Workers' Comp

Opioid Risk Mitigation: Medication-Assisted Treatment (MAT) and Naloxone

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This week in our in-depth review of our Coventry Drug Trends series, part three, we focus on opioid risk mitigation strategies. While opioids continue to decline in workers' compensation as both a percentage of total script volume and costs, it remains vital to promote evidence-based strategies such as MAT and naloxone to curb opioid issues.

Medication-Assisted Treatment

MAT is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorder (OUD) and can help some people sustain recovery.[1] The Food and Drug Administration (FDA) has approved products indicated for the treatment of opioid dependence/use disorder including:

• Buprenorphine (Subutex®, Probuphine®, Sublocade®)

• Buprenorphine and naloxone (Suboxone®, Bunavail®, Zubsolv®, Cassipa®)

• Methadone (MethadoseTM, Dolophine®)

• Naltrexone (Vivitrol®)

Taking a look at our drug trends data we see fewer claims using MAT in 2019, but MAT scripts have increased 14.3% year-over-year on a per MAT claim basis. Additionally, while MAT scripts increased by 1%, of all opioid scripts their cost as a percentage of all injured workers costs decreased 11.9% from 2018. This may indicate that prescribers as well as employers are seeing the benefits in assisting injured workers with opioid dependence and other use disorders.

Naloxone is a medication that can be used to prevent death from overdose by temporarily reversing the effects from opioid medications, especially the potentially fatal effects from respiratory depression. Naloxone is available as an injection, auto-injector, and easy-to-use nasal spray formulation known as Narcan®. In workers' compensation, naloxone has seen greater usage in concert with legislative reform via states encouraging more co-prescribing with opioids and its increasing availability without a prescription in several states.

Naloxone

In our 2019 data, the co-prescribing of naloxone increased from 1.8% of 2018 claims to 4.2% last year in injured workers with a morphine equivalence dose (MED) of 50 or greater. The Centers for Disease Control and Prevention (CDC) guidelines note that most experts generally agree that an MED value over 50 increases the overdose risk without necessarily adding benefits for pain control or function.[2] This increase over the past year is important because the risk of overdose also decreases when an injured worker is prescribed naloxone.

Even though opioid use continues on its downward trajectory, opioid medications remain the most-prescribed drug category in workers' compensation. Using evidence-based recommendations and appropriate resources, Coventry can assist in meaningful intervention and support the process of recovery for injured workers. Coventry offers clinical tools and programs that work together with the above risk mitigation strategies to be a valuable partner in the opioid crisis fight.

1. https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm600092.htm
2. http://dx.doi.org/10.15585/mmwr.rr6501e1



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