



Medical Activity Report: Opioid Utilization Supplement

Based on 2018 Service Dates

2019

Delaware Compensation Rating Bureau, Inc.

DCRB

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Introduction

Prescription opioids are a class of drugs used to treat moderate to severe pain, particularly chronic pain. In response to the opioid crisis, Delaware has established laws and regulations to address opioid prescribing patterns for workers compensation injuries. The Delaware regulations are found in the Delaware Workers' Compensation Health Care Payment System Preferred Drug List (PDL).

This report is intended to be one of several resources available to stakeholders, including regulators, who are interested in the prescription drug component of medical costs in workers compensation claims. This report specifically focuses on opioid prescription costs and utilization rates. At the end of each calendar year, the DCRB will publish the results for the prior complete service year.

This report uses medical data exclusively. The medical data contained in this report relies primarily upon the standard established by the National Council on Compensation Insurance, Inc. (NCCI) Medical Data Call and shared with all independent bureaus and the Workers Compensation Insurance Organizations (WCIO). The DCRB collects, summarizes and analyzes this information independently of the NCCI. This report looks at established key benchmarks related to analysis of prescription drug payments to allow for general comparisons across states.

The source for data for all exhibits in this supplement is the DCRB Medical Data Call for Service Years 2014-2018. For detailed information on what is included in each of the following exhibits, refer to the Technical Appendix.

Opioid Definitions

DCRB uses industry standard definitions to identify opioid data. Opioids are classified into categories, depending on receptor binding and affinity. These classifications are agonist, partial agonist, and antagonist.

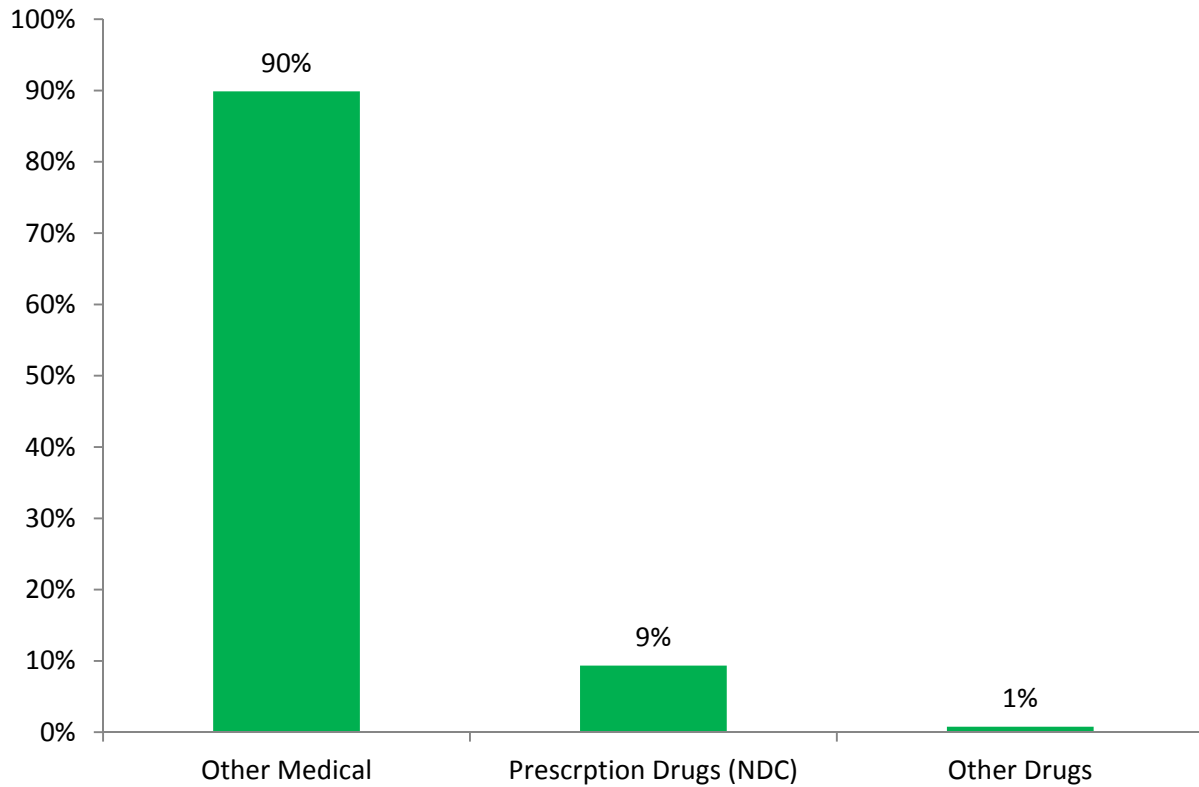
Opiate Agonists – Full agonists bind tightly to the opioid receptors and undergo significant conformational change to produce maximal effect. Examples of full agonists include codeine, fentanyl, heroin, hydrocodone, methadone, morphine, and oxycodone.

Opiate Partial Agonists – Partial agonists cause less conformational change and receptor activation than full agonists. At low doses, both full and partial agonists may provide similar effects to their full agonist cousins. However, when the dose of partial agonists increases, the analgesic activity will plateau, and further increases in doses will not provide additional relief but may increase the adverse effects. Examples of partial agonists include buprenorphine, butorphanol, and tramadol.

Opiate Antagonists – Antagonists, such as Naloxone, are a mu-opioid receptor antagonist and reversal agent used to mitigate risk for opioid-induced respiratory depression by displacing the full opioid agonists. The available formulations are Narcan (nasal), Evzio (Auto-injector), and solution for injection, the latter of which is frequently administered off label intranasally, by attaching an atomizer to the end of a syringe.

For the exhibits in this report where opioids were identified, the categories of Opiate Agonists and Opiate Partial Agonists were combined. With the exception of Exhibit 1, all other exhibits are based only on data reported with an NDC code.

Exhibit 1
Drug Share of Medical Payments



Drugs are uniquely identified by a national drug code (NDC). Payments are categorized as drugs if the code reported on the transaction is an NDC. Drug payments may also be reported using codes other than NDC codes, such as HCPCS codes, revenue codes, and other state-specific codes. These are referred to as Other Drugs in Exhibit 1. This exhibit displays the prescription drug share of medical payments in Delaware. For Service Year 2018, Delaware spent \$4.2 million on 26,000 prescriptions for workers compensation claims.

Exhibit 2
Distribution of Drugs by Opioid and Non-Opioid

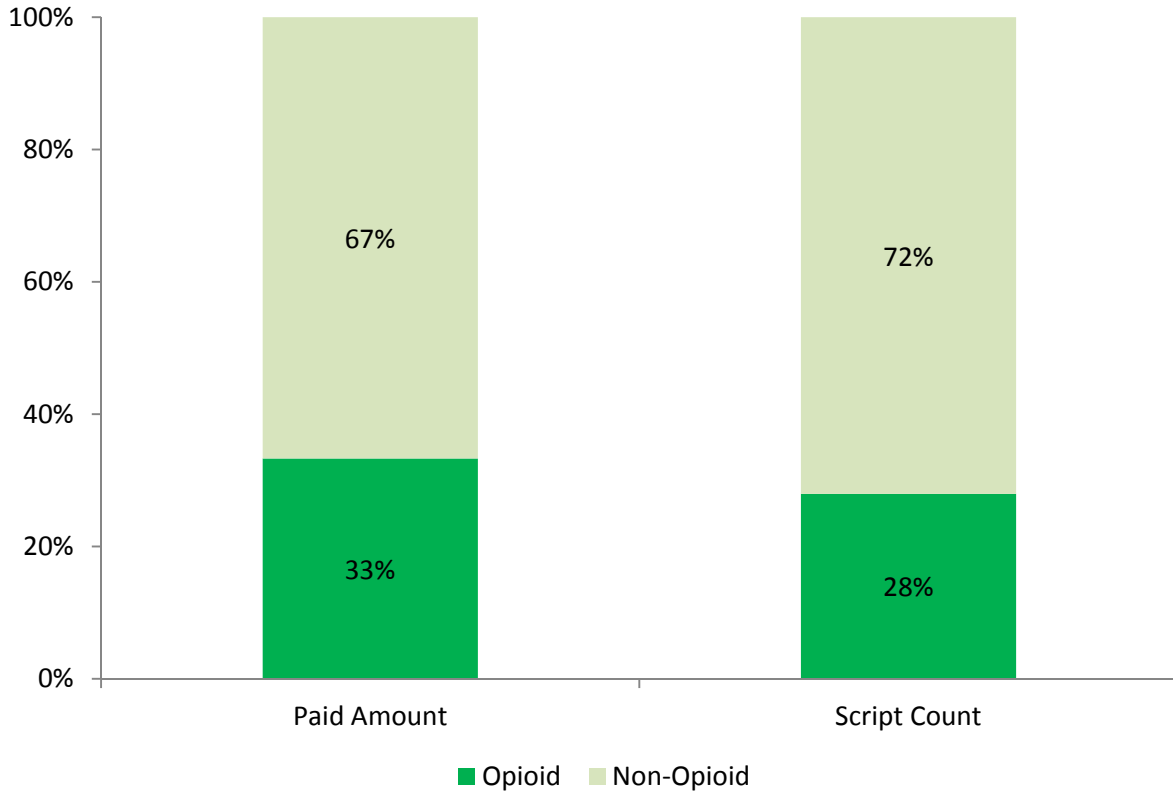
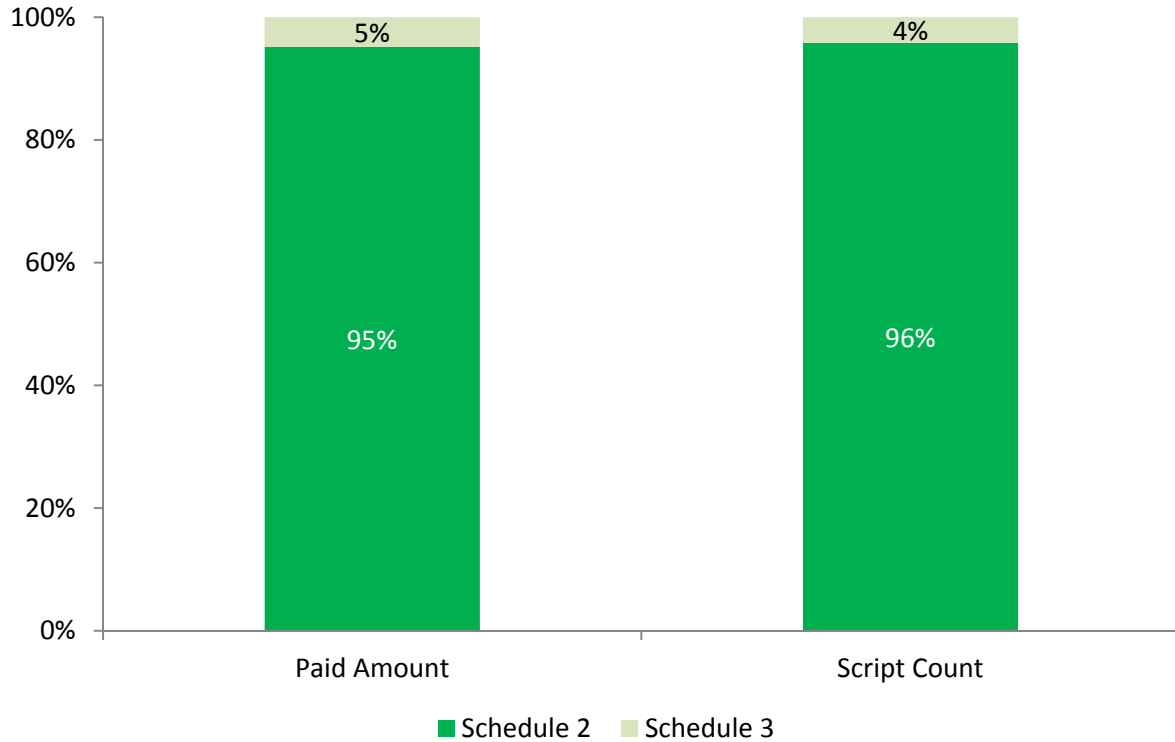


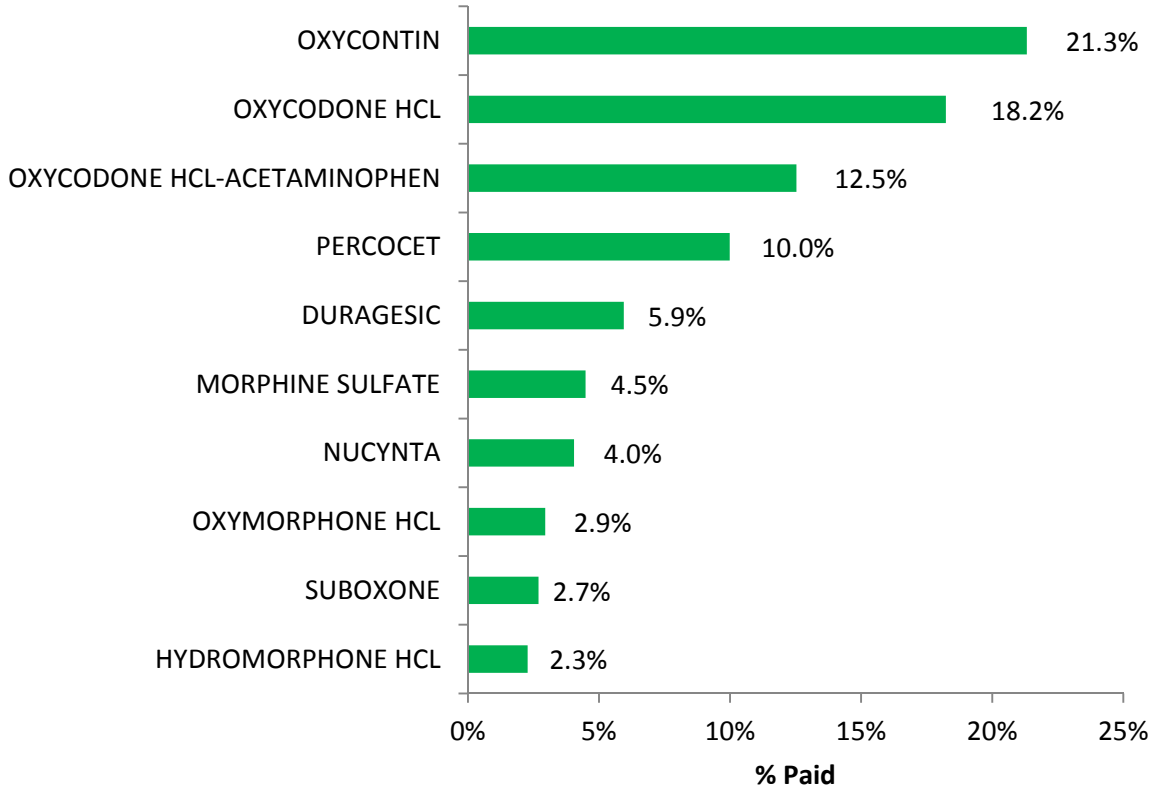
Exhibit 2 shows the proportion of drug payments and prescription counts for opioids. In 2018, Delaware spent \$1.4 million on over 7,000 opioid prescriptions. Four of the top ten drugs by amount paid are opioids and account for 21% of drug payments.

Exhibit 3
Distribution of Drugs by Opioid and Non-Opioid



Opioids are subject to the Controlled Substance Act (CSA) which regulates certain drugs with a high potential for abuse. Opioids are primarily classified as Schedule 2 and Schedule 3 drugs. There was no Schedule 4 opioid utilization in Delaware. This exhibit shows the percentage of opioid payments and opioid prescriptions by schedule.

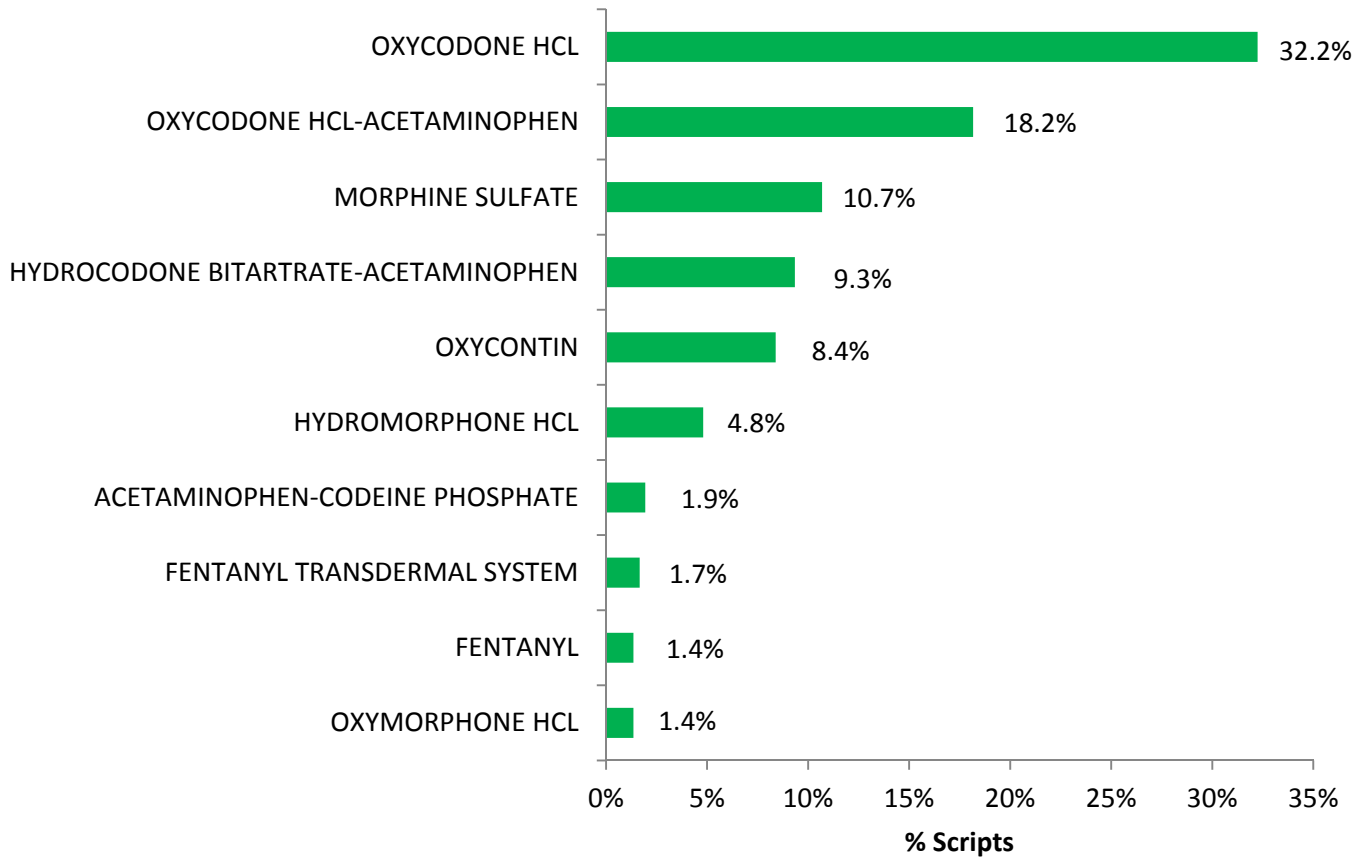
Exhibit 4
Top 10 Opioid Drugs by Amount Paid



Drug Name	B/G	Common Brand Name	CSA Schedule	Average PPU*
OXYCONTIN	B	N/A	2	\$8.13
OXYCODONE HCL	G	OXYCONTIN	2	\$0.98
OXYCODONE HCL-ACETAMINOPHEN	G	PERCOCET	2	\$0.99
PERCOCET	B	N/A	2	\$15.46
DURAGESIC	B	N/A	2	\$115.17
MORPHINE SULFATE	G	DURAMOPRH	2	\$0.81
NUCYNТА	B	N/A	2	\$6.74
OXYMORPHONE HCL	G	OPANA	2	\$7.17
SUBOXONE	B	N/A	3	\$7.54
HYDROMORPHONE HCL	G	DILAUDID	2	\$1.22

*PPU = Paid per unit

Exhibit 5
Top 10 Opioid Drugs by Prescription Counts



Drug Name	B/G	Common Brand Name	CSA Schedule	Average PPU*
OXYCODONE HCL	G	OXYCONTIN	2	\$0.98
OXYCODONE HCL-ACETAMINOPHEN	G	PERCOCET	2	\$0.99
MORPHINE SULFATE	G	DURAMORPH	2	\$0.81
HYDROCODONE BITARTRATE-ACETAMINOPHEN	G	VICODIN	2	\$0.40
OXYCONTIN	B	N/A	2	\$8.13
HYDROMORPHONE HCL	G	DILAUDID	2	\$1.22
ACETAMINOPHEN-CODEINE PHOSPHATE	G	TYLENOL W/CODEINE #3	3	\$0.43
FENTANYL TRANSDERMAL SYSTEM	G	DURAGESIC	2	\$19.85
OXYMORPHONE HCL	G	OPANA	2	\$7.17
FENTANYL	G	ACTIQ	2	\$8.84

*PPU = Paid per unit

Concurrent Usage of Opioids and Benzodiazepines (Benzos)

More than 30 percent of overdoses involving opioids also involve benzodiazepines, a type of prescription sedative commonly prescribed for anxiety or to help with insomnia. Benzodiazepines (sometimes called "benzos") work to calm or sedate a person, by raising the level of the inhibitory neurotransmitter GABA in the brain. Common benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin), among others. Previous studies have also highlighted the dangers of co-prescribing opioids and benzodiazepines.

In 2016, the Centers for Disease Control and Prevention (CDC) issued new guidelines for the prescribing of opioids. They recommend that clinicians avoid prescribing benzodiazepines concurrently with opioids whenever possible. Both prescription opioids and benzodiazepines now carry FDA "black box" warnings on the label highlighting the dangers of using these drugs together.

DCRB uses industry standard definitions to identify benzodiazepines (benzos). Benzos are typically CSA Schedule 4.

Several definitions of drug claims are used in the following exhibits.

- Rx claim – a claim with at least one prescription
- Opioid claim – a claim that had at least one opioid prescription
- Non-Opioid claim – a claim that had at least one prescription but not opioid prescriptions
- Opioid claim with benzos – a claim that had at least one opioid prescription and at least one benzo prescription
- Opioid claim without benzos – a claim that had at least one opioid prescription and no benzo prescriptions

Exhibit 6
Rx Claim Distributions

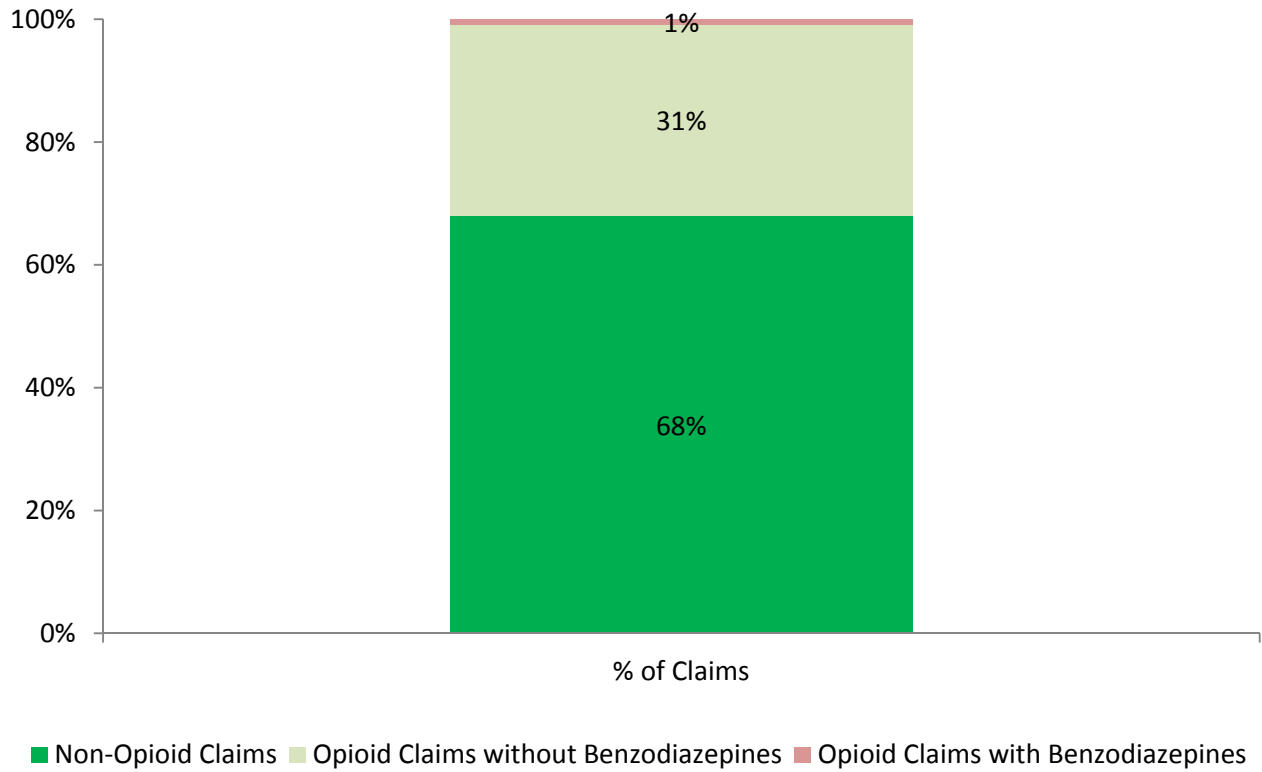


Exhibit 6 displays the distribution of Rx claims that had at least one prescription by Non-Opioid claims and Opioid claims with and without Benzos.

Exhibit 7
Average Number of Prescriptions per Opioid Claim

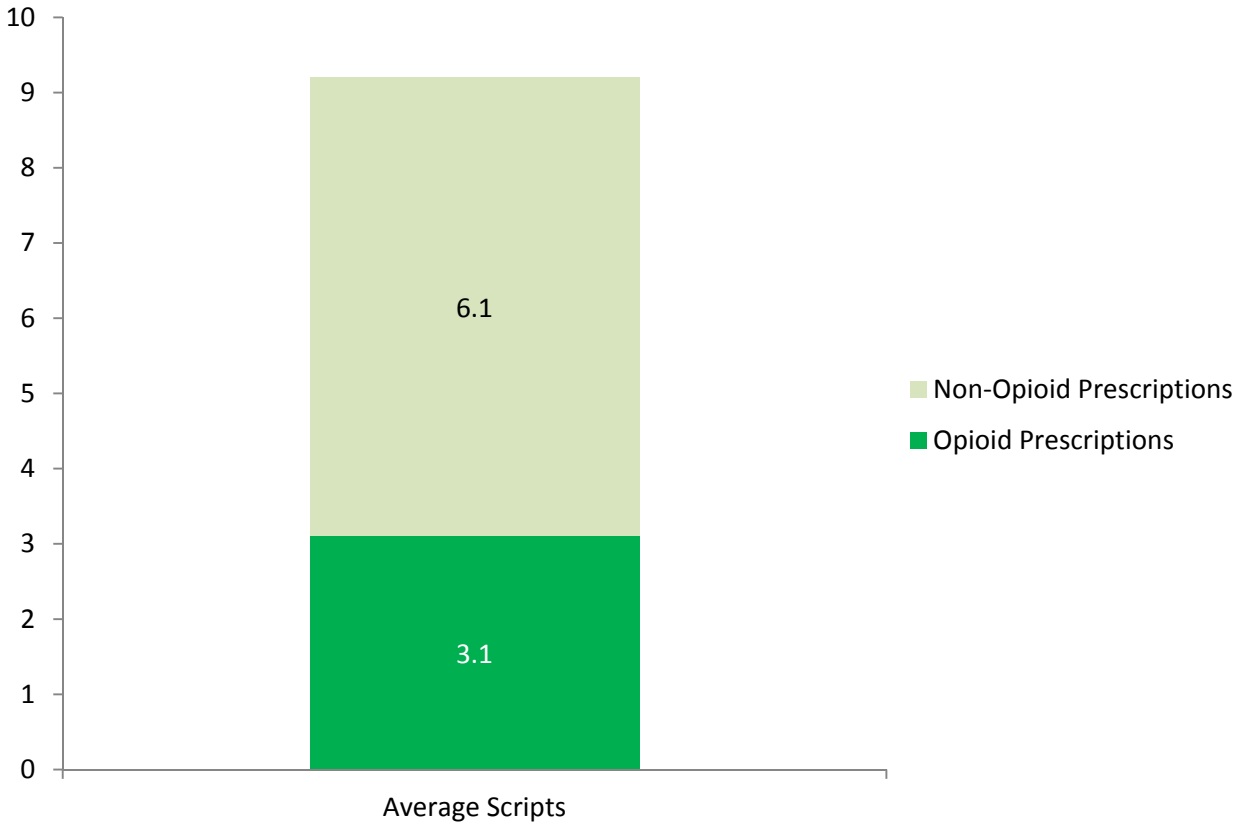


Exhibit 7 shows the average number of opioid and non-opioid prescriptions per opioid claim. Claimants who have been prescribed opioids are typically prescribed a greater number of prescriptions overall than claimants who have not been prescribed opioids. **In Delaware, an opioid claim has an average number of 9.2 prescriptions whereas a non-opioid claim has an average number of 2.8 prescriptions.**

Exhibit 8

Average Amount Paid for Prescription Drugs per Opioid Claim

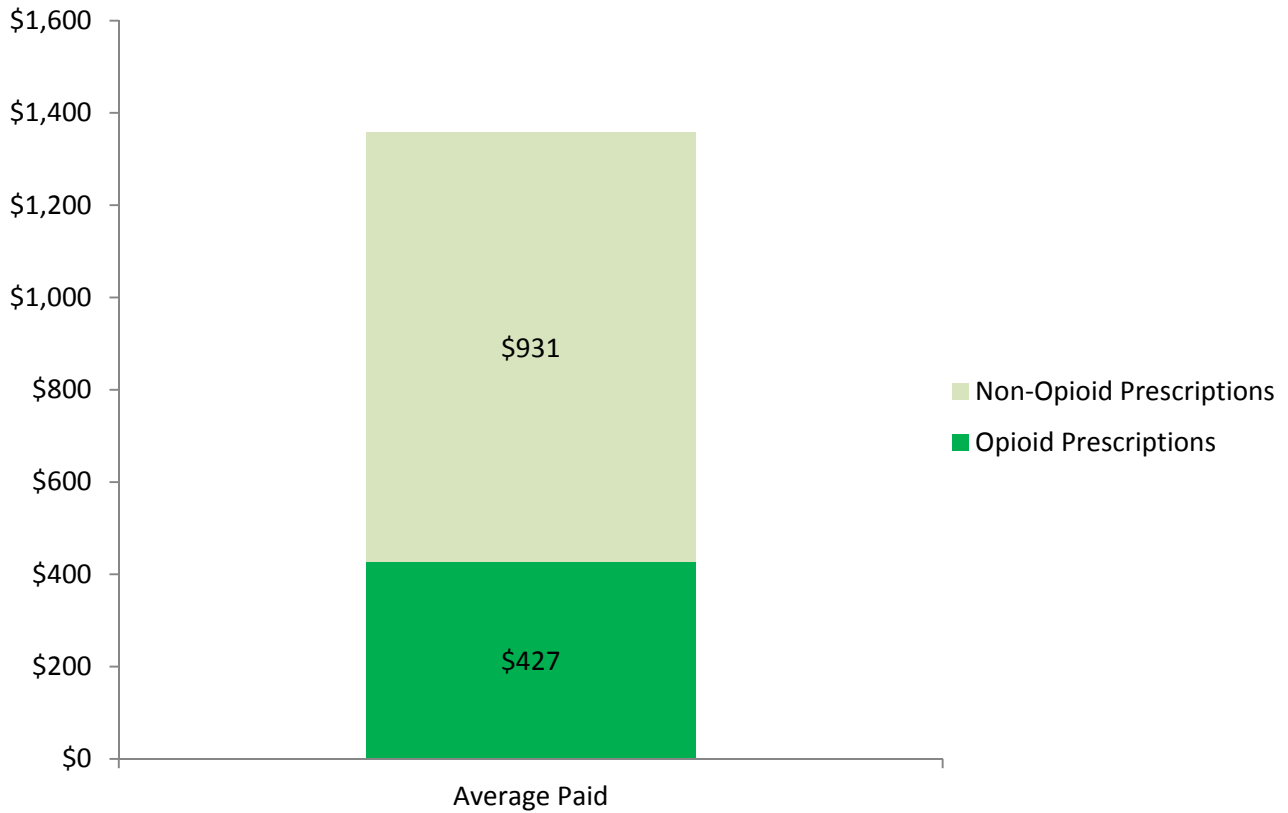


Exhibit 8 shows the average amount paid for per opioid claim. **In Delaware, an opioid claim has an average paid amount of \$1,358 whereas a non-opioid claim has an average paid amount of \$971 for prescriptions.**

Exhibit 9

Top 5 Non-Opioid Drugs Prescribed in Opioid Claims by Amount Paid

Drug Name	Common Brand Name	B/G	% of Non-Opioid Drug Payments	Average PPU*
LYRICA	N/A	B	8.9%	\$2.98
DICLOFENAC SODIUM	VOLTAREN	G	7.7%	\$2.43
GABAPENTIN	NEURONTIN	G	7.5%	\$0.32
LIDOCAINE	XYLOCAINE HCL	G	6.9%	\$1.58
CYCLOBENZAPRINE HCL	FLEXERIL	G	4.9%	\$0.90

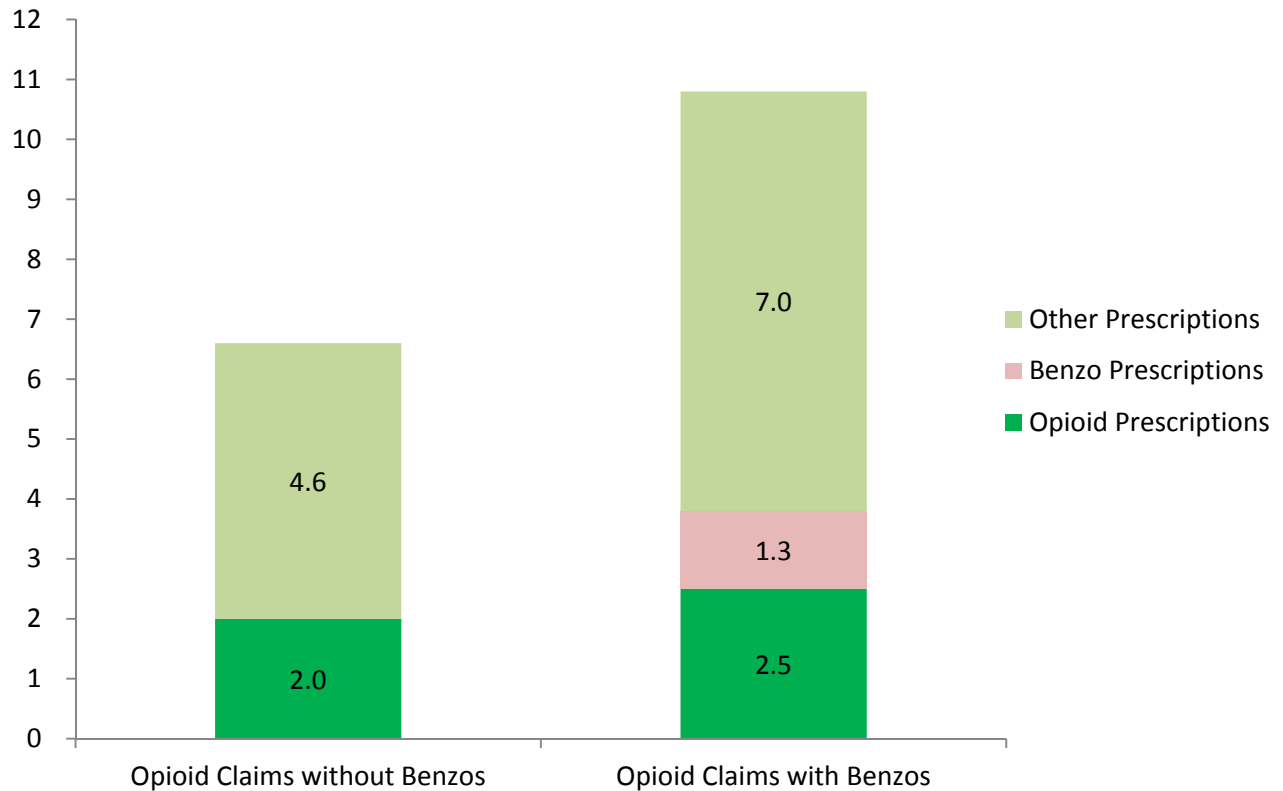
Exhibit 10

Top 5 Non-Opioid Drugs Prescribed in Opioid Claims by Number of Prescriptions

Drug Name	Common Brand Name	B/G	% of Non-Opioid Drug Payments	Average PPU*
GABAPENTIN	NEURONTIN	G	11.8%	\$0.32
CYCLOBENZAPRINE HCL	FLEXERIL	G	8.1%	\$0.90
TIZANIDINE HCL	ZANAFLEX	G	5.7%	\$0.40
IBUPROFEN	ADVIL	G	4.5%	\$0.39
MELOXICAM	MOBIC	G	4.5%	\$1.14

*PPU = Paid per unit

Exhibit 11
Average Number of Prescriptions by Claim Type



This exhibit shows the average number of opioid, benzo, and other types of prescriptions for opioid claims with and without benzos. **In Delaware, an opioid claim without benzos has an average number of 6.6 prescriptions, whereas an opioid claim with benzos has an average number of 10.8 prescriptions.**

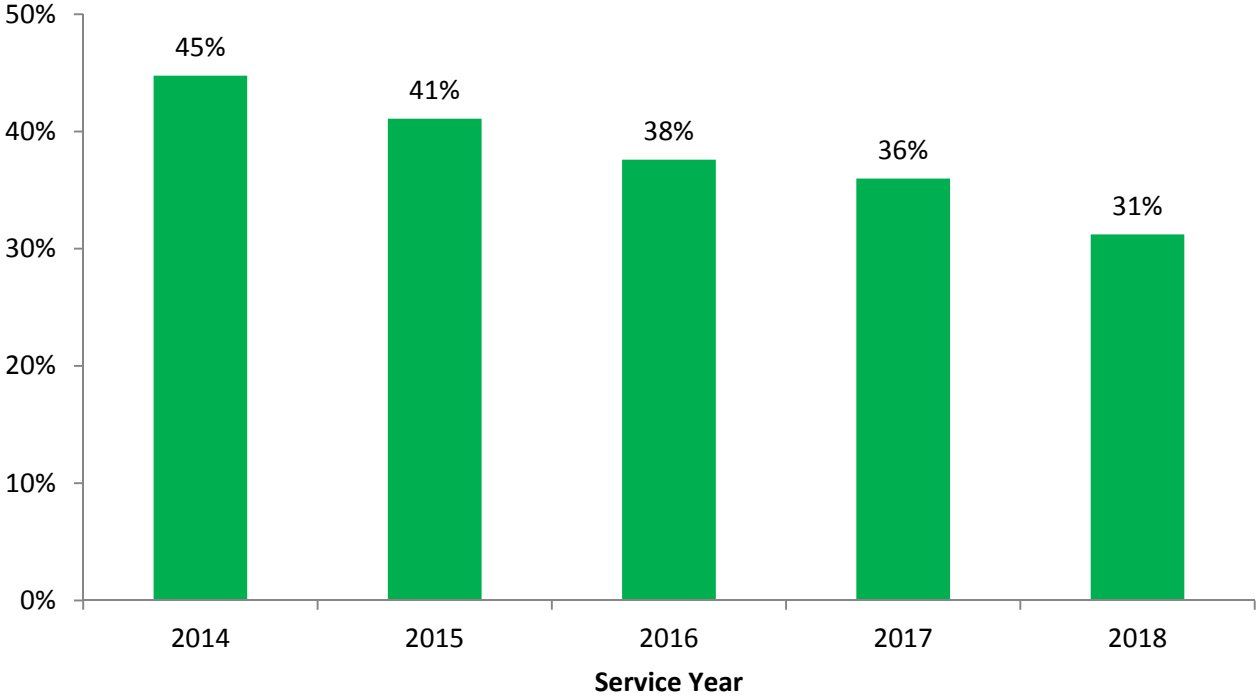
Exhibit 12
Top 5 Benzos by Amount Paid

Drug Name	Common Brand Name	B/G	% of Benzo Payments	Average PPU
LORAZEPAM	ATIVAN	G	66.0%	\$0.45
DIAZEPAM	VALIUM	G	17.1%	\$0.20
TEMAZEPAM	RESTORIL	G	15.7%	\$2.38
TRIAZOLAM	HALCION	G	0.7%	\$3.29
ESTAZOLAM	PROSOM	G	0.5%	\$0.72

This exhibit shows the top five benzos concurrently used with opioids, along with the paid per unit (PPU) for each of these benzodiazepines.

Exhibit 13

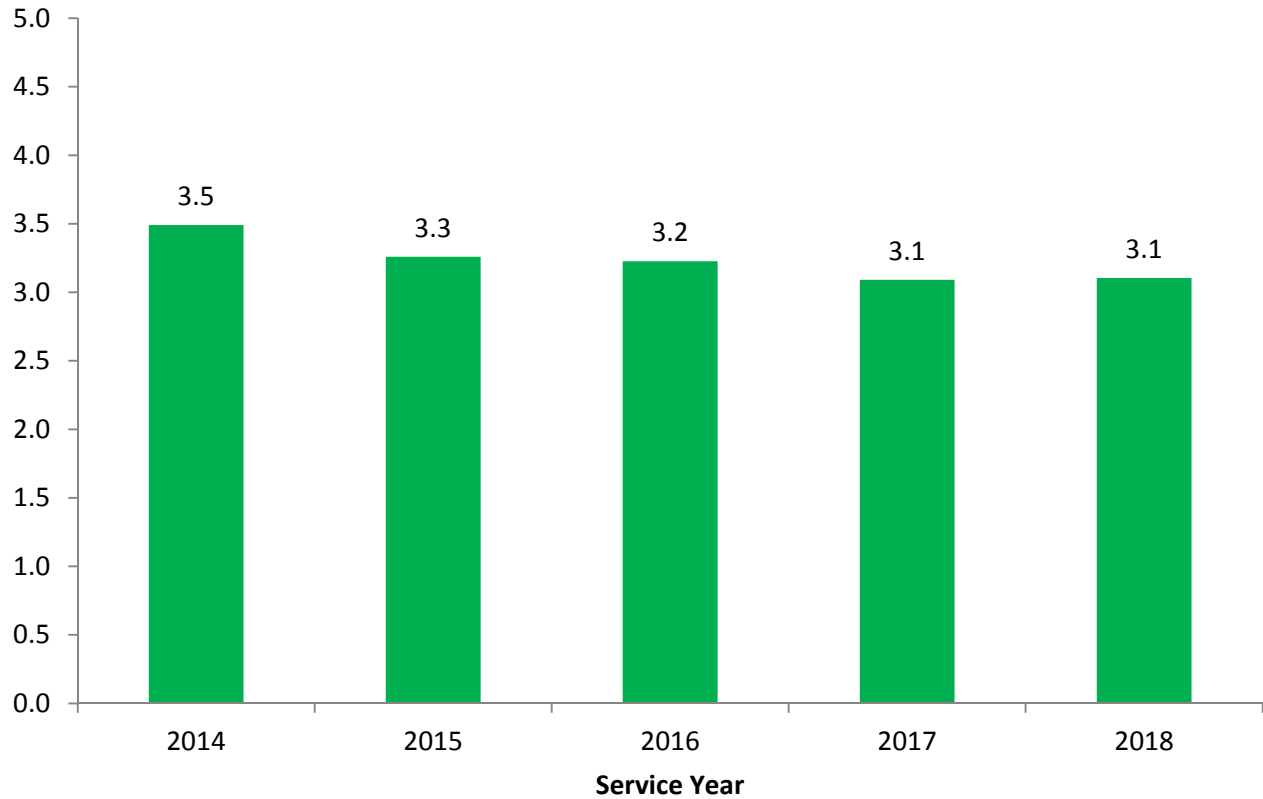
Share of Drug Claims With at Least One Opioid Prescription by Service Year



This exhibit displays the percentage of drug claims with at least one opioid prescription over the last five service years.

Exhibit 14

Average Number of Opioid Prescriptions per Opioid Claim by Service Year



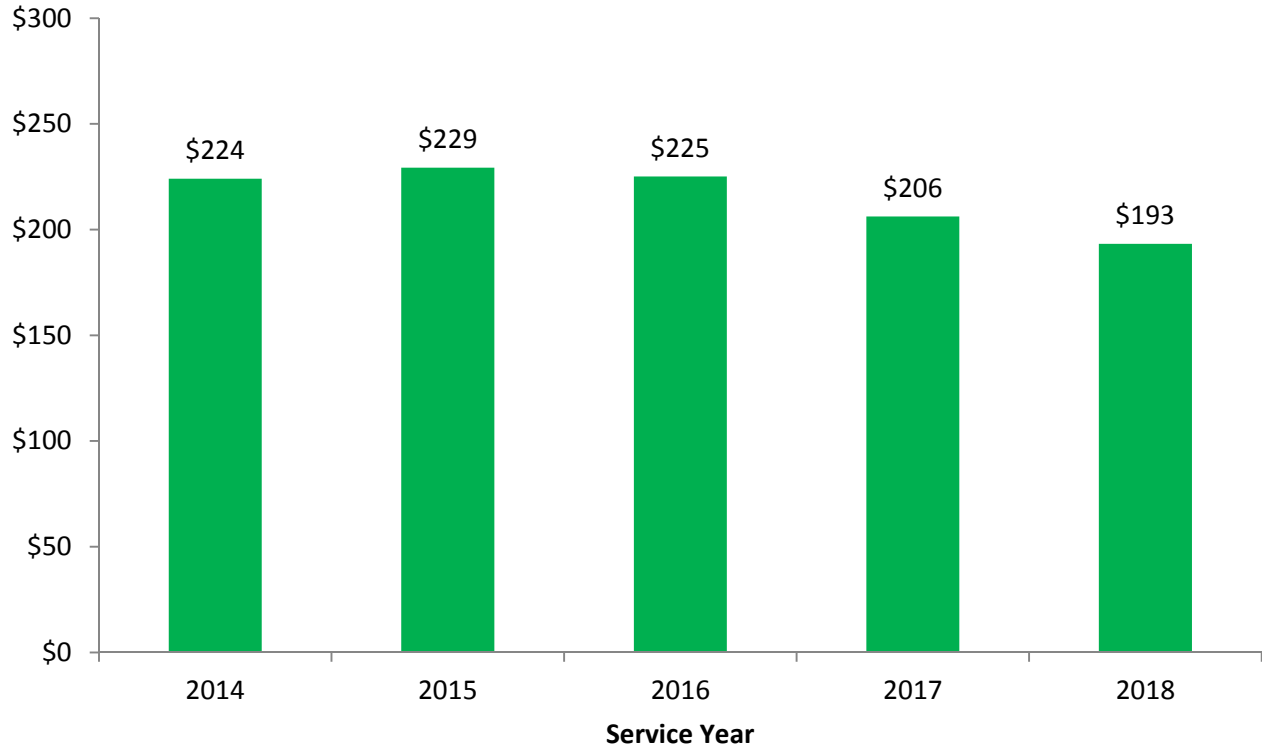
This exhibit displays the change in the average number of opioid prescriptions per opioid claim over the last five service years.

Exhibit 15
Average Opioid Payment per Opioid Claim by Service Year



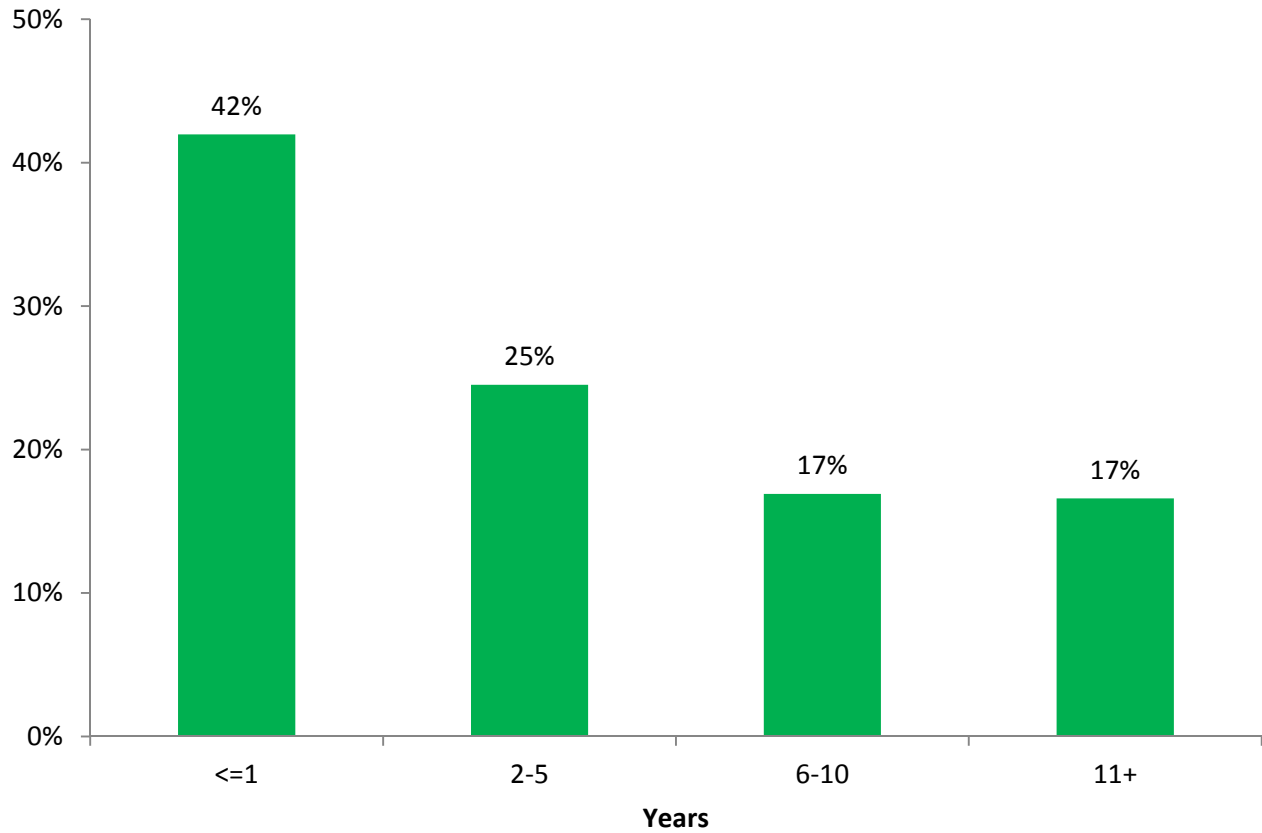
This exhibit displays the change in the average opioid payment per opioid claim over the last five service years.

Exhibit 16
Average Payment per Opioid Prescription by Service Year



This exhibit displays the change in the average opioid payment per opioid prescription over the last five service years.

Exhibit 17
Opioid Claim Distribution by Claim Maturity in Years



This exhibit displays the distribution of opioid claims by claim maturity. Maturity is measured by the number of years from the date of injury.

Exhibit 18

Top Body Systems by Amount Paid for Opioid Claims with Dates of Injury in 2017

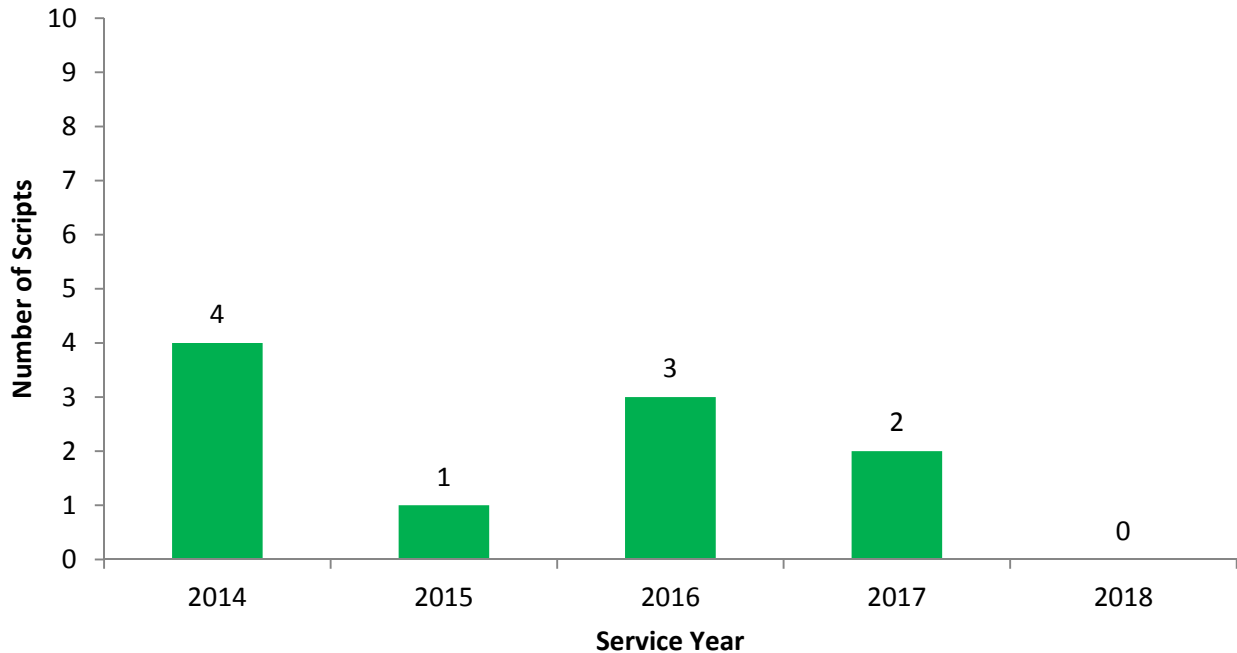
Body System	Paid Share	Average Amount Paid Per Claim
Diseases of the musculoskeletal system and connective tissue	50.2%	\$12,470
Injury, poisoning and certain other consequences of external causes	35.5%	\$7,705
Mental, Behavioral and Neurodevelopmental disorders	2.3%	\$7,456
Diseases of the nervous system	1.6%	\$1,152
Factors influencing health status and contact with health services	1.5%	\$697
Diseases of the digestive system	1.3%	\$5,681
Diseases of the circulatory system	1.2%	\$3,779
Endocrine, nutritional and metabolic diseases	1.1%	\$4,616
Diseases of the skin and subcutaneous tissue	0.8%	\$3,025
Symptoms, signs and abnormal clinical and laboratory findings, NOC	0.7%	\$437

Exhibit 19

Top Diagnosis Groups by Amount Paid for Opioid Claims with Dates of Injury in 2017

Diagnosis Group	Paid Share	Average Amount Paid Per Claim
Other dorsopathies	26.5%	\$14,120
Injuries to the knee and lower leg	8.2%	\$10,001
Other soft tissue disorders	8.0%	\$4,305
Other joint disorders	6.2%	\$2,254
Injuries to the shoulder and upper arm	5.4%	\$4,756
Complications of surgical and medical care, NOC	4.2%	\$16,372
Spondylopathies	4.0%	\$4,812
Injuries to the wrist, hand and fingers	3.7%	\$3,982
Osteoarthritis	2.9%	\$5,324
Injuries to the abdomen, lower back, lumbar spine, pelvis	2.5%	\$2,588

Exhibit 20
Opioid Antagonist (Narcan) Utilization by Service Year



This exhibit displays the number of scripts for opioid antagonists. Antagonists, such as Naloxone, are a mu-opioid receptor antagonist and reversal agent used to mitigate risk for opioid-induced respiratory depression by displacing the full opioid agonists. The available formulations are Narcan (nasal), Evzio (Auto-injector), and solution for injection, the latter of which is frequently administered off label intranasally, by attaching an atomizer to the end of a syringe.

Appendix A: Summary Reference of Key Results

#	Exhibit Name	Delaware Results 2018
1	Drug Share of Medical Payments	Other Medical 90%, Prescription Drugs (NDC) 9%, Other Drugs 1%
2	Distribution of Drugs by Opioid and Non-Opioid	By Paid Amount: Opioid 33%, Non-Opioid 67% By Script Count: Opioid 28%, Non-Opioid 72%
3	Distribution of Drugs by Drug Schedule	By Paid Amount: 95% Sch 2, 5% Sch 3, 0% Sch 4 By Script Count: 96% Sch 2, 4% Sch 3, 0% Sch 4
4	Top 10 Opioid Drugs by Paid Amount	Oxycontin (21.3%), Oxycodone HCL (18.2%), Oxycodone HCL-Acetaminophen (12.5%), Percocet (10.0%, Duragesic (5.9%), Morphine Sulfate (4.5%) Nucynta (4.0%), Oxymorphone HCL (2.9%), Suboxone (2.7%), Hydromorphone HCL (2.3%)
5	Top 10 Opioid Drugs by Prescription Counts	Oxycodone HCL (32.2%), Oxycodone HCL-Acetaminophen (18.2%), Morphine Sulfate (10.7%), Hydrocodone Bitartrate-Acetaminophen (9.3%), Oxycontin (8.4%), Hydromorphone HCL (4.8%), Acetaminophen-Codeine Phosphate (1.9%), Fentanyl Transdermal System (1.7%), Fentanyl (1.4%), Oxymorphone HCL (1.4%)
6	Rx Claim Distributions	Opioid Claims without Benzos 31%, Opioid Claims with Benzos 1%, Non-Opioid Claims 68%
7	Average Number of Prescriptions per Opioid Claim	Opioid Prescriptions 3.1, Non-Opioid Prescriptions 6.1, Total 9.2
8	Average Amount Paid for Prescription Drugs per Opioid Claim	Opioid Prescriptions \$427, Non-Opioid Prescriptions \$931, Total \$1,358
9	Top 5 Non-Opioid Drugs for Opioid Claims by Amount Paid	Lyrica (8.9%), Diclofenac Sodium (7.7%), Gabapentin (7.5%), Lidocaine (6.9%), Cyclobenzaprine HCL (4.9%)
10	Top 5 Non-Opioid Drugs for Opioid Claims by Number of Prescriptions	Gabapentin (11.8%), Cyclobenzaprine HCL (8.1%), Tizanidine HCL (5.7%), Ibuprofen (4.5%), Meloxicam (4.5%)

Appendix A: Summary Reference of Key Results

#	Exhibit Name	Delaware Results 2018
11A	Average Number of Prescriptions by Claim Type: Opioid Claims without Benzos	Opioid Prescriptions 2.0, Other Prescriptions 4.6, Total 6.6
11B	Average Number of Prescriptions by Claim Type: Opioid Claims with Benzos	Opioid Prescriptions 2.5, Benzo Prescriptions 1.3, Other Prescriptions 7.0, Total 10.8
12	Top 5 Benzos by Amount Paid	Lorazepam (66.0%), Diazepam (17.1%), Temazepam (15.7%), Triazolam (0.7%), Estazolam (0.5%)
13	Share of Drug Claims With at Least One Opioid Prescription by Service Year	2014 - 45%, 2015 - 41%, 2016 - 38%, 2017 - 36%, 2018 - 31%
14	Average Number of Opioid Prescriptions per Opioid Claim by Service Year	2014 - 3.5, 2015 - 3.3, 2016 - 3.2, 2017 - 3.1, 2018 - 3.1
15	Average Opioid Payment per Opioid Claim by Service Year	2014 - \$586, 2015 - \$596, 2016 - \$614, 2017 - \$526, 2018 - \$427
16	Average Payment per Opioid Prescription by Service Year	2014 - \$224, 2015 - \$229, 2016 - \$225, 2017 - \$206, 2018 - \$193
17	Opioid Claim Distribution by Claim Maturity in Years	Year <=1 - 42%, Year 2-5 - 25%, Year 6-10 - 17%, Year 11+ - 17%
18	Top Body Systems by Amount Paid for Opioid Claims with Dates of Injury in 2017	Average Paid Per Claim for top 10 groups: Muscles (\$12,470), Injury or poisoning NOC (\$7,705), Mental behavioral, and neurodevelopmental diseases (\$7,456), Nervous System (\$1,152), Factors influencing health status (\$697), Digestive System (\$5,681), Circulatory System (\$3,779), Endocrine, nutritional and metabolic diseases (\$4,616), Skin/subcutaneous tissue (\$3,025), Symptoms/signs NOC (\$437)
19	Top Diagnosis Groups by Amount Paid for Opioid Claims with Dates of Injury in 2017	Average Paid Per Claim for top 10 groups: Other dorsopathies (\$14,120), Injuries to the knee and lower leg (\$10,001), Other soft tissue disorders (\$4,305), Other joint disorders (\$2,254), Injuries to the shoulder and upper arm (\$4,756), Complications of surgical and medical care, NOC (\$16,372), Spondylopathies (\$4,812), Injuries to the wrist, hand and fingers (\$3,982), Osteoarthritis (\$5,324), Injuries to the abdomen, lower back, lumber spine, pelvis (\$2,588)
20	Opioid Antagonist (Narcan) Utilization by Service Year	2014 - 4, 2015 -1, 2016 - 3, 2017 - 2, 2018 - 0

Appendix B: Technical Appendix

The data contained in this report includes Medical Data Call prescription drug transactions for Service Year 2018 (medical services delivered from January 1, 2018 to December 31, 2018) for all insurance carriers who participate in the Delaware Medical Data Call. For more information about the Medical Data Call, please refer to the Delaware Medical Data Call Manual, which is found in the Data Reporting section on the DCRB website.

These exhibits reflect the prescription drug data reported using an NDC code as the paid procedure code, with the exception of Exhibit 1. We supplemented the Medical Data Call prescription drug transactions with descriptive data from a nationally recognized drug reference database. The definitions used for each Exhibit are proprietary to the nationally recognized drug reference database. Additional criteria include:

- FDA regulations consider branded generics as branded drugs.
- We consider repackaged drugs as branded drugs.

In this Technical Appendix, we describe in detail the data and methodology used to prepare the Delaware Medical Data Report: Opioid Utilization Supplement. We also comment on data limitations which were applicable to this report.

Data obtained from the Delaware Medical Data Call data was used for all Exhibits starting with Exhibit 1. The following criteria were applied to all exhibits prepared using Medical Data Call data.

Appendix B: Technical Appendix

- Service Dates between January 1, 2018 and December 31, 2018
- Included records where Charged Amount was greater than Paid Amount
- Included records where Charged Amount equaled Paid Amount
- Excluded records with any other relationship between Charged Amount and Paid Amount
- Excluded data known to have poor data quality
- Exhibits which include a five-year trend reflect the following Service Dates:
 - January 1, 2014 – December 31, 2014
 - January 1, 2015 – December 31, 2015
 - January 1, 2016 – December 31, 2016
 - January 1, 2017 – December 31, 2017
 - January 1, 2018 – December 31, 2018

The following methodology applicable to each Exhibit is specified as follows:

Exhibit 1

This exhibit considered the script count and paid amount for all medical data, drug data reported via NDC code and drug data reported via non-NDC code, such as HCPCS code, revenue code or other state-specific code. We calculated the percent of total paid amount for each of these categories.

Exhibit 2

This exhibit considered the claim count, script count and paid amount for all drug claims and drug claims for opioids. For the exhibits in this report where opioids were identified, the categories of Opiate Agonists and Opiate Partial Agonists were combined. We calculated the percent of total paid amount and percent of total script count for each of these categories.

Appendix B: Technical Appendix

Exhibit 3

This exhibit considered the CSA schedule, script count and paid amount for all opioid drug claims. We calculated the percent of total paid amount and percent of total script count for each of the CSA categories.

Exhibit 4

This exhibit includes data for the top 10 opioid drugs based on paid amount in descending order. The paid amount for each opioid drug was divided by the total paid amount for all opioid drugs to calculate the percent of total paid. The paid amount for each drug was divided by the count of script units for that drug to calculate the average paid per unit (PPU). Outlier records were not excluded, which will have an impact on the average payment per transaction for some codes.

Exhibit 5

Same as Exhibit 4, except the top 10 opioid drugs were selected based on script counts in descending order.

Exhibit 6

This exhibit considered the claim count for the following categories: all drugs, opioid drugs without benzodiazepines, and opioid drugs with benzodiazepines. The claim count for non-opioid claims was calculated by subtracting the claim count for all drugs less the claim count for opioid drugs with benzodiazepines. We calculated the percent of total number of claims for each of these categories.

Appendix B: Technical Appendix

Exhibit 7

This exhibit initially considered the claim number, NDC codes and paid amounts for non-opioid drug claims. We counted the distinct NDC codes, and then took an average of the counts to get the average prescription count. We summed the paid amount and then took an average of the paid amounts to get the average paid amount.

The next step for this exhibit considered the service year, claim number, NDC code, units and paid amount for opioid claims. Opioid claims are defined as claims having at least one opioid prescription during the service year. This set of data was used to calculate the average scripts for opioid prescriptions and non-opioid prescriptions within opioid claims.

Exhibit 8

Using the data from Exhibit 7, this set of data was used to calculate the average paid for opioid prescriptions and non-opioid prescriptions within opioid claims.

Exhibit 9

This exhibit is a list of the top five non-opioid drugs for opioid claims based on paid amount in descending order. The paid amount for each non-opioid drug was divided by the total paid amount for all non-opioid drugs to calculate the percent of total paid. The paid amount for each non-drug was divided by the count of script units for that drug to calculate the average paid per unit (PPU).

Appendix B: Technical Appendix

Exhibit 10

Same as Exhibit 9, except the top 5 non-opioid drugs were selected based on script counts in descending order.

Exhibit 11

This exhibit considered the count of distinct NDC codes for the following categories: opioid prescriptions, benzodiazepine (benzo) prescriptions and other prescriptions for opioid claims with and without benzodiazepines. We categorized the opioid claims into opioid, benzo, opioid-benzo, and all other.

Exhibit 12

This exhibit is a list of the top five benzodiazepines (benzo) within opioid claims based on paid amount in descending order. The paid amount for each benzo drug was divided by the total paid amount for all benzo drugs to calculate the percent of total paid. The paid amount for each benzo was divided by the count of script units for that drug to calculate the average paid per unit (PPU).

Exhibit 13

This exhibit presents a five-year trend of percent of opioids drugs as compared to all drugs prescribed. The claim count for claims with opioid drugs was divided by the claim count for all prescription drugs to calculate the percent of drug claims.

Appendix B: Technical Appendix

Exhibit 14

Using the data from Exhibit 7, this exhibit expands the results to show a five-year trend.

Exhibit 15

Using the data from Exhibit 8, this exhibit expands the results to show a five-year trend.

Exhibit 16

This exhibit considered the service year, script count and paid amount for opioid prescriptions. We divided the paid amount by the script amount to calculate the average paid per script, and expanded the results to show a five-year trend.

Exhibit 17

For this exhibit, we calculated the difference in years between the Service Date and the Accident Date. We summarized the claim count by various groupings of the difference in years between the Service Date and the Accident Date.

Appendix B: Technical Appendix

Exhibit 18

The top 10 ICD-10 diagnosis groups for opioid claims were selected based on paid amount in descending order for Accident Dates between January 1, 2017 and December 31, 2017. The paid amount for each diagnosis group was divided by the total paid amount for calendar year 2017 and 2018 services to calculate the percent of total medical payments.

The paid amount for each group was divided by the number of claims for that group to calculate the average payment per claim.

Exhibit 19

The top 10 ICD-10 diagnosis sub-groups for opioid claims were selected based on paid amount in descending order for Accident Dates between January 1, 2017 and December 31, 2017. The paid amount for each diagnosis sub-group was divided by the total paid amount for calendar year 2017 and 2018 services to calculate the percent of total medical payments.

The paid amount for each sub-group was divided by the number of claims for that sub-group to calculate the average payment per claim.

Exhibit 20

This exhibit considered the script count for opioid antagonists, i.e. Narcan, and expanded the results to show a five-year trend.