Pharmacy Benefit News

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Specialty Spotlight

Commentary: When Opiates Create Pain

There has been significant research and discussion about the maximum dose of opiates. Historically, pharmacy, medical and nursing students learned that there was no ceiling dose of opiates. However, when approached as a risk problem, there is now recognition that doses above certain thresholds lead to higher risk for adverse reactions, potential overdose, and creation of certain pain syndromes. Hyperalgesia (extreme sensitivity to pain) and allodynia (experiencing pain from non-painful stimuli) are examples of opiate-induced pain syndromes.

What is the dosing threshold for opiates? Unfortunately, different organizations, States and Countries have settled on different doses. Commonly, 60mg, 90mg, and 120mg per day of Morphine eqivalent are considered higher risk doses. There are conversion tables for determining the Morphine equvalent (MED) for every opiate medication. The selection of a threshold dose is really a risk assessment with a probability of increased opiate-induced pain with each threshold. For example, patients receiving more than 120mg of morphine equivalent per day for chronic non-malignant pain are at increased risk of opiate side effects and demonstrate higher risk of abuse. Long-term opioid treatment leads to tolerance to its analgesic effects. Evidence is accumulating that opioid treatment may also paradoxically induce abnormal pain sensitivity, including hyperalgesia and allodynia. Thus, increasing opioid doses may not improve pain control and function. Depression and anxiety disorders are frequently associated with the use of opioids. Extreme caution should be used when prescribing opioids to patients with histories of significant psychological conditions including conversion disorder, somatization, borderline personality, mood disorders, PTSD, or substance abuse. Various opiates have different strength equivalents to morphine.

Common Recommendations for Therapy:
In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Although pain may be relieved at these doses, it is not necessarily associated with psychological or functional improvement. Ensure that the patient meets the following conditions before considering a dosage above 120mg/day MED:

1. There are no significant psychological issues or evidence of drug-seeking behaviors, AND
2. The patient has demonstrated improvement in function and pain level previously at a lower dose.
3. Safety and effectiveness of opioid therapy for chronic non-cancer pain should be routinely evaluated by the prescriber, including documenting and tracking both functional improvement and pain relief. A specialty consultation should be considered any time there

is evidence of adverse effects or lack of response.

Source: Clinical Review: Morphine Equivalent Daily Dose to Prevent Opioid Overuse. (2015, September 30). Retrieved March 17, 2016, from http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_24035.pdf?utm_source=iContact&utm_medium=email&utm_campaign=DUR Educational Articles&utm_content=dured_24035

Find out more

Mapping Disease Outbreaks

"Map predicts sites of possible plague outbreaks in US." Rodents in the Western US can carry Yersinia pestis, the zoonotic bacteria transmitted by fleas that causes plague, and researchers created a map that pinpoints possible hot spots for the disease. Sixteen plague infections occurred in humans in the US in 2015, and the CDC warned physicians to be alert for possible cases. SUNY Downstate Medical Center researchers used data from the International Society for Infectious Diseases to create the map, which was published in the journal PeerJ.

Source: Clinical Review: Morphine Equivalent Daily Dose to Prevent Opioid Overuse. (2015, September 30). Retrieved March 17, 2016, from http://files.medi-cal.ca.gov/pubsdoco/dur/Articles/dured_24035.pdf?utm_source=iContact&utm_medium=email&utm_campaign=DUR Educational Articles&utm_content=dured_24035

Christensen, J. (2015, December 30). Potential plague hotspots in the United States. Retrieved March 17, 2016, from http://edition.cnn.com/2015/12/30/health/plague-hotspots-in-united-states/

Comment:
The popularity of mobile information technology, e.g., smart phones, offers the opportunity for fast and useful information to be transmitted to professionals and the public. The plague map discussed above is one such example. Being alert to a problem is the first step. Hopefully this information can be readily accessed and used to alert government agencies to institute possible interventions as well as to alert the public to steps that they can take for proactive prevention.

Commentary: Fraud, Waste and Abuse (FWA) Prevention

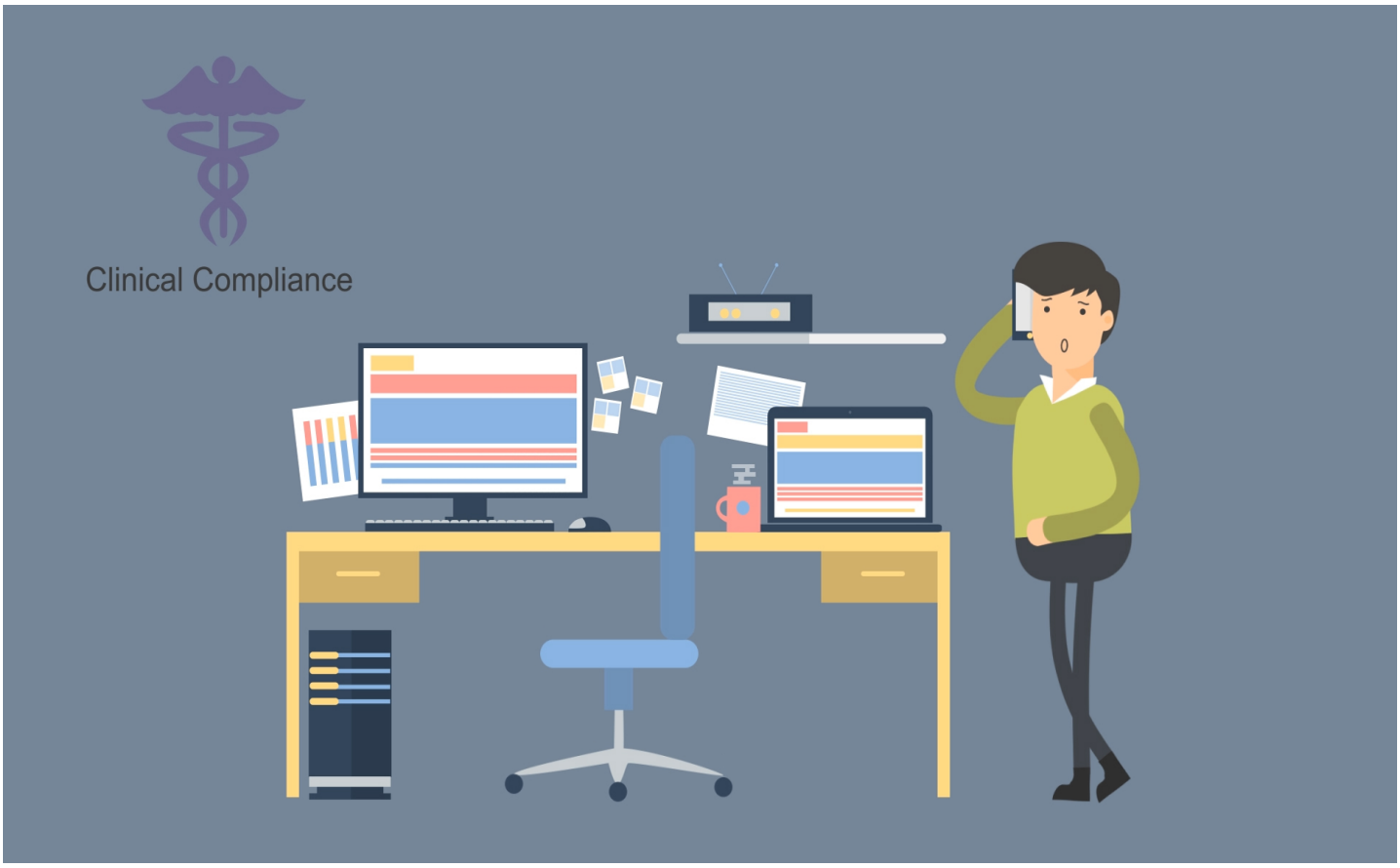
FWA has always been a factor in health care. The evolution of Medicare Part D beyond eligibility and formulary compliance placed further emphasis on FWA. Fraud is clearly a target and involves increasing financial liability even though the number of pharmacies, patients and providers are often small when compared to the numbers of total pharmacies and providers. In addition, fraud is a legal issue and often difficult to identify, as well as requiring significant resources.

To provide some plan for enforcement the Office of Inspector General (OIG) has identified pharmacy-related fraud schemes in Medicare Part D. These schemes include drug diversion, billing for drugs that are not dispensed, and kickbacks. Fraud schemes often involve opioids, but non-controlled medications are also analyzed. Analysis of billing patterns is often used to identify potential fraudulent activity. However, in our experience the activities identified are often abuse, waste, or actions to circumvent procedures that are onerous and time consuming. As a result, significant resources are expended in identifying and legally proving fraud. [HHS_oei-02-15-00190_June2015.pdf]

Without minimizing the importance of identification of actual fraud, we must emphasize that prevention is more efficient and cost-effective than identifying and making a case for actual fraud. Part D agrees. The CMS Prescription Drug Benefit Manual: Chapter 9 – Part D Program to Control Fraud, Waste and Abuse [42 CFR § 423.504(b)(4)(vi)(H)] states – "The Sponsoring Organization must have and implement a compliance plan that includes a comprehensive plan to detect, correct, and prevent fraud, waste, and abuse."

Note: *Pro Pharma offers an FWA Identification and Prevention Program. Sophisticated mathematical tools are used to analyze providers, pharmacies and patients to identify FWA, communicate with high probability targets, benchmark against risk matches and monitor for improvement.*

Clinical Compliance



Pro Pharma evaluates and analyzes the results of clinical analyses -- including Medication Therapy Management (MTM), Comprehensive Medication Reviews (CMR), hundreds of clinical edits and medication compliance/adherence – to provide clarity and help to prioritize high risk problems. To perform this function Pro Pharma relies on the comprehensive analytics engines available from ProData Analytics™.

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Pro Pharma Pharmaceutical Consultants, Inc. has assisted payer and providers for over 29 years to maintain quality while controlling costs.

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