Naloxone Prescribing Trends in New Jersey With the Initial Introduction of a Naloxone Administrative Order

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BACKGROUND

During the novel coronavirus pandemic, the opioid epidemic continues to affect the lives of thousands of people. Due to the mounting economic stress, doctor office closures, and social isolation caused by COVID-19, a counter-cyclical mechanism between unemployment and increased psychological distress with increased drug use has become more known.[1] Between the lockdown beginning in mid-March through May, nationally suspected drug overdoses rose 18% compared to previous years.[2] To help combat rising opioid overdose deaths amidst COVID-19, New Jersey implemented an Administrative Order effective on May 21st requiring co-prescribing of naloxone to high-risk patients qualifying with either a daily MME of at least 90 or if both opioids and benzodiazepines are coprescribed.[3] Studies have indicated co-prescribing of naloxone with prescription opioids may help reduce emergency department visits by 63% in one year.[4] While some states have implemented legislation on naloxone prescribing, others do not currently have guiding policies.[5,6] Understanding utilization of naloxone at a member, prescriber, and county level in New Jersey after the Administrative Order was enacted may help predict health plan level trends for naloxone prescribing in other states initiating similar policies.

OBJECTIVE

To understand the utilization trends with the initial introduction of the Administrative Order at the member, prescriber, county, and state levels for naloxone prescribing.

METHODS

Horizon Blue Cross Blue Shield of New Jersey pharmacy claims data from January 2020 to August 2020 was compiled into a data set. Members who filled a prescription of naloxone during the 2020 period were identified and analyzed based on subgroup such as plan type, county of residence, and the total number of naloxone claims per member. Prescribers were identified if they had written a prescription for naloxone and a patient attempted to fill it during the time period noted. The total number of prescribers was used to compare to the number of naloxone prescriptions written. County data was taken from NJCares.org[7] for the assessment of state level trends for suspected drug related deaths, number of written opioid prescriptions, and naloxone administrations. County data was compared to Horizon BCBSNJ naloxone claim data to determine plan versus state level trends per county.

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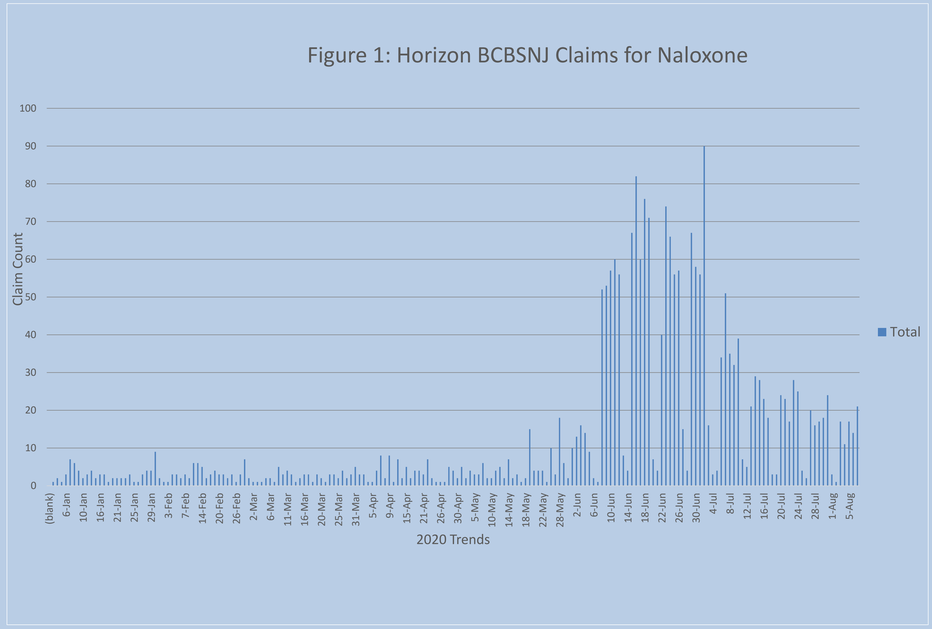
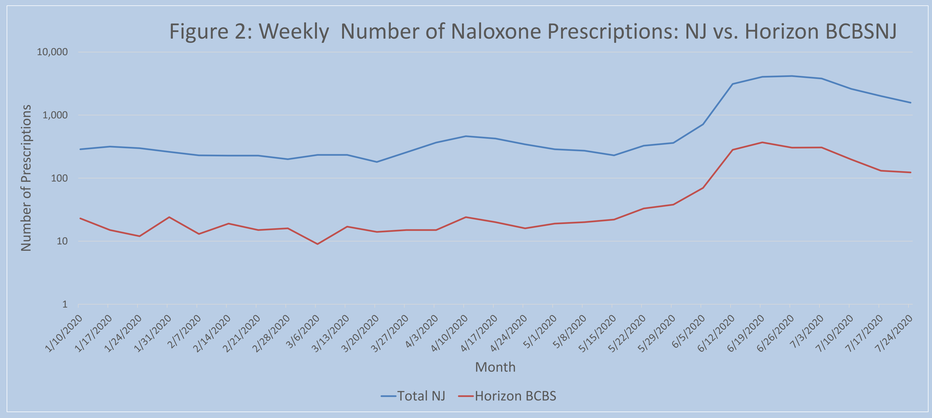
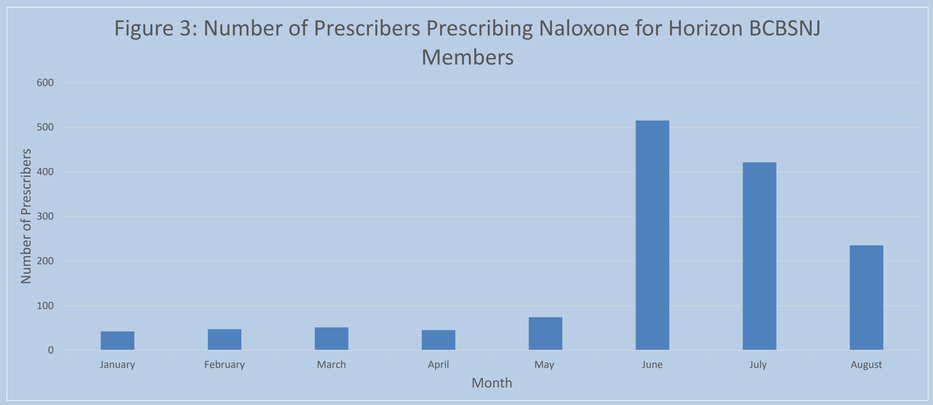
TABLES/CHARTS







RESULTS

Between May and June, there was a six-time increase in the total naloxone prescriptions written in the state of New Jersey whereas Horizon BCBSNJ saw an increase of eight-times during that time period (Figure 1). The trend in July was about the same at the state and plan level with about a four-time increase as compared to May (Figure 2). When compared to the number of prescribers (Figure 3), there was about a seven-time increase in the number of prescribers from May to June coinciding with an increase in the number of naloxone prescriptions, but there was a steady decrease to about three-times the number of prescribers in August compared to May. When comparing Horizon BCBSNJ naloxone claims with public county level data of opioid prescription and suspected overdose death per county, there was correlation between the county of where the most number of naloxone claims were dispensed and suspected drug related deaths by county. The counties with highest number of opioid prescriptions based on public data also had the highest number of naloxone claims as well as suspected drug related deaths.

CONCLUSIONS

There are interesting trends shown through the implementation of the Administrative Order relating to co-prescribing naloxone to high-risk members as seen from Horizon BCBSNJ health plan data. Although there were higher rates of naloxone prescription claims from Horizon BCBSNJ than state level of naloxone prescriptions, the increase followed the same trend with a peak in June and a slight decrease in July. The number of prescribers writing prescriptions for patients was not proportional to the general trend of naloxone prescriptions written as there was a higher peak and a faster downward trend seen from June to July, largely driven by new prescribers who had historically never written a naloxone prescription. However, the majority of the members receiving naloxone prescriptions from these prescribers were high-risk patients confirmed by pharmacy claims review and the prescriptions were written appropriately. In addition, the counties with the highest rates of opioid prescriptions and suspected drug related deaths had more naloxone claims compared to counties with lower rates of opioid prescriptions and lower suspected drug related deaths. The suspected drug related deaths in New Jersey decreased from May to June through August, suggesting a possible correlation between the Administrative Order providing additional prescribing of naloxone and suspected opioid related deaths. These trends seen in Horizon BCBSNJ and New Jersey will provide additional insight for other managed care organizations. Most recently, the FDA released the Drug Safety Communications updating opioid related products to address naloxone prescribing in their package inserts and that will most likely drive change in trends and bring more awareness and education to prescribers as well. Additional studies may be beneficial to clarify the relationship between the trends found from this data, such as examining specific counties throughout the opioid prescribing process and/or prescribers that are most likely to change prescribing habits for naloxone following policy changes.

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