



MEDICAID DRUG UTILIZATION REVIEW INTERVENTION NOTICE : CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN UPDATE

March 30, 2018

Dear Medicaid Provider,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications to ensure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes. The DUR Board reviews opioid utilization within the NY Medicaid program recurrently. The Department has reviewed Medicaid claims data for the 4th quarter of 2017. This data indicates several claims for opioids with doses > 90 MME/day submitted for members with your NPI number. The purpose of this letter is to highlight recent CDC guidelines regarding the use of opioids for chronic non-cancer pain. The DUR Program promotes utilization of opioid therapy consistent with current treatment guidelines and FDA-approved labeling.

The *CDC Guideline for Prescribing Opioids in Patients with Chronic Pain – United States, 2016*, is intended to provide recommendations to primary care providers on safe opioid prescribing practices.¹ It is noted that primary care providers are accountable for about 50% of opioid prescriptions.² The CDC stresses the importance of open communication and provider-to-patient education on the risks and benefits of opioid use for the treatment of pain.¹

The CDC, as well as various pain management guidelines, all agree that **non-pharmacologic and non-opioid pharmacologic treatments should be considered before initiating opioid therapy for pain management. Patients should also be assessed for risks versus benefits of opioid treatment before initiating opioids. During treatment, pain and functionality should be assessed in comparison to baseline.**¹ Some highlights from the CDC recommendations on initial prescribing of opioids include ¹:

- Initiate opioid treatment with the lowest effective dose of an immediate release product
- Evaluate pain therapy initially, after 1-4 weeks; then, at least every 3 months
- Avoid increasing dose to ≥ 90 MME /day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone), or carefully justify; consider specialist referral (This does not pertain to patients who are already on an opioid dose ≥ 90 MME)
- Set treatment goals e.g. 30% improvement on PEG (Pain, Enjoyment, General activity) test, return to work, etc.
- Evaluate risk factors for opioid-related overdose or opioid use disorder e.g. mental health disorders (depression, anxiety), history of overdose, concurrent benzodiazepine use, higher opioid dosages (≥50 MME/day)
- Consult the prescription drug monitoring program (PMP) data to review patients' history of controlled substance prescriptions to evaluate dosages and potentially dangerous combinations
http://www.health.ny.gov/professionals/narcotic/prescription_monitoring/

In presenting this information to you, the DUR Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. We ask that you consider the information provided regarding opioid therapy for your patients.

Thank you for your professional assistance in this matter.

NYS Medicaid Drug Utilization Review Program

References:

1. CDC guideline for prescribing opioids for chronic pain Dowell D, Haegerich TM, Chou R. — United States, 2016. *MMWR Recomm Rep.* 2016;65(1):1–49.
<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>

2. Centers for Disease Control and Prevention (CDC). Why guidelines for primary care providers?
http://www.cdc.gov/drugoverdose/pdf/guideline_infographic-a.pdf

Guidelines for Prescribing Opioids for Chronic Pain
https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

Nonopioid treatments for chronic pain
https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf

CDC Checklist for prescribing opioids for chronic pain <https://stacks.cdc.gov/view/cdc/38025>