DATA WATCH: NALOXONE PRESCRIPTION IN RESPONSE TO THE OPIOID EPIDEMIC IN ARKANSAS

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In response to the opioid epidemic, policies to expand access to the overdose-reversal drug naloxone — e.g., allowing pharmacists to dispense naloxone without a prescription or mandating naloxone and opioid co-prescriptions — have emerged across the country. Act 651 of 2021 requires a co-prescription of naloxone in certain situations, including when the dosage for an opioid prescription is 50 or more morphine milligram equivalents (MME) per day, a benzodiazepine has been prescribed previously or will be prescribed at the same time as an opioid, or an individual has a history of opioid use disorder or drug overdose. In 2017, licensed pharmacists became authorized to dispense naloxone to individuals without a prescription under a state protocol.

Since 2020, the Arkansas Center for Health Improvement has analyzed naloxone and opioid prescription fills for individuals enrolled in Medicaid or commercial insurance. Data were obtained from the Arkansas Healthcare Transparency Initiative's All-Payer Claims Database for state fiscal years (FY) 2017 to 2024. Previously reported data have also been updated. Opioid doses of 50 or more MME per day or 90 or more MME per day are categorized as high-dose opioid prescriptions, consistent with the Centers for Disease Control and Prevention's prescribing guidelines.

Key Findings

- The percentage of enrollees who filled at least one opioid prescription decreased from 9.3% in FY 2023 to 8.5% in FY 2024.
- From FY 2023 to FY 2024, there was a 25.4% decrease in naloxone prescription fills and a 25.0% decrease in enrollees who filled a naloxone prescription. These decreases may reflect that some enrollees had naloxone prescription fills from prior years that they had not used or had access to naloxone through other means.
- The percentage of enrollees who filled opioid prescriptions decreased overall from FY 2017 to FY 2024. During the same period, the number of enrollees who filled naloxone prescriptions increased.
  - Among enrollees who filled opioid prescriptions of 50 or more MME per day, the rate of fills from naloxone co-prescribing increased from 0.1% in FY 2017 to 14.6% in FY 2024.
  - Among enrollees who filled opioid prescriptions of 90 or more MME per day, the rate of fills from naloxone co-prescribing increased from 0.1% in FY 2017 to 17.8% in FY 2024.
- In FY 2024, 3,262 out of 19,833 naloxone prescription fills, or 16.4%, were initiated by pharmacists.[a]

FIGURE 1: PERCENTAGE OF ENROLLEES WHO FILLED AT LEAST ONE OPIOID PRESCRIPTION, FY 2017 TO FY 2024

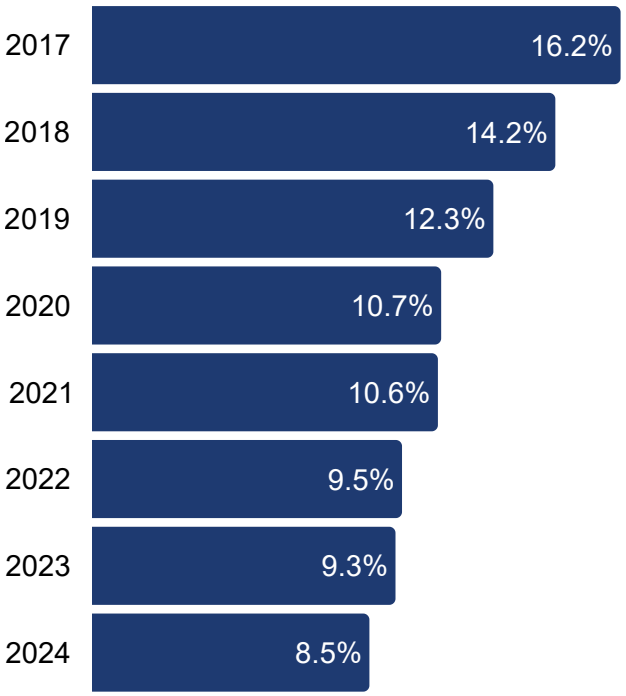
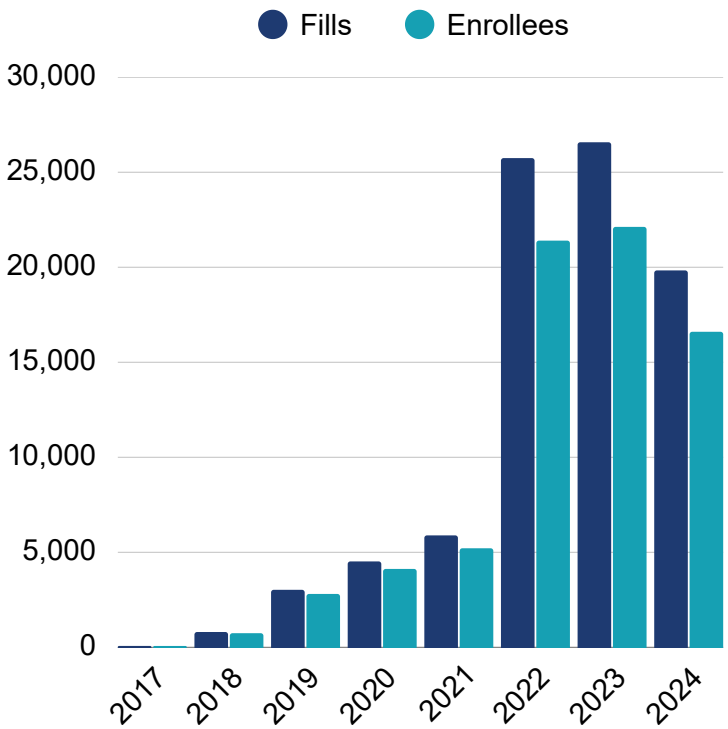


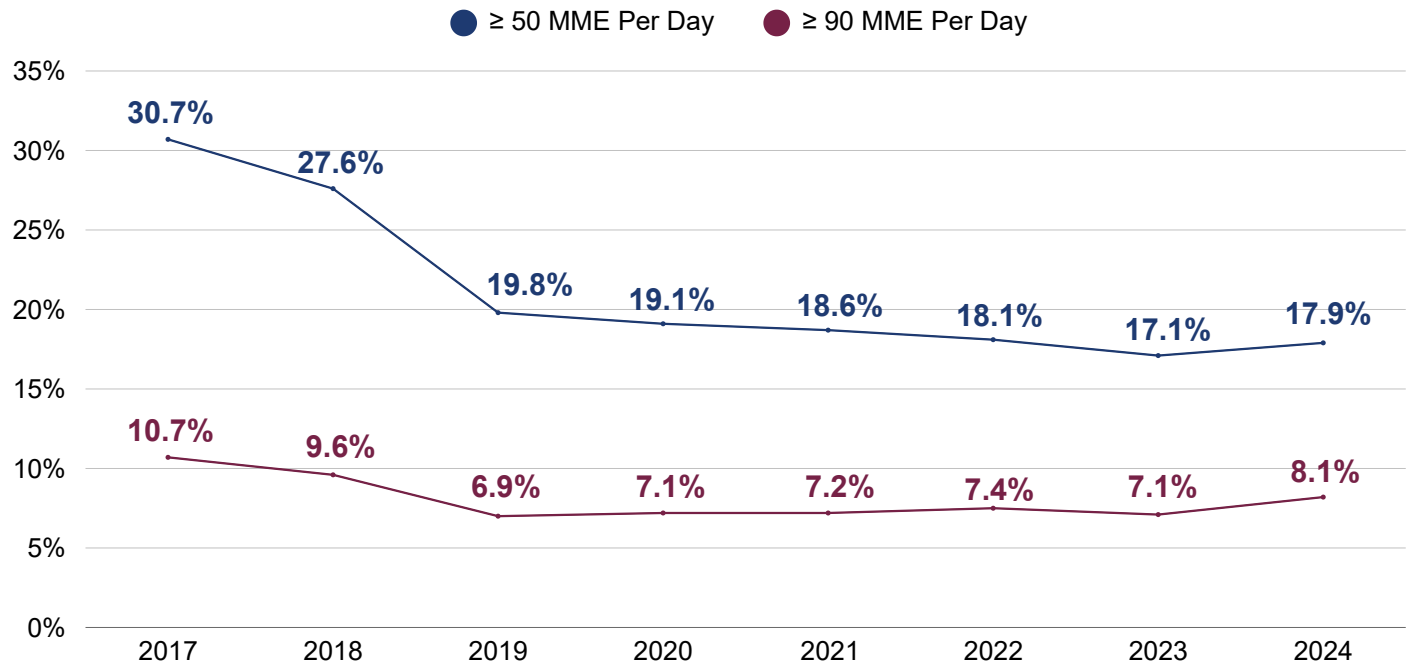
FIGURE 2: NALOXONE PRESCRIPTION FILLS AND ENROLLEES WHO FILLED NALOXONE PRESCRIPTIONS, FY 2017 TO FY 2024



[a] In 10.7% of these fills, the pharmacists who initiated the fills listed a physician with the Arkansas Department of Health as the prescriber of record, as authorized under the state protocol.

In FY 2024, 8.5% of enrollees filled an opioid prescription. Among these enrollees, 17.9% filled opioid prescriptions of 50 or more MME per day, and 8.1% filled opioid prescriptions of 90 or more MME per day.

FIGURE 3: AMONG ENROLLEES WITH OPIOID PRESCRIPTIONS, THE PERCENTAGES WITH FILLS FOR HIGH-DOSE OPIOIDS, FY 2017 TO FY 2024



In FY 2024, among enrollees with high-dose opioid prescriptions, 14.6% filled opioid prescriptions of 50 or more MME per day and naloxone prescriptions, and 17.8% filled opioid prescriptions of 90 or more MME per day and naloxone prescriptions.

FIGURE 4: AMONG ENROLLEES WITH HIGH-DOSE OPIOID PRESCRIPTIONS, THE PERCENTAGES WITH FILLS FOR BOTH HIGH-DOSE OPIOIDS AND NALOXONE, BY DOSAGE, FY 2017 TO FY 2024