

OPIOIDS AND CHRONIC NON-CANCER PAIN

CDC Opioid Guidelines and CMS Methadone Risk-Mitigation Strategies

Medical Care Advisory Committee Meeting
Wednesday, August 17, 2016

Chad Nicholson, PharmD
NorthStar Healthcare Consulting

PRESENTATION OBJECTIVES

- Review and Discuss the 2016 CDC Opioid Guidelines
- Review and Discuss the 2016 CMS Methadone Risk-Mitigation Strategies
- Solicit Feedback on Georgia DCH Strategies for Addressing the Opioid Epidemic

BACKGROUND

- According to CDC data, opioids were involved in 28,647 deaths in the U.S. in 2014 alone
- Opioid deaths have quadrupled nationwide since 2000
- Georgia opioid deaths increased from 1,098 in 2013 to 1,206 in 2014
- 10.2% increase in 1 year



ADDRESSING THE ISSUE

- Recognize the delicate balance that exists between the undertreatment and overtreatment of chronic non-cancer pain (CNCP)
- Recent systematic reviews have highlighted the absence of robust long-term efficacy data and serious safety concerns with chronic opioid therapy
- In response to the burgeoning opioid epidemic coupled with equivocal efficacy and substantial safety concerns of long-term opioid treatment, the CDC and CMS have developed guidelines to improve care and safety for patients requiring opioids for CNCP

OVERVIEW: 2016 CDC GUIDELINES

Prescribing Opioids for Chronic Pain

2016 CDC OPIOID GUIDELINES

1. Opioids are not first-line or routine therapy for chronic pain
2. Establish and measure goals for pain and function
3. Discuss benefits and risks and availability of non-opioid therapies with patient
4. Use immediate-release opioids when starting; do not prescribe ER/LA opioids for acute pain

2016 CDC OPIOID GUIDELINES

5. Start low and go slow
6. When opioids are needed for acute pain, prescribe no more than needed
7. Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed
8. Evaluate risk factors for opioid-related harms

2016 CDC OPIOID GUIDELINES

9. Check PDMP for high dosages and prescriptions from other providers
10. Use urine drug testing to identify prescribed substances and undisclosed drug use
11. Avoid concurrent benzodiazepine prescribing
12. Arrange treatment for opioid use disorder if needed

OVERVIEW: 2016 CMS STRATEGIES

For Mitigating Risks Associated with Methadone

2016 CMS METHADONE STRATEGIES

1. Preferred Drug List
2. Prior Authorization
3. Quantity Limits
4. Drug Utilization Review
5. Prescription Drug Monitoring Program
6. Patient Review and Restrictions Program



OUR VISION FOR GEORGIA

Provide sufficient access to opioid therapy while minimizing inappropriate use as well as adverse events associated with opioid medications

GEORGIA DCH STRATEGIES – OPIOID TASK FORCE

- Committee of healthcare professionals, including pharmacists and physicians
- Collaborate with DCH to provide expertise on opioid-related issues in efforts to promote safer and more effective care for patients with chronic pain, while helping reduce opioid misuse, abuse, and overdose

GEORGIA DCH STRATEGIES – OPIOID TASK FORCE (CONT.)

Specific areas of intervention include:

1. Establishing a “best practices” guideline for use by our providers to guide appropriate therapy for DCH members. This may entail:
 - A. Identifying an appropriate strategy for use of short-acting/long-acting products based on evidence-based guidelines
 - B. Identifying members whose dose may need to be optimized
 - C. Identifying members who may need to be weaned off opioid therapy
 - D. Identifying members who may be concurrently receiving benzodiazepines inappropriately
 - E. Encouraging access to emergency opioid antagonist therapy

GEORGIA DCH STRATEGIES – OPIOID TASK FORCE (CONT.)

Specific areas of intervention include (cont.):

2. Creating and revising prior authorization criteria for various opioid medications/classes
3. Reviewing and potentially revising quantity limits for opiate products

GEORGIA DCH STRATEGIES – QUANTITY LEVEL LIMITS

❖ 2015 Quantity Level Limits

- Oxycodone 5 mg: 600 tablets/capsules per 30 days
- Oxycodone 10 mg: 540 tablets per 30 days
- Oxycodone 15 mg: 360 tablets per 30 days
- Oxycodone 20 mg: 300 tablets per 30 days
- Oxycodone 30 mg: 450 tablets per 30 days

❖ 2016 Quantity Level Limits

- Oxycodone all strengths: 240 tablets/capsules per 30 days
- Assessing further reduction in quantity level limits



GEORGIA DCH STRATEGIES – METHADONE

- 783 members and over 2,000 claims (2nd quarter 2016)
- PDL status – preferred to non-preferred (excluding end of life care)
- Clinical criteria to ensure appropriate utilization:
 - Indication
 - Confirm absence of certain medications
 - Step therapy
 - Documentation of treatment plan including goals of therapy and assessment of addiction risk
 - Quantity limits
 - Attestation of PDMP review

GEORGIA DCH STRATEGIES – PRESCRIPTION DRUG MONITORING PROGRAM

- Requiring inclusion of PDMP reports with prior authorization requests for long-acting narcotics used in CNCP
- Current physician usage: 5,000 physicians with access out of estimate 20,000 physicians employed in Georgia
- Limitations to access/utilization of Georgia PDMP
- Comments from the Committee

THANK YOU!



REFERENCES

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. JAMA. 2016;315(15):1624-45.
2. Wachino V. "Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction." CMCS Informational Bulletin (2016): Center for Medicare and Medicaid Services. <https://www.medicare.gov/federal-policy-guidance/downloads/cib-02-02-16.pdf>.
3. CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.
4. Press Release. WABE News. Georgia to Overhaul its Prescription Drug Monitoring Program. Available at <http://news.wabe.org/post/georgia-overhaul-prescription-drug-monitoring-program>