

# Are Individuals in Long-Term Opioid Therapy Receiving Naloxone?



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## THE ISSUE

Individuals receiving long-term opioid therapy, or being treated with buprenorphine for OUD, are at increased risk of overdose. In response, government organizations and professional associations recommend that clinicians co-prescribe naloxone to these patients. But how the recommendation is being implemented is unclear.



## STUDY FOCUS

In a pair of studies, Center researchers examined what percentage of these high-risk individuals filled a naloxone prescription during a treatment episode. Their analyses drew on a rich database of de-identified pharmacy claims representing 90% of all prescriptions filled at retail pharmacies in 50 states and DC during 2017-2018. They sought to identify which individual and community characteristics were associated with filling a prescription for naloxone. Given the data source, the research team could only identify filled prescriptions; they could not determine if individuals were given a prescription they did not fill.



## KEY FINDINGS

- Only slightly more than 2% of clinicians co-prescribed naloxone during an extended episode of treatment with buprenorphine. Among those who received a prescription for naloxone during an episode, only 1 in 20 filled the prescription.
- The odds of co-prescribing naloxone as well as the odds of filling a naloxone prescription were greater when the payer for the treatment episode was Medicare or Medicaid, suggesting that patients' out-of-pocket costs may be a deterrent.
- Adult primary care physicians were responsible for co-prescribing naloxone in slightly more than half the treatment episodes; pain specialists and primary care provided the other prescriptions. The odds that an individual filled a prescription for naloxone were higher when the prescriber was an addiction specialist or physician assistant/nurse practitioner.
- Individuals 36-55 years of age had higher odds of being co-prescribed naloxone during a treatment episode, compared with younger individuals. However, odds were substantially lower for patients over 65 years. All older groups were significantly less likely to fill their prescriptions, compared with those 18-25 years of age who filled them.



## IMPLICATIONS FOR POLICY

The fact that researchers could only see filled prescriptions limits the scope of the findings. However, despite this limitation, the low rates they identified of both co-prescribing naloxone and filling naloxone prescriptions present an opportunity to reduce overdoses in a high-risk population. Adjustments in co-pays, targeted education for those clinicians who now provide a larger share of co-prescriptions, reminders from electronic health records, and face-to-face education of prescribers by trained health care professional are promising ways to increase access to naloxone among this high-risk group.

Stein, B. D., Smart, R., Jones, C. M., Sheng, F., Powell, D., & Sorbero, M. (2021). Individual and Community Factors Associated with Naloxone Co-prescribing Among Long-term Opioid Patients: A Retrospective Analysis. *Journal of General Internal Medicine*, 1-6.

Stein, B. D., Jones, C. M., Smart, R., Sheng, F., & Sorbero, M. (2021). Patient, Prescriber, and Community Factors Associated with Filled Naloxone Prescriptions Among Patients Receiving Buprenorphine 2017-18. *Drug and Alcohol Dependence*, 221, 108569.

