

Iowa Department of Public Health
Division of Behavioral Health
Opioid Update for Wednesday, October 4, 2017

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

Iowa Receives Grant to Enhance Prescription Monitoring Program (PMP)

Iowa was one of eleven states awarded a Bureau of Justice Assistance (BJA) Harold Rogers grant. The two-year, \$400,000 grant will be used to enhance the State's Prescription Monitoring Program (PMP). Iowa's project is a partnership between the IDPH Bureau of Substance Abuse and the Iowa Board of Pharmacy, as well as the Governor's Office of Drug Control Policy. Goals include increasing prescriber registration, increasing access and admission to treatment and recovery support, and implementing multi-system planning and program development. A new part-time data analyst position is proposed to conduct analysis and act as a liaison between the state PMP team and others.

For more information about the BJA grant, contact Kevin Gabbert at 515-281-7080 or kevin.gabbert@idph.iowa.gov.

Increase in Treatment Admissions among People who Inject Drugs

As IDPH continues to monitor and address opioid use in Iowa, Bureau of Substance Abuse treatment admission data indicate the number of patients reporting using opioids via injection has increased from 820 in 2012 to 1,294 in 2016, a 58% increase in five years. Additionally, admissions related to patients reporting using methamphetamine via injection increased from 1,029 in 2012 to 1,779 in 2016, a 42% increase.

These data are particularly helpful in shaping IDPH's response to the potential infectious disease impact of the opioid epidemic. IDPH's Bureau of HIV, STD, and Hepatitis is developing a report for submission to the U.S. Centers for Disease Control and Prevention (CDC) that will assess Iowa's risk for increases in hepatitis infections or for an HIV outbreak related to injection drug use.

For more information about these efforts, contact Pat Young at 515-242-5838 or patricia.young@idph.iowa.gov.

Iowa News

Have you heard of Telligen? If not, let's introduce you:

The Centers for Medicare and Medicaid Services (CMS) leads a national healthcare quality improvement program implemented locally by an independent network of Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) in each state and territory. As the QIN-QIO for Iowa, Telligen convenes healthcare providers, community stakeholders, and people with Medicare at the local level to share, learn, and collaborate with each other on healthcare quality improvement.

As part of Telligen's role to help decrease adverse drug event (ADE) rates among people with Medicare who take anticoagulants, opioids, or diabetes medications, the Telligen website is constantly updated with educational tools, as well as medication safety data and other resources.

Educational tools can be found on the [Medication Safety Resources page](#) and in the [Opioid Toolkit](#). Regional and national graphs/maps for hospital utilization and medication related data are posted on the [Medication Safety Data Resource page](#).

For more information about Telligen resources, contact Katy Brown, PharmD, Program Manager Lead at katy.brown@area-d.hcqis.org.

Opioid News

Amid Opioid Crisis, Insurers Restrict Pricey, Less Addictive Painkillers*

Drug makers, pharmaceutical distributors, pharmacies and doctors have come under intense scrutiny in recent years, but the role that insurers – and the pharmacy benefit managers that run their drug plan – have played in the opioid crisis has received less attention. That may be changing however. The New York State Attorney General's office sent letters last month to the three largest pharmacy benefit managers – CVS Caremark, Express Scripts and Optum Rx – asking how they were addressing the crisis.

ProPublica and the New York Times analyzed Medicare prescription drug plans covering 35.7 million people in the second quarter of this year. Only one-third of the people covered, for example, had any access to Butrans, a painkilling skin patch that contains a less-risky opioid, buprenorphine. And every drug plan that covered lidocaine skin patches, which are not addictive but cost more than other generic pain drugs, required the patients to get prior approval for them. In contrast, almost every plan covered common opioids and very few required any prior approval. The analysis found that insurers have also erected more hurdles to approving addiction treatment than for the addictive substances themselves.

*This article was adapted from the New York Times. To see the full article, click on the following link: [New York Times](#).