH IMPORTANCE.
- ADDITIONAL 4X4s HAVE BEEN APPROVED THAT THEY HAVE ADDITIONAL ABUSE-PROOF, HOWEVER THEY HAVE NOT BEEN VIABLE FOR COMMERCIAL USE.
- IN AUGUST, WASHINGTON BECAME THE FIRST STATE TO PASS ABUSE-DETERRENT OPIOID LEGISLATION REQUIRING “DEADLY” ABUSE-DETERRENT MEDICATIONS TO BE CONSIDERED FOR PRESCRIPTIONS AND PAGINATE ABUSE-DETERRENT INGREDIENTS.

**Objective**

- TO DESCRIBE UTILIZATION PATTERNS OF SHORT-ActING, LONG-ActING SF, FDA-VALIDATED SF, ABUSE-DETERRENT SP, AND ABUSE-DETERRENT SF, WITH ABUSE-DETERRENT PROPERTIES.
- THE DEVELOPMENT OF ABUSE-DETERRENT PRODUCTS IS A HIGH PUBLIC HEALTH PRIORITY. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CONSIDERS THE DEVELOPMENT OF ABUSE-DETERRENT PRODUCTS TO HAVE PUBLIC HEALTH IMPORTANCE.
- OVER-COUNTING OF CLAIMS MAY HAVE OCCURRED BECAUSE ALL CLAIMS WITH ONE TO 34 DAYS SUPPLY WERE COUNTED.
- CASH PAID OPIOID PRESCRIPTIONS ARE GENERALLY NOT SUBMITTED TO THE PHARMACY BENEFIT MANAGER AND ARE NOT INCLUDED IN THESE UTILIZATION PATTERNS.
- OPIOIDS WITH ABUSE-DETERRENT PROPERTIES ARE NOT PROVEN TO ELIMINATE ABUSE. FUTURE RESEARCH SHOULD FOCUS ON THE RELATIONSHIP BETWEEN ABUSE-DETERRENT SF AND DECREASED OPIOID OVERDEATH AND DEATH.

**Methods**

- OPioid pharmacy claims were defined using the World-Span Generic Product Identifier.
- Opioids were categorized into short-term an-short acting, long acting, (SF) validated abuse and abuse-deterrent properties.
- Table 1: Opioid Claims per 1,000 Members and 2014 and 2015 Category
- Table 2: Opioid Claims per 100,000 Members and 2014 and 2015 Claims
- Table 3: Opioid Claims and Total Paid by Category among 15 Million Commercially Insured Members from Jan. 1, 2014 through March 31, 2016
- Figure 1: Opioid Claims per 1,000 Members in 2014 and 2015 by Category
- Figure 2: Opioid Claims per Month per 100,000 Commercially Insured Members by Opioid Category
- Figure 3: Opioid Claims per Month per 100,000 Commercially Insured Members by Opioid Category
- Figure 4: Long Acting Opioid Claims by Products With and Without FDA Validation Abuse-Deterrent Performance Among 15 Million Commercially Insured Members From Jan. 1, 2014 through March 31, 2016

**Results**

- IN 2014 AND 2015, 25.2 MILLION THERE WERE 20.5 MILLION OPIOID CLAIMS AMONG 15 MILLION COMMERCALLY INSURED MEMBERS.
- TABLE 1 SHOWS THE ANNUAL CHANGE IN OPIOID CLAIMS PER 1,000 MEMBERS FROM 2014 TO 2015 OPIOID CATEGORY.
- SHORT-ActING OPIOIDS DECREASED 17.5% IN 2015, 19.7 MILLION CLAIMS PER 1,000 MEMBERS FROM 2014 TO 2015.
- LONG-ActING OPIOIDS WITH ABUSE-DETERRENT PROPERTIES INCREASED 2.0% FROM 2014 TO 2015.
- LONG-ActING OPIOIDS WITHOUT ABUSE-DETERRENT PROPERTIES INCREASED 2.0% FROM 2014 TO 2015.

**Limitations**

- ADMINISTRATIVE PHARMACY CLAIMS DATA HAVE THE POTENTIAL TO BE MISCLASSIFIED AND INCLUDE ASSUMPTION OF UTILIZATION AND INوخ. ALCOHOL FACTSHEETS/UCM514939.HTM.
- CALL-OUTS TO OTHER OPIOID UTILIZATION AND DEATHS 
- THE UTILIZATION DATA IS LIKELY TO BE COMPARABLE ACROSS THE THREE REPORTED PERIODS OF THE SAME REGIONAL OPIOIDS TO THE UNITED STATES. THE CONSUMPTION OF OPIOIDS IN THE UNITED STATES...
- THIS ANALYSIS FOCUSES ON PERCENTAGE OF CLAIMS OF GRADUAL INCREASE OR DECREASE IN OPIOID UTILIZATION.
- CONCLUSIONS

**Conclusions**

- SHORT-ActING OPIOIDS REPRESENT THE MAJORITY OF OPIOID CLAIMS AND DECREASED OVER THE 27 MONTH ANALYSIS PERIOD.
- LONG-ActING OPIOIDS INCREASED 27.5 PERCENT OVER THE 27 MONTH ANALYSIS PERIOD.
- OPIOIDS WITH ABUSE-DETERRENT PROPERTIES ARE NOT PROVEN TO ELIMINATE ABUSE. FUTURE RESEARCH SHOULD FOCUS ON THE RELATIONSHIP BETWEEN ABUSE-DETERRENT SF AND DECREASED OPIOID OVERDEATH AND DEATH.

**References**