



The 411 on Tapering with CA drug formulary analysis

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Mark Pew, Senior Vice President, PRIUM

- › 35+ years in P&C, 20+ years in Work Comp
- › Created PRIUM's award-winning Chronic Pain Intervention Program in 2003, Intervention Triage in 2010, Texas Closed Formulary turnkey in 2011, Centers with Standards in 2012, TaperRx in 2014
- › From March 2012 thru February 2018 ...
 - 482 presentations, 38,897 people, 41 states + DC
 - 23 national webinars, 3 podcasts
- › Published and quoted in CLM Magazine, Risk & Insurance, Business Insurance, WorkCompCentral, WorkCompWire, Insurance Thought Leadership, etc
- › IAIABC Medical Issues Committee, SIIA Work Comp Committee, CompSense Pharmacy group in CA (chairman) & NY
- › 2016 & 2017 Best Blog recipient
- › 2016 Magna Comp Laude recipient
- › 2017 IAIABC Samuel Gompers award



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How we got here



A Perfect Storm

› In the mid 1990's ...

- Under treating pain / opioid phobia (?)
- Launch of OxyContin, normalizing opioids
- Pain added as the Fifth Vital Sign
- Press Ganey patient satisfaction surveys
 - More recently ... healthgrades.com, vitals.com, etc.



Iatrogenesis – “inadvertent and preventable induction of disease or complications by the medical treatment or procedures of a physician or surgeon”
-- Merriam-Webster

Progress ...

> CompPharma

- From 2016 to 2017:
 - Opioid spend decreased by over 26%
 - <http://www.joepaduda.com/2018/03/big-changes-work-comp-pharmacy-spend/>

> CWCI

- From 2007 thru June 2017:
 - Utilization declined from 32.1% to 23.2%
 - Costs declined from 30.5% to 18.6%
 - https://www.cwci.org/press_release.html?id=636



Solutions



Societal Trends

› #TurnTheTide

- <https://turnthetiderx.org/>

› State mandated day supply & MED caps

- <http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx>

› PDMP connectivity / mandates

- <https://nabp.pharmacy/new-states-added-national-network-prescription-drug-monitoring-programs/>

› Expanded access to Naloxone

- <http://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139>

› Lawsuits against Big Opioid Pharma

- <https://www.linkedin.com/pulse/making-bop-pay-mark-rxprofessor-pew/>

Per the CDC

- › 50mg MED is a question
- › 90mg MED is a problem
- › 120mg+ MED can be deadly

- › 3 day supply is “often enough”
 - CDC: “For acute pain, prescribe only the number of days that the pain is expected to be severe enough to require opioids.”
- › 5-7 day supply is the new max in some states
- › 30 day supply is ridiculous

- › Don't ever mix an opioid with a benzo
- › Don't ever mix an opioid with carisoprodol
- › Don't ever mix an opioid with alcohol



Poll Question #1

- › When should opioids be used to treat pain?
 - a) Acute
 - b) Chronic
 - c) Acute and Chronic
 - d) Never



Work Comp Trends

- › Treatment guidelines
- › Battling physician dispensing
- › Weaning Hearing process
- › Medical cannabis
- › BioPsychoSocial treatment model
- › **And ... drug formularies**



Formularies

- › Arizona – Implemented in 2016, expanding in 2018
- › Arkansas – Effective July 2018
- › California – Effective January 2018
- › Georgia – Initial discussions
- › Indiana – Effective January 2019
- › Louisiana – Initial discussions
- › Maine – Initial discussions
- › Mississippi – Initial discussions
- › Montana – Effective in 2018
- › Nebraska – Initial discussions
- › New York – Effective in 2018
- › North Carolina – Initial discussions
- › North Dakota – Implemented in 2006
- › Ohio – Implemented in 2011
- › Oklahoma – Implemented in 2014
- › Pennsylvania – Initial discussions
- › South Carolina – Initial discussions
- › Tennessee – Implemented in 2016
- › Texas – Implemented in 2011
- › Washington – Implemented in 2004





Everything you need ...

<http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS-Formulary/MTUS-Formulary.htm>



Drug Formulary

- › Three primary dates
 - December 1 (MTUS effective)
 - January 1 (Drug List effective)
 - April 1 (Transition deadline)

The Rules

› Exempt Drugs

- A drug on the MTUS Drug List which is designated as being a drug that does not require authorization through prospective review prior to dispensing the drug, provided that the drug is prescribed in accordance with the MTUS Treatment Guidelines.

› Non-Exempt Drugs

- A drug on the MTUS Drug List which is designated as requiring authorization through prospective review prior to dispensing the drug.

› Unlisted Drugs

- A drug that does not appear on the MTUS Drug List and which is one of the following: an FDA-approved drug or a nonprescription drug that is marketed pursuant to an FDA OTC Monograph. An “unlisted drug” does not include a compounded drug but does include a combination drug.



The Rules

> 9792.27.2 – Scope

- “drug dispensed on or after January 1, 2018 for outpatient use shall be subject to the MTUS Drug Formulary, regardless of the date of injury”

> 9792.27.3 – Transition

- “the MTUS Drug Formulary should be phased in to ensure that injured workers who are receiving ongoing drug treatment are not harmed by an abrupt change to the course of treatment”
- “the physician shall submit a progress report issued pursuant to section 9785 and a Request for Authorization that shall address the injured worker's ongoing drug treatment plan ... no later than April 1, 2018”

FYI

- › Every opioid is either Non-Exempt or Unlisted
- › Some have “Special Fill” and “Peri-Op”
 - Four days

MTUS Drug List (8 CCR § 9792.27.15)

| | Drug Ingredient | Reference Brand Name | Exempt/Non-Exempt* | Special Fill** | Peri-Op*** | Drug Class | Reference in Guidelines | Dosage Form | Strength | Unique Pharmaceutical Identifier(s) |
|-----|--------------------|----------------------|--------------------|----------------|------------|--|---|-------------|----------|-------------------------------------|
| 139 | Hydromorphone HCL | Dilaudid | Non-Exempt | | | Analgesics - Opioid | × Ankle and Foot Disorders × Cervical and Thoracic Spine Disorders × Chronic Pain × Elbow Disorders × Hand, Wrist, and Forearm Disorders × Hip and Groin Disorders × Knee Disorders × Low Back Disorders × Shoulder | | | |
| 140 | Ibandronate Sodium | Boniva | Non-Exempt | | | Endocrine and Metabolic Agents- Misc. (Bisphosphonate) | ✓× Chronic Pain ✓⊙ Hip and Groin Disorders ⊙ Knee Disorders × Low Back Disorders ✓ Shoulder | | | |
| 141 | Ibuprofen | Motrin | Exempt | | | Analgesics - Anti-Inflammatory (NSAID) | ✓⊙ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓×⊙ Elbow Disorders ✓×⊙ Hand, Wrist, and Forearm Disorders ✓⊙ Hip and Groin Disorders ✓×⊙ Knee Disorders ✓ Low Back Disorders ✓ Shoulder | | | |
| 142 | Imipramine HCL | Tofranil | Non-Exempt | | | Antidepressants (TCAs) | × Cervical and Thoracic Spine Disorders × Chronic Pain ⊙ Hip and Groin Disorders ×⊙ Knee Disorders ✓⊙ Low Back Disorders × Shoulder | | | |
| | | | | | | | ✓⊙ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓×⊙ Elbow Disorders | | | |



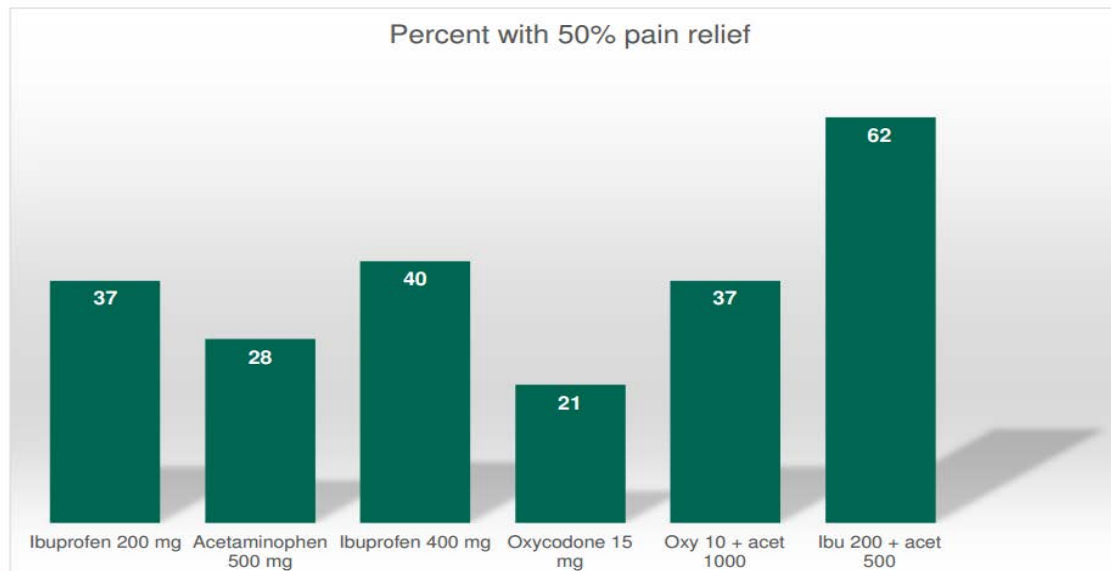
Poll Question #2

- › Which of the following is not an important deadline for the CA drug formulary?
- a) July 1, 2017
 - b) December 1, 2017
 - c) January 1, 2018
 - d) April 1, 2018

The Key

- › Make sure the first pill is the right pill

Efficacy of pain medications Acute pain^{26,27,51}



TEATER HEALTH SOLUTIONS

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#BioPsychoSocial

- › What happens
 - ... between the ears
 - ... and at home

- › is as important as what is physically wrong with the body

The key

› Or maybe it's not a pill ...

- Non-Rx
 - Ice and heat
 - Active exercise, deep breathing
 - Healthy diet and nutrition
 - Physical & psycho therapy (CBT), chiropractic
 - Mindfulness, Yoga, Tai Chi, biofeedback

 **10k**

The key

› Or maybe it's not a pill ...

- Attitudinal

- Individual responsibility
- Better lifestyle choices
- Mentors / accountability
- Engagement rather than passivity

mind
matter



Tapering – The Hard Part



An Important Decision

- › Medication Assisted Treatment (MAT)
 - Adding a drug to get rid of drugs
 - Buprenorphine
 - Naltrexone
 - Methadone

- › Non MAT
 - Methodical tapering

- › Either way ...
 - Decrease drugs
 - Increase resiliency

Drug Tapering Example

> Case 321302

- Bilateral hand and wrist pain for DOI of 6/4/1991
- Peer to peer discussion and agreement occurred

| Medication | Opinion | Response |
|--|---------------------|--------------|
| Morphine sulfate ER 60 mg three capsules q.a.m. and four capsules q.p.m. | Taper | Agreement |
| Morphine sulfate 30 mg q.i.d. | Taper | Agreement |
| Duloxetine 30 mg one capsule q.a.m. and two capsules q.h.s. | Reassess in 6 weeks | Agreement |
| Desipramine 25 mg three tablets q.h.s. | Reassess in 6 weeks | Agreement |
| Oxcarbazepine 150 mg six tablets q.12h. | Reassess in 6 weeks | Agreement |
| Modafinil 200 mg q.d. and 100 mg q.d. | Discontinue | No agreement |
| Celebrex 200 mg q.12h. | Discontinue | No agreement |
| Senna Lax 8.6 mg two tablets q.12h. | Reassess in 6 weeks | Agreement |
| Stool Softener Extra Strength 250 mg two tablets q.12h. | Reassess in 6 weeks | Agreement |

Drug Tapering Example

› Step 1 – Taper morphine sulfate 30mg

| Morphine sulfate 30 mg q.i.d. IR tablets come in 15mg, 30mg | | | | | |
|--|--------------------|---------------------|--------------------|---------------------|------------|
| Morphine formulation | 6am | 2pm | 6pm | 10pm | Daily dose |
| IR | 30mg | 30mg | 30mg | 30mg | 120mg |
| IR | 30mg | 30mg | 15mg | 30mg | 105mg |
| IR | 15mg | 30mg | 15mg | 30mg | 90mg |
| IR | 15mg | 22.5mg (1.5 x 15mg) | 15mg | 30mg | 82.5mg |
| IR | 15mg | 22.5mg (1.5 x 15mg) | 15mg | 22.5mg (1.5 x 15mg) | 75mg |
| IR | 15mg | 15mg | 15mg | 22.5mg (1.5 x 15mg) | 67.5mg |
| IR | 15mg | 15mg | 15mg | 15mg | 60mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 15mg | 15mg | 52.5mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 15mg | 7.5mg (0.5 x 15mg) | 45mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 37.5mg |
| IR | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 30mg |
| IR | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | | 7.5mg (0.5 x 15mg) | 22.5mg |
| IR | 7.5mg (0.5 x 15mg) | | | 7.5mg (0.5 x 15mg) | 15mg |
| IR | 7.5mg (0.5 x 15mg) | | | | 7.5mg |

Drug Tapering Example

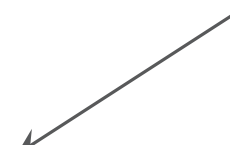
- › Step 2 – Discontinue modafinil (Provigil)
 - 200 mg q.d. and 100 mg q.d.
 - Does not require tapering
 - Discontinue after tapering of Morphine Sulfate IR is complete

Drug Tapering Example

› Step 3 – Taper morphine sulfate ER (Avinza) 60mg

| Morphine sulfate ER 60 mg three capsules q.a.m. and 4 capsules q.p.m. | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|-------------------|
| ER Capsules come in 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg | | | | | |
| Morphine formulation | AM | | PM | | Daily dose |
| ER | 180mg | | 240mg | | 420mg |
| ER | 180mg | | 195mg (120mg+75mg) | | 375mg |
| ER | 150mg (75mg x2) | | 195mg (120mg+75mg) | | 345mg |
| ER | 150mg (75mg x2) | | 150mg (75mg x2) | | 300mg |
| ER | 150mg (75mg x2) | | 135mg (45mgx3) | | 285mg |
| ER | 135mg (45mgx3) | | 135mg (45mgx3) | | 270mg |
| ER | 120mg | | 135mg (45mgx3) | | 255mg |
| ER | 120mg | | 120mg | | 240mg |
| ER | 120mg | | 105mg (60mg+45mg) | | 225mg |
| ER | 105mg (60mg+45mg) | | 105mg (60mg+45mg) | | 210mg |
| ER | 105mg (60mg+45mg) | | 90mg | | 195mg |
| ER | 90mg | | 90mg | | 180mg |
| ER | 90mg | | 75mg | | 165mg |
| ER | 75mg | | 75mg | | 150mg |
| ER | 75mg | | 60mg | | 135mg |
| ER | 60mg | | 60mg | | 120mg |
| ER | 60mg | | 45mg | | 105mg |
| ER | 45mg | | 45mg | | 90mg |
| ER | 45mg | | 30mg | | 75mg |
| ER | 30mg | | 30mg | | 60mg |
| Morphine formulation | 6am | 2pm | 6pm | 10pm | Daily dose |
| IR | 15mg | 15mg | 15mg | 15mg | 60mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 15mg | 15mg | 52.5mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 15mg | 7.5mg (0.5 x 15mg) | 45mg |
| IR | 15mg | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 37.5mg |
| IR | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | 30mg |
| IR | 7.5mg (0.5 x 15mg) | 7.5mg (0.5 x 15mg) | | 7.5mg (0.5 x 15mg) | 22.5mg |
| IR | 7.5mg (0.5 x 15mg) | | | 7.5mg (0.5 x 15mg) | 15mg |
| IR | 7.5mg (0.5 x 15mg) | | | | 7.5mg |

Note: Once tapered down to ER 30mg, switch to IR 15mg



Drug Tapering Example

› Step 4 – Discontinue Celebrex

- 200 mg q.12h.
- Does not require tapering
- Discontinue after tapering of other drugs is complete

› Step 5 – Reassess other drugs

- Once constipation side effect goes away, so should the two stool softeners (Senna Lax and Stool Softener Extra Strength)
- If depression / anxiety has been reduced, tapering Duloxetine and/or Desipramine (both anti-depressants) may be possible



So what will happen in two days?



Poll Question #3

- › So what will happen in two days on April 1?
 - a) UR decisions enabling no more reimbursement
 - b) Tapering of dangerous drug regimens
 - c) Nothing (status quo)
 - d) Completely unpredictable

Questions?



#CleanUpTheMess
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