Texas Medicaid

Opioid Use During Pregnancy Management

Educational RetroDUR Mailing	☑Initial Study ❑Follow – up /Restudy

Executive Summary

Purpose:	To determine opportunities for improving the safety of opioid use in patients who are pregnant.		
Why Issue was Selected:	Opioid neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs in infants after birth. Infants who experience NAS are chronically exposed to a substance in utero resulting in withdrawal after delivery. NAS symptoms include central nervous system irritability, autonomic over reactivity, and gastrointestinal tract dysfunction. Neonatal withdrawal due to prolonged maternal opioid use may be severe. It is rarely fatal but can cause significant illness resulting in prolonged hospital stays. The incidence of NAS in the United States has significantly increased with the increase in opioid use.[1-2]		
Program Specific Information:	Performance Indicators	Exceptions	
		(<18 Years) FFS	**(<18 Years) MCO**
	• Utilization of opioids during pregnancy	(0)0	(3)650
Setting & Population:	Patients who are pregnant.		
Types of Intervention:	Cover letter and modified profiles.		
Main Outcome Measures:	Assessment deferred due to anticipated unavailability of claims data post intervention		
Anticipated Results:	Educate providers about pregnant patients who are on chronic opioids.		

Revised Jan. 11, 2023

Performance Indicator #1:

Why has this indicator been selected?	The U.S. Food and Drug Administration (FDA) added a boxed warning to opioids regarding the risk of neonatal opioid withdrawal syndrome with chronic opioid use during pregnancy.[3] This indicator identifies patients who are at risk of delivering an infant with neonatal opioid withdrawal syndrome.
Candidates (denominator):	Members that were pregnant without termination or delivery from previous 240 days.
Exception criteria (numerator):	Candidates that used any opiate (Appendix A) for more than 7 days during previous 240 days.

References:

1. Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. JAMA. 2021;325(2):146–155. doi:10.1001/jama.2020.24991
2. Prabhakar Kocherlakota. Neonatal Abstinence Syndrome. Pediatrics Aug 2014, 134 (2) e547-e56.
3. FDA Press Announcement. FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Available at: https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm. Accessed 10/20/2022.

Appendix:

Appendix A – Opioid Analgesics	
Specific Therapeutic Category (STC)	**STC Description**
H3A	OPIOID ANALGESICS
H3M	OPIOID, NON-SALICYL.ANALGESIC, BARBITURATE, XANTHINE
H3N	OPIOID ANALGESIC AND NSAID COMBINATION
H3R	OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE
H3U	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS
H3X	OPIOID ANALGESIC AND SALICYLATE ANALGESIC COMB
H3Z	OPIOID ANALGESIC, NON-SALICYLATE, XANTHINE COMB
S7G	SKELETAL MUSCLE RELAXANT, SALICYLAT, OPIOID ANALGESC

TEXAS
Health and Human Services

Dr. Courtney N. Phillips
Executive Commissioner

<<Date>>

«dea»
«name»
«add1»
«add2»
«add3»

RE: Caring for Your Pregnant Patients Receiving Opioid Therapy

Dear Dr. <<name>>:

Opioid use during pregnancy has increased in recent years. A 2021 study conducted by researchers at the U.S. Department of Health and Human Services shows that the rates of babies born with withdrawal symptoms increased from 2010-2017. This study also indicated that mothers with opioid-related diagnoses documented at delivery increased by 131%. Compared with all birth hospitalization, neonates with neonatal abstinence syndrome (NAS) as well as patients with maternal opioid-related diagnoses were significantly more likely to be Medicaid-billed. With the increase in maternal opioid exposure, the incidence of NAS per 1,000 hospital births has increased from 4.0 in 2010 to 7.3 in 2017.[1-2]

In Texas, approximately 1 out of every 4 pregnant women admitted to DSHS-funded treatment services are dependent on opioids, leading to over 1,000 births of infants who developed NAS in 2014.[3] NAS-associated healthcare costs have risen from $190 million in 2000 to $1.5 billion in 2012. Below are links to some resources about opioids and pregnancy you may find useful:

The Centers for Disease Control and Prevention (CDC) Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome is available at: https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6609a2.pdf.

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion: Opioid Use and Opioid Use Disorder in Pregnancy is available at: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy.

The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use is available at: https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-jam-article.pdf

You have been selected to receive this mailing based on medical and pharmacy data indicating that one or more of your patients was pregnant and using an opioid. The goal of this quality management program is to assist you in caring for your future pregnant patients. A summary of recommendations from the three agencies referenced above regarding opioid use during pregnancy has been included.

Total Texas Medicaid Fee-For Service Specific Data

Opioid Use in Pregnancy Indicator Summary	Number of Opportunities*	
	< 18 Years	**>/= 18 Years**
• Utilization of opioids during pregnancy	0	0

*Based on data through 11/30/22.

The enclosed patient profiles reflect the above issue and are provided as a medical record reminder for when your patients return for their next appointments.
We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data. However, we believe the issues identified may assist you in caring for your patient(s). It is possible that your license number may have been inadvertently assigned to the claim as an error at the pharmacy during the billing process. **Also, some prescribed medications as well as some recommended laboratory monitoring or physical examinations may not appear on the patient's profile because they may have been privately purchased or were not billable to Medicaid Services.** We thank you for reviewing this information and caring for Texas Medicaid patients, and we welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at 1-866-923-7208 with questions or concerns. If your mailing address is incorrect, it must be updated through the Texas Medical Board online at **http://www.tmb.state.tx.us/page/change-address.**

Sincerely,

Medicaid Drug Use Review Board
Vendor Drug Program H-630

Recommendations to Consider for Pregnancy and Opioid Use	
CDC[1]	• Provide access to preconception care and family planning services. • Routinely ask pregnant patients about their substance use, including prescription opioids and other medications used for nonmedical reasons. • Discuss how long-term opioid use might affect current and future pregnancies. • Carefully weigh risks and benefits when deciding whether to initiate opioid therapy for chronic pain during pregnancy. • Consider non-opioid pharmacologic therapy for chronic pain management. • Prescribe opioids responsibly. • Prescribe the lowest effective opioid dose for the shortest duration possible. • Utilize prescription monitoring programs (PMPs) to support responsible opioid prescribing. • Recommend medication assisted treatment (MAT) with methadone or buprenorphine in pregnant women with opioid use disorder. • Identify infants at risk of NAS based on the maternal use of chronic opioids during pregnancy.
ACOG[4]	• Utilize early universal screening, brief intervention (such as engaging the patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder to improve maternal and infant outcomes. • Screen universally for substance use at the first prenatal visit in partnership with the pregnant woman. • Rely on validated screening tools, such as questionnaires, including 4Ps, NIDA Quick Screen, and CRAFFT (for women 26 years or younger). • Include strategies for chronic pain, practice goals to avoid or minimize the use of opioids for pain management, highlighting alternative pain therapies such as nonpharmacologic (eg, exercise, physical therapy, behavioral approaches), and nonopioid pharmacologic treatments. • Recommend opioid agonist pharmacotherapy for pregnant women with an opioid use disorder as it is preferable to medically supervise withdrawal. Withdrawal is associated with high relapse rates, which lead to worse outcomes. More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.

	• Have a pediatric care provider monitor infants born to women who used opioids during pregnancy for NAS. • Modify some elements of prenatal care (such as expanded sexually transmitted infection testing, additional ultrasound examinations to assess fetal weight if there is concern for fetal growth abnormalities, and consultations with various types of health care providers) to meet the clinical needs of the situation of a pregnant patient with opioid use disorder. • Ensure that opioids are appropriately indicated before prescribing; discuss the risks and benefits of opioid use and review treatment goals; and take a thorough history of substance use and review the PMP to determine whether patients have received prior opioid prescriptions. • Encourage breastfeeding in women who are stable on their opioid agonists, who are not using illicit drugs, and who have no other contraindications, such as human immunodeficiency virus infection. Women should be counseled about the need to suspend breastfeeding in the event of a relapse. • Enable access to adequate postpartum psychosocial support services, including substance use disorder treatment and relapse prevention programs. • Counsel women of reproductive age undergoing substance use disorder treatment about contraception and access to contraceptive services.
ASAM[5]	• Be alert to signs and symptoms of opioid use disorder (chronic constipation, small pupils, nausea, sensitivity to pain, shallow breathing, or slurred speech). • Recommend psychosocial treatment to pregnant women with opioid use disorder. • Treat pregnant women who are physically dependent on opioids with methadone or buprenorphine rather than withdrawal management or abstinence. • Co-manage care for pregnant women with opioid use disorder with an obstetrician and an addiction specialist physician.

References:

1. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention (CDC) Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome. Available at: https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6609a2.pdf. Accessed 10/20/2022.
2. Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. JAMA. 2021;325(2):146–155. doi:10.1001/jama.2020.24991
3. Texas Health and Human Services. Presentation by Lisa Ramirez. Department of State Health Services. Available at: https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/quality-efficiency-improvement/Efforts-to-reduce-NAS-in-TX-DSHS-120915.pdf. Accessed 10/20/2022.
4. Opioid use and opioid use disorder in pregnancy. Committee Opinion No. 711. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e81–94.
5. American Society of Addiction Medicine. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Available at: https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-jam-article.pdf?sfvrsn=0. Accessed 10/20/2022.

External Messages

Flag	Internal Messages	External Messages
112743	Increased Risk of ADE - Opioids and Pregnancy	Increased Risk ADE - Opioid Use During Pregnancy: Based on pharmacy and medical claims data, it appears you have prescribed an opioid for a pregnant patient. The FDA strengthened warnings about the risks related to opioid use and potential misuse, abuse, and addiction. One of those risks is neonatal abstinence syndrome which may occur in infants who are chronically exposed to opioids in utero. If opioid use is required for a prolonged period in a pregnant woman, advise the patient of the risk of neonatal abstinence syndrome and ensure that appropriate treatment will be available for the infant if needed upon delivery. While claims data may be incomplete, please carefully consider any use of opioids in the management of future pregnant patients.