

Iowa Department of Public Health
Division of Behavioral Health
Opioid Update for Wednesday, February 7, 2018

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to Julie Jones at julie.jones@idph.iowa.gov.

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Department Efforts

Patient Opioid Information Brochure: Backordered

As announced in the previous edition of the Opioid Update, IDPH, in collaboration with the Iowa Dental, Medicine, Nursing, and Pharmacy Boards, has developed an informational brochure on opioids for patients, family members and friends. We received an overwhelming response to this announcement and have distributed all of the initial 15,000 copies we had on-hand. We have more on the way, so keep sending us requests. We hope to have all of the orders filled by the end of the month.

To see a copy of the brochure, click on the following link: [Patient Opioid Brochure](#).
To order copies of the brochure, contact Julie Jones at julie.jones@idph.iowa.gov.

New Opioid Maps Webpage

IDPH recently launched an interactive website where individuals can access maps and information about the impact of opioids in Iowa. The site brings together a variety of resources for county/state level data on opioid related issues such as overdoses, hospitalizations, and treatment admissions, as well as how to find treatment services and where to dispose of leftover prescriptions.

To visit the new website, click on the following link: [Opioid Impacts and Solutions](#)

Prevention of Opioid Misuse in Women: SAVE THE DATE

IDPH's Prevention of Opioid Misuse in Women (POMW) project will be hosting three upcoming trainings for community service providers, focusing on specific vulnerabilities that women face in the opioid epidemic. Trainings will take place across the state on the following dates:

- Storm Lake: March 29
- Ottumwa: May 3
- Dubuque: May 10

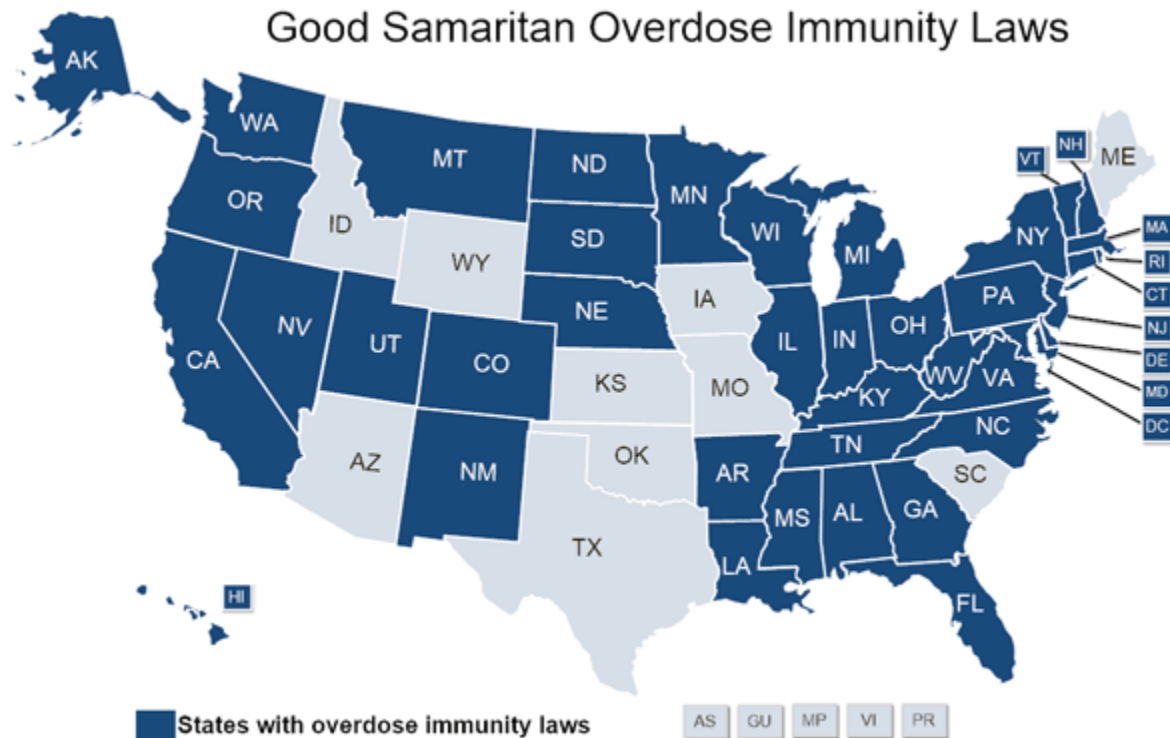
For information on registering, watch the Training Resources website at: [Training Resources](#)
For questions about the trainings, contact Jennifer Robertson-Hill at jennifer.robertson@idph.iowa.gov.

Legislative Interest

Good Samaritan Law

During the legislative session, IDPH will spotlight opioid-related initiatives or promising practices endorsed by federal partners and adopted by other states. In this edition, the focus is on Good Samaritan Laws.

According to the National Conference of State Legislatures, to encourage people to seek out medical attention for an overdose or for follow-up care after naloxone has been administered, 40 states and the District of Columbia have enacted some form of a Good Samaritan or 911 drug immunity law.



So how does a Good Samaritan Law work? These laws generally provide immunity from arrest, charge or prosecution for certain controlled substance possession and paraphernalia offenses when a person who is either experiencing an opioid-related overdose or observing one, calls 911 for assistance or seeks medical attention. The scope of what offenses and violations are covered by immunity provisions varies by state.

Iowa does not currently have a Good Samaritan Law specific to the issue of opioid overdose. While Naloxone is more readily available and protections are in place for those administering the medication – *thanks to legislation passed in 2016 and the “standing order” issued by state medical director Dr. Patricia Quinlisk* – the lack of a Good Samaritan Law could hinder efforts to reduce the number of opioid deaths in Iowa. According to the Network for Public Health Law, Good Samaritan laws have few (if any) negative effects, can be implemented at little or no cost, will likely save both lives and resources, and may represent some of the “lowest hanging fruit” in public health available to policymakers today.

Opioid News

Wellmark Announces Opioid Medication Management Program

Wellmark, in conjunction with pharmacy benefit manager CVS/caremark™, recently announced their Opioid Medication Management Program. The program aligns with the *Guideline for Prescribing Opioids for Chronic Pain* issued in March 2016 by the Centers for Disease Control and Prevention (CDC), and is based on morphine milligram equivalents — or MMEs — which is a measure of the number of equivalent milligrams of morphine a drug contains.

While intended to ensure smaller quantities of opioids are dispensed for acute (short-term) pain needs, this enhanced MME-based program is **not** designed to impact Wellmark members with chronic pain or those undergoing palliative care for malignancy. Specifically:

- When appropriate, the length of the first prescription filled will be limited to seven days for new, acute opioid prescriptions for members who do not have a history of prior opioid use (based on their prescription claims).
- The quantity of opioid products prescribed — including those that are combined with acetaminophen, ibuprofen or aspirin — will be limited to 90 MME per day.
- Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product.

A prescriber can submit a prior authorization (PA) request to Wellmark if they believe an exception is warranted based on a specific patient's needs.

The Opioid Medication Management Program is scheduled to begin April 1, 2018.