Characteristics and Use Patterns of Chronic Hydrocodone/APAP Users

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INTRODUCTION

Although chronic pain affects tens of millions of Americans, there is significant wisdom around its treatment1. Hydrocodone is the most commonly prescribed opioid for chronic pain, yet little is known about the characteristics and treatment patterns of chronic and non-chronic users in the population (Ingenix Employer Solutions).

Data

• This study used de-identified administrative claims data from a privately-insured population (Ingenix Employer Solutions).
• The database covers over ten million lives from 2006–2009 and contains information from 91 self-identified US companies operating nationwide in a broad array of industries.
• The data include the following information for all beneficiaries (i.e., employees, spouses, and dependents):
  - Pharmacy claims include prescription fill date, national drug code (NDC), dosage, days supplied, quantity, pharmacy, prescribing physician, and amount paid.
  - Medical claims include date of service, diagnosis, procedures performed, place of service (e.g., inpatient, outpatient, Emergency Department), and amount paid.
  - Eligibility claims include patient demographics (e.g., age, gender, geographic region, insurance enrollment history, and plan identifier) to the beneficiaries who share the same plan (i.e., family members).

METHODS

Sample Selection

Chronic and non-chronic users were compared based on differences in patient characteristics and treatment patterns during the 6 months prior to the study period.

“Chronic” Use

Knowledge of characteristics of chronic hydrocodone users could help physicians recognize such patients and further inform appropriate treatment decisions.

LIMITATIONS

• Identification of “chronic” users is based on observed prescription fill patterns in the data as opposed to actual use of the medication.
• The definition of chronicity is based on average daily dose, which may be achieved by taking medications daily or intermittently.
• Data are not generalizable to publicly-insured populations (e.g., Medicare, Medicaid, or the uninsured).

CONCLUSIONS

• These findings suggest that many hydrocodone/watertablets patients require high levels of clinical care. Continued education and research is needed to improve the characterization and treatment patterns of chronic hydrocodone users may help inform clinicians and optimize pharmacological management and use of extended-release opioid use in this population.