

Delisting Publicly-Funded High-Strength Opioids in Ontario Led to Changes in Access and Slight Dose Reductions

Background

Why is this important?

- High-strength opioid formulations are often used to treat severe pain, yet these high doses can put a person at risk of harms including overdose.
- To reduce the risk of prescription opioid-related overdoses and diversion, on January 31, 2017 the Ontario Public Drug Programs delisted (removed) all high-strength opioids from their formulary, making them no longer eligible for reimbursement. An exception was made for palliative patients.
- Details of the delisting policy were announced 6-months prior to implementation.

What were we investigating?

- Whether the delisting policy impacted access to prescription opioids and daily opioid doses among public drug beneficiaries who were receiving these high-strength opioids.



Study Details

How was the study conducted?

- We conducted a population-based study among Ontarians receiving publicly funded, high-strength opioids between August 1, 2016 and July 31, 2017. As a comparison, we constructed a historical cohort one year earlier (August 1, 2015 to July 31, 2016).
- The primary analysis assessed changes in weekly daily opioid dose (in milligrams of morphine or equivalent; MME) for 1) publicly funded prescriptions and 2) all prescriptions dispensed, regardless of payer.
- The secondary analysis assessed changes in prescription opioid access, including: continued use of high-strength opioids, discontinuation (i.e. no prescription) of any opioids, and initiation of opioid agonist therapy (i.e. methadone or buprenorphine/naloxone).
- All analyses were reported separately for patients receiving palliative care.

For more information

Martins et al. [Impact of Delisting High-Strength Opioid Formulations from a Public Drug Benefit Formulary on Opioid Utilization in Ontario, Canada](#). *Pharmacoepidemiology and Drug Safety*, 2019.

Key Points

- Following the delisting policy, there were statistically significant reductions in publicly funded weekly daily opioid doses, which were more substantial among patients not receiving palliative care.
- When considering opioids reimbursed through any means, reductions in weekly daily dose were less than 1 MME per week following the policy, and statistically significant only among non-palliative patients.
- One in three non-palliative patients and one in five palliative patients switched to accessing high-strength opioids through private insurance or by paying out-of-pocket in the 6 months following the policy.
- There was no evidence that the policy led to patients losing access entirely to their prescription opioids.

What did we find?

- Following the delisting policy, the weekly daily dose of publicly funded opioids decreased immediately among non-palliative patients by 10 MME (95% confidence limit [CL], -16.8 to -3.1) and decreased gradually among palliative patients by 3.9 MME per week (95% CL, -5.5 to -2.3).
- In contrast, when considering all opioid prescriptions (regardless of payer), gradual reductions in weekly daily doses were observed only for non-palliative patients, which decreased by 0.7 MME per week following the policy (95% CL, -1.3 to -0.2).
- Following the policy, 33.2% (n=1,212) of non-palliative and 21.1% (n=23) of palliative patients switched to accessing high-strength opioids through private insurance or out-of-pocket payments, compared to 0.2% and <3.5% in the historical cohort, respectively (p<0.01).
- There was no evidence of complete opioid discontinuation or changes in initiation of opioid agonist therapy following the policy.

Recommendations

Policymakers and Clinicians

- Continued efforts should be made to educate prescribers on mechanisms of publicly funded, high-strength opioid access for palliative patients, which includes the Palliative Care Facilitated Access mechanism or the Exceptional Access Program (EAP) Telephone Request Service (TRS).
- Clinicians may combine lower-strength opioid formulations to achieve equivalent daily doses for non-palliative patients who are receiving high-strength opioids.

Patients

- Patients previously receiving publicly funded, high-strength opioids should speak to their doctor about accessing lower-strength opioids to maintain daily opioid doses.