

Dental Opioids Analysis

DENTAL TASK FORCE MEETING

MARCH 3, 2017



Issue

- Alabama physicians wrote 5.8 million prescriptions for opioids in 2015 (CDC), enough for 1.2 prescriptions for every citizen of the state (al.com)
- Non-medical use of prescription painkillers in Alabama exceeds the national average across all age categories (Governor's Council)

Response

- Task force groups addressing the problem:
 - Governor's Council for Opioid Overdose Prevention and Intervention
 - ❖ Multi-member group including most state agencies
 - ❖ Advise and assist the Governor in development of a comprehensive, coordinated strategy to combat Alabama's opioid crisis
 - Alabama Department of Public Health (ADPH) Data Driven Prevention Initiative
 - ❖ Forty Member Advisory Committee
 - ❖ Opioid and Heroin Abuse and Overdose
 - ❖ Public Policy Summit – March 10th in Prattville

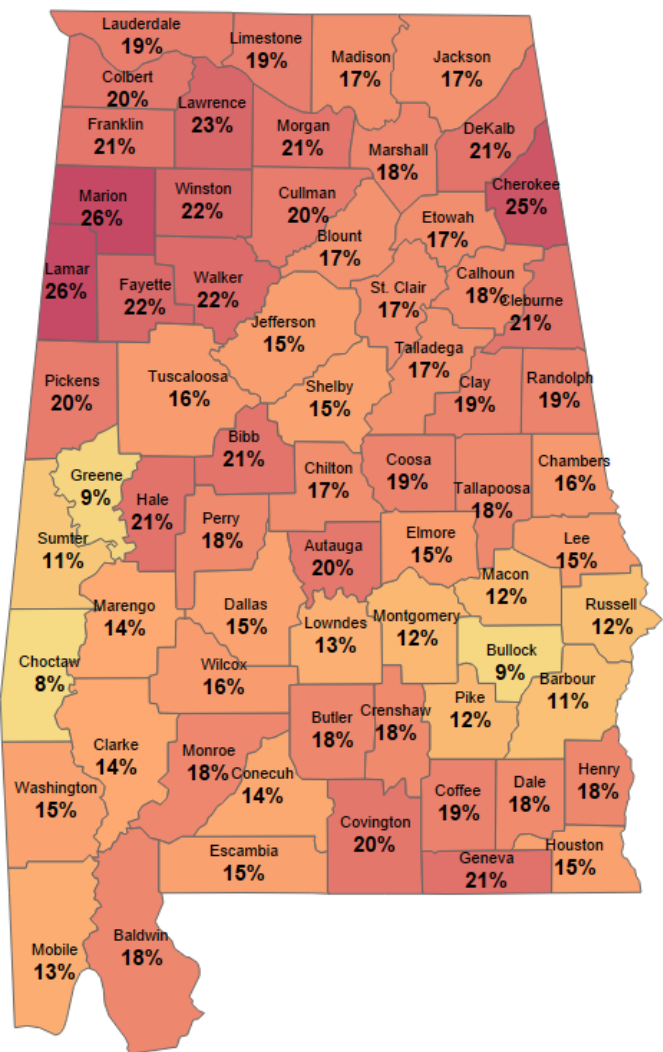
Medicaid Members Ages 13-18 Prescribed an Opioid FY 2011-2016

Fiscal Year	Unique Annual Recipients	Average Monthly Quantity Dispensed	Average Daily MMEs
FY 2011	29,172	134,750	5.7
FY 2012	29,976	137,302	5.9
FY 2013	27,906	123,931	6.0
FY 2014	29,010	117,222	6.3
FY 2015	28,548	105,613	6.3
FY 2016	26,872	97,876	6.4
FY11 to FY16	-7.9%	-27.4%	11.8%

➤ Daily morphine milligram equivalents (MMEs), also called morphine equivalent daily dose (MEDD), are used to assess comparative potency of opioids, but not to convert a particular opioid dosage from one product to another. The calculation to determine morphine milligram equivalents includes drug strength, quantity, days' supply and a defined conversion factor unique to each drug. By converting the dose of an opioid to a morphine equivalent dose, a clinician can determine whether a cumulative daily dose of opioids approaches an amount associated with increased risk.

Case Presentation: Dental Opioids

Percentage of Medicaid Children ages 13-18 Prescribed on Opioid during Calendar Year 2015 for any Reason



TOP 7 COUNTIES

1. LAMAR: 26%
2. MARION: 26%
3. CHEROKEE: 25%
4. LAWRENCE: 23%
5. WINSTON: 22%
6. WALKER: 22%
7. FAYETTE: 22%

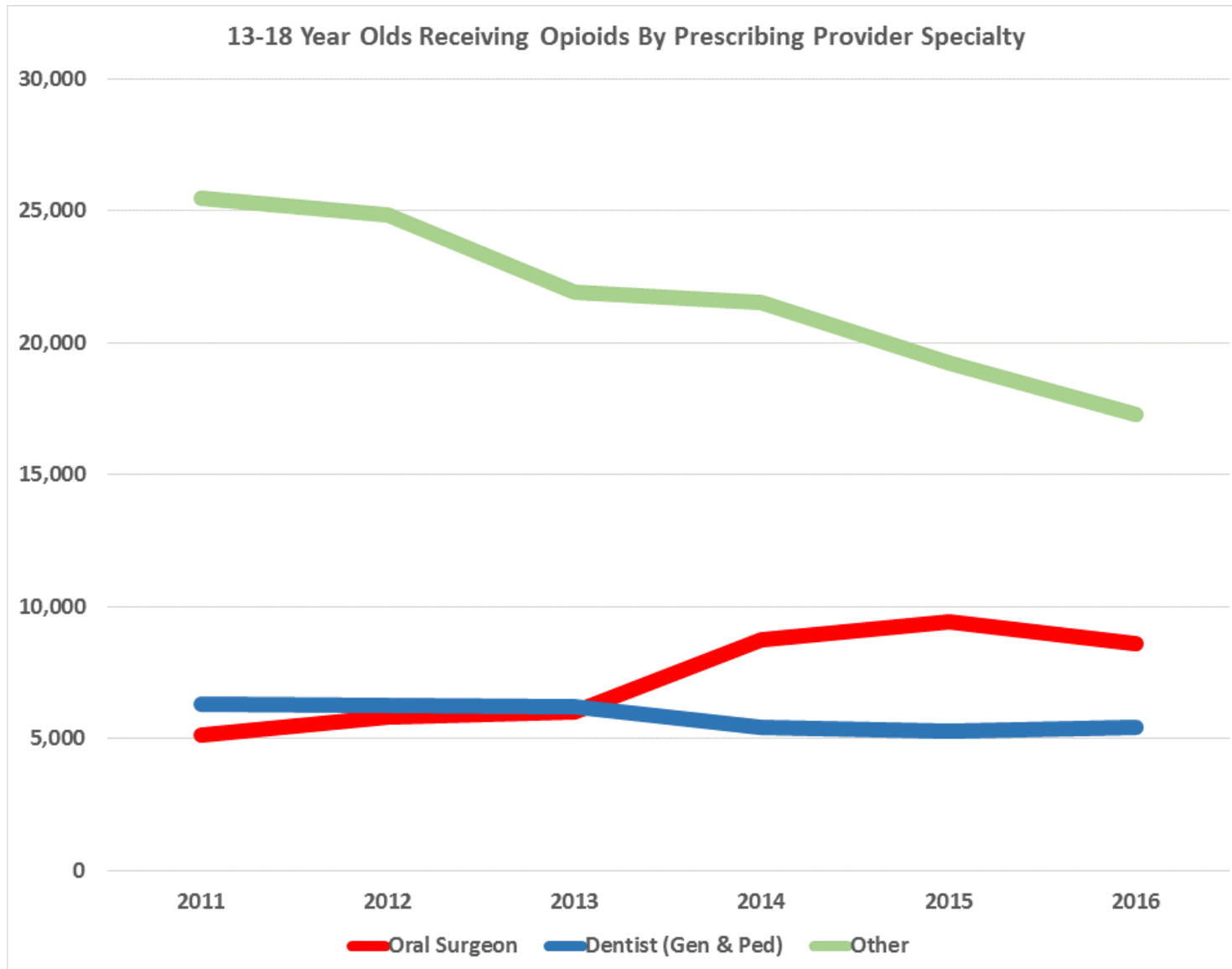
PRESCRIBING SOURCE

Oral Surgeons: 33%
 Dentists: 18%
 Other Providers: 49%

Statewide **25,875** (14.2%) of Children (13-18 years of age) were prescribed Opioids in CY 2015.

Approximately 7% of these children were prescribed an opioid by more than one type of provider.

What is Trend in Prescribing Source?



Opioid Prescribing After Surgical Extraction of Teeth

- “Opioid abuse has reached epidemic proportions in the United States and often begins with a prescription for a pain medication. **Dentists are among the leading prescribers of opioid analgesics, and surgical tooth extraction is one of the most frequently performed dental procedures**”.

- JAMA, April 2016

9 of top 10 AMA prescribers of opioids to teenagers are Oral Surgeons.

- **More than half of opioids prescribed to patients following surgical tooth extraction – such as the removal of impacted wisdom teeth – were left unused** by patients in a new study from researchers at the University of Pennsylvania’s Perelman School of Medicine and School of Dental Medicine. The authors say the surplus is troubling given the ongoing opioid epidemic and evidence showing that individuals who abuse prescription opioids often use leftover pills that were prescribed for friends or family members.

- University of Pennsylvania Perelman School of Medicine and School of Dental Medicine, September 2016

- **Patients aged 14-17 years had the highest proportion of filled (Opioid) prescription - 61% (following tooth extraction).**

- JAMA – April, 2016

Oral Surgeon Opioid Prescriptions

Top 25 AMA Oral Surgeons by Preferred Opioid Drug

FY 2016

Primary Opioid Prescribed	MME Per Pill	Number of Physicians	Number of Prescriptions	Average Quantity Dispensed	Average Days Supplied	Average Daily MMEs
HYDROCODONE-ACETAMINOPHEN 7.5-325 (Norco, Lortab)	7.5	16	3,427	24.1	4.6	39.7
OXYCODONE-ACETAMINOPHEN 5-325 (Percocet)	7.5	5	1,905	21.6	4.0	40.6
HYDROCODONE-ACETAMINOPHEN 10-325 (Norco, Lortab)	10.0	3	1,205	22.8	4.3	53.4
OXYCODONE-ACETAMINOPHEN 10-325 (Percocet)	15.0	1	503	29.8	5.3	83.9
		25	7,040	23.6	4.4	46.0

- Hydrocodone is an opioid pain medication. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. The combination of acetaminophen and hydrocodone is used to relieve moderate to severe pain. **Brand name examples are Norco and Lortab.**
- Oxycodone is an opioid pain medication. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of oxycodone. The combination of acetaminophen and oxycodone is used to relieve moderate to severe pain. Brand name example is Percocet.
- Daily morphine milligram equivalents (MMEs), also called morphine equivalent daily dose (MEDD), are used to assess comparative potency of opioids, but not to convert a particular opioid dosage from one product to another. The calculation to determine morphine milligram equivalents includes drug strength, quantity, days' supply and a defined conversion factor unique to each drug. By converting the dose of an opioid to a morphine equivalent dose, a clinician can determine whether a cumulative daily dose of opioids approaches an amount associated with increased risk.

Members Under Age of 19 with Extractions by Dr. XYZ

Opioids Prescribed by Dr. XYZ and Other Prescribers

October, 2009 - November, 2016

Prescriber	Opioid Scripts Per Recipient	Number of Recipients	% of Overall Total	Avg. MMEs Per Script
Dr. XYZ Only				
Dr. XYZ's preferred is Percocet 10	1	2,633	63%	358
	2	282	7%	248
	3-4	31	1%	208
		2,946	71%	335
Dr. XYZ & Other Prescribers				
	2	595	14%	243
	3-4	455	11%	207
	5-10	145	3%	183
	11-20	18	0%	189
	Over 20	4	0%	478
		1,217	29%	220
		4,163	100%	272

Best Case

Potential Problems

Worse Potential Problems

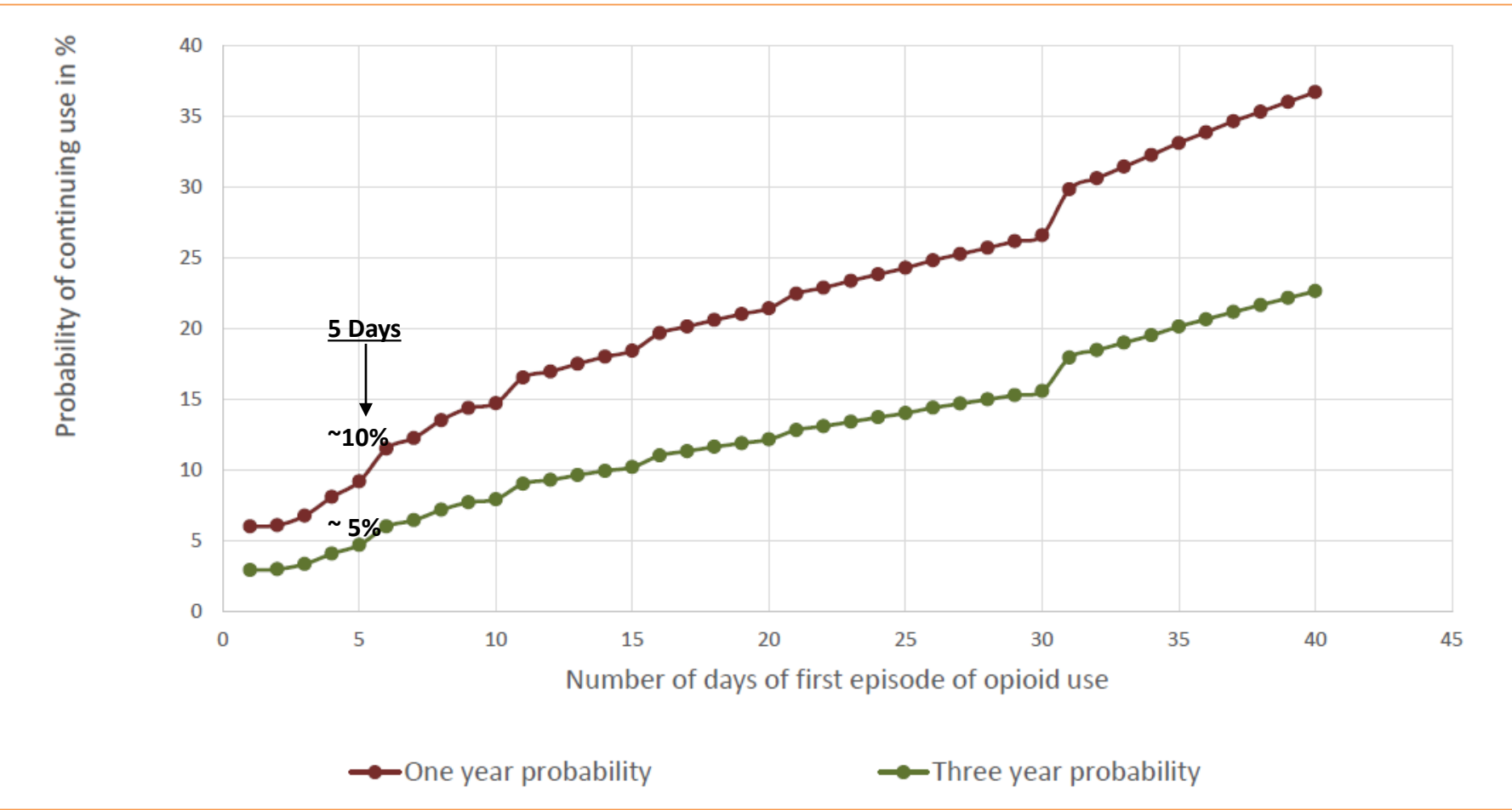
112 (2.7%) of the 4,163 children now have a documented diagnosis of drug dependency.

Dr. XYZ – Opioid Prescribing After Oral Surgery October, 2009 - November, 2016

Opioid dose should be affected by weight
Dr. XYZ makes no distinction between 14 and 18 year olds (is also typical among other AMA oral surgeons)

Age of Recipient	Number of Recipients	Avg Qty Dispensed	Avg Days Supplied	Avg Daily MME
13	22	26.2	4.3	62
14	57	28.2	4.7	80
15	105	28.7	5.2	77
16	112	28.6	5.2	79
17	160	28.7	5.1	82
18	122	28.5	5.1	80

Probability of Continued Opioid Usage Based on Number of Days in Initial Opioid Prescription



Source: "Reducing acute/subacute opioid prescribing" - MED Opioid Workshop November 2, 2016
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Medical Director Washington State of Department of Labor and Industries

Points of Interest

1. Legitimate opioid use before high school graduation is independently associated with a **33% increase in the risk of future opioid misuse** after high school. This association is concentrated among individuals who have **little to no history of drug use** and, as well, **strong disapproval of illegal drug use** at baseline.
 - Monitoring the Future Study National Survey Results on Drug Use, January 2017
2. ADA recommends using non-Opioids as the first-line therapy for acute pain management
 - Journal of American Dental Association, August 2016
3. Oral surgeons and dentists are the primary prescribers of opioids to teenagers
 - AMA claims data
4. In FY 2016: AMA children age 13-18 prescribed by an oral surgeon
 - 95% received an opioid
 - 20% received a nonsteroidal anti-inflammatory drugs (NSAID)
 - 0% Acetaminophen only

Concluding Observations

- It doesn't take many pills to create addiction
- Over half of pills prescribed for dental procedures aren't used for intended purpose
- Source of approximately 90% of misused opioids is therapeutic prescriptions, family members or friends
- ADA recommends using non-Opioids as the first-line therapy for acute pain management