



March 30, 2017

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

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications in order to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. The DUR Board reviews opioid utilization within the NY Medicaid program recurrently, however, the purpose of this letter is to highlight that CDC has recently released new 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 opioids for pain treatment.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

Here are some highlights from the CDC recommendations on prescribing opioids:¹

- ✓ **Highest Recommended Dose (MME per day in mg) = 90**
- ✓ **Initial opioid treatment = Short-acting**
- ✓ **Initial duration of therapy = 3 days or less, for acute pain**
- ✓ **Evaluation of pain therapy = Initially, after 1-4 weeks; then, at least every 3 months**
- ✓ **Treatment goals = 30% improvement on PEG (Pain, Enjoyment, General activity) test**
- ✓ **Indication for = Expected benefit outweighs risk for both pain and function improvement**
- ✓ **Characteristics of patients at high risk for opioid abuse/misuse = Mental health disorders (depression, anxiety), history of overdose, concurrent benzodiazepine use, higher opioid dosages (>50 MME/day)**
- ✓ **Management of patients at high risk for overdose = Naloxone recommended**
- ✓ **Checking the Prescription Drug Monitoring Program (PDMP) = Most NYS prescribers are required to consult the PMP Registry when writing prescriptions for Schedule II, III, and IV controlled substances:**
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. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. *MMWR Recomm Rep.* 2016;65(1):1–49.
2. Centers for Disease Control and Prevention (CDC). Why guidelines for primary care providers? http://www.cdc.gov/drugoverdose/pdf/guideline_infographic-a.pdf. Accessed March 1, 2017.