# 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 overreactivity, 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

<table>
<thead>
<tr>
<th>Program Specific Information:</th>
<th>Performance Indicators</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FFS</td>
</tr>
<tr>
<td></td>
<td>• Utilization of opioids during pregnancy</td>
<td>63</td>
</tr>
</tbody>
</table>

**Setting & Population:** Patients who are pregnant.

**Types of Intervention:** Cover letter and modified profiles.

**Main Outcome Measures:** Pre-post comparison of use of opioids during pregnancy

**Anticipated Results:** Educate providers about pregnant patients who are on chronic opioids.
Performance Indicator #1:

<table>
<thead>
<tr>
<th>Why has this indicator been selected?</th>
<th>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. This indicator identifies patients who are at risk of delivering an infant with neonatal opioid withdrawal syndrome.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will the patients be selected?</td>
<td>Members that were pregnant without termination or delivery from 05/1/2016 to 12/31/2016.</td>
</tr>
<tr>
<td>Candidates (denominator):</td>
<td>Candidates with a diagnosis of pregnancy that used any opiate for more than 7 days during 5/1/2016 to 12/31/2016.</td>
</tr>
<tr>
<td>Exception criteria (numerator):</td>
<td></td>
</tr>
</tbody>
</table>

References:

RE: Caring for Your Pregnant Patients

Dear Dr. <<NAME>>:

Opioid use during pregnancy has increased in recent years. The percentage of Medicaid-enrolled women who filled an opioid prescription during pregnancy increased 23% during 2000–2010. The prevalence of opioid abuse among pregnant women has increased from 1.7 per 1,000 delivery admissions in 1998 to 3.9 in 2011. With the increase in maternal opioid exposure, the incidence of neonatal abstinence syndrome (NAS) has increased by approximately 400% from 1.2 per 1,000 hospital births in 2000 to 5.8 in 2012.¹ Below are some links to some resources about opioids and pregnancy that 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) Practice Advisory: FDA Boxed Warning on Immediate-Release Opioid Medications and All Prescription Opioids is available at: https://www.acog.org/About-ACOG/News-Room/Practice-Advisories/Practice-Advisory-FDA-Opioid-Warning.


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 in the past. The goal of this quality management program is to assist you in caring for your future pregnant patients. A summary of recommendations from three agencies regarding opioid use during pregnancy has been included.

### Total Texas Medicaid Fee-For Service Specific Data

<table>
<thead>
<tr>
<th>Opioid Use in Pregnancy Indicator Summary</th>
<th>Number of Patients with Opportunities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of opioids during pregnancy</td>
<td>63</td>
</tr>
</tbody>
</table>

*Based on data 5/1/2016 to 12/31/16

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
P.O. Box 85200
Austin, TX 78708-5200

### Recommendations to Consider for Pregnant Patients on Opioids

| **CDC**<sup>1</sup> | • 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 dose when opioids are started  
• Utilize prescription drug monitoring programs (PDMPs) 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 neonatal abstinence syndrome (NAS) based on the maternal use of chronic opioids during pregnancy |
| **ACOG**<sup>2</sup> | • Balancing risks and benefits of continuing opioids with favor to continue medically prescribed opioids with opioid-assisted therapy  
• Opioids should not be discontinued abruptly as evidence shows that withdrawal from opioid use during pregnancy may be associated with relapse and severe adverse outcomes  
• There are appropriate indications for the use of opioids for pain management in pregnancy such as trauma, surgery, renal lithiasis, and other conditions  
• Opioids should only be used for treatment of pain when alternatives are not appropriate nor effective  
• The standard of care for pregnant women with opioid disorder is opioid-assisted therapy. It has been associated with improved maternal outcomes and should be offered  
• Discuss the possibility of an infant developing NAS with patients on chronic opioid therapy for both pain and opioid use disorder  
• Providers caring for pregnant women receiving chronic opioids should arrange for delivery at a facility prepared to monitor, evaluate, and treat neonatal abstinence syndrome (NAS) |
| **ASAM**<sup>3</sup> | • Providers should be alert to signs and symptoms of opioid use disorder (chronic constipation, small pupils, nausea, sensitivity to pain, shallow breathing, or slurred speech)  
• Psychosocial treatment is recommended in the treatment of pregnant women with opioid use disorder  
• Pregnant women who are physically dependent on opioids should receive treatment using methadone or buprenorphine rather than withdrawal management or abstinence  
• Care for pregnant women with opioid use disorder should be co-managed by an obstetrician and an addiction specialist physician |
References:


Opioids in Pregnancy Proposed Message

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. In March of 2016 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. The best way to reduce to the risk of neonatal abstinence syndrome is to limit the prescribing of opioids to pregnant patients, if the mother never starts on an opioid the infant has no risk of chronic exposure. Please carefully consider any use of opioids in the management of future pregnant patients.