Have the Political Changes of 2017 Benefited People with Pain? Regardless, We Can

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Disclosure

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Preview

- Nationwide trends and public opinion
- Trump Administration executive activity
- Federal & state legislative activity
- Conclusion & discussion
STAT forecast: Opioids could kill nearly 500,000 Americans in the next decade

Patients With Mental Disorders Get Half Of All Opioid Prescriptions

New On The Streets: Drug For Nerve Pain Boosts High For Opioid Abusers
Pres. Donald Trump
- "The FDA has been far too slow to approve abuse-deterring drugs"
- "As president, I'd work to lift the cap on the number of patients that doctors can treat, provided they follow safe prescribing practices and proper treatment supervision"
- Vowed to "slash restraints" on drug development and emphasized need to "speed up approval of life-saving medications"
- "We're going to expand access to abuse-deterring drugs...They're out and they're very hard to get"

HHS Sec. Tom Price
- "We believe that patients and doctors should be in control of health care"
- "We need...to make certain that we are on the cutting edge of innovation"
- The new FDA commissioner "understands and respects" that taking "10 to 14 years (to bring a drug to market) is simply too long"
CDC Guideline

- Chronic pain in primary care
- Recommends consulting a pain specialist as needed to provide optimal pain management
- CMS and insurer adoption has occurred
- Licensing boards may consider voluntary guidelines when making determinations at hearings
- Health care must be individualized
- Unique medical needs and rationale for clinical decisions must be documented
State Adoption

- New York: 7-day supply for acute pain
- Rhode Island: Max 30 MME/day and 20 total doses for acute pain
- Massachusetts: 7-day supply for all initial opioid analgesic prescriptions
  - Can prescribe more if document condition in the patient record and indicate that a non-opioid alternative was not appropriate
- Maine: Max of (1) 7-day supply for acute pain; (2) 30-day supply for chronic pain; or (3) 100 MME/day

Coverage of Opioid Medications

- Centers for Medicare and Medicaid Services (CMS) adopted CDC Guideline
  - Utilize 90 MME cutoff to determine overutilization
  - Hard formulary-level edits based on 200 MME
- Medicare, Medicaid, and private insurance plans
  - Require PA or “fail-first” before covering opioid analgesics with ADPs (e.g. majority of states still list methadone on their preferred drug lists)
- Veterans Administration
  - Robert McDonald: “Vets are 10 times more likely to abuse opioids than the civilian population,” yet last year, VA advocated against the coverage of opioids with ADPs
  - Does not cover diversion-resistant opioids for treatment of OUD

Public Health

‘Extreme’ Opioid Use And Doctor Shopping Still Plague Medicare

[Image of data from CMS.gov]
Endo to Pull Painkiller Opana From U.S. Market

FDA said removal was necessary due to the medication’s links to injection drug abuse

Drug overdose—mostly linked to opioids—is the leading cause of unintentional injury deaths in the United States.

FDA Institutes REMS for Immediate-Release Opioids

Asiaultz
July 7, 2017

Seeking to curb prescriber of immediate-release (IR) opioids, the US Food and Drug Administration (FDA) is making it mandatory for drug manufacturers to provide and pay for training for clinicians who prescribe these medications—a practice that is already in place for extended-release (ER) formulations of the drugs.

"America is simply awash in immediate release opioid products," said FDA
FEDERAL & STATE LEGISLATION
Leahy, senators urge DEA to lower opioid quotas

bles of the Opioid Treatment Act have been filed by the Justice Department, the DEA has been asked to review its quota system. The senators say that the DEA has consistently set production quotas that are far higher than what is needed to meet the needs of patients. They argue that this has led to an excess supply of opioids, which can be diverted to the black market and sold illegally.

The senators' letter was signed by 13 other senators, including Dick Durbin (D-IL), Sherrod Brown (D-OH), and Cory Booker (D-NJ). The letter states: "We urge the DEA to review its production quotas for opioids and reduce them to levels that are necessary to meet the legitimate needs of patients and to prevent diversion to the black market.

States Consider Allowing Patients To Refuse Opioid Prescriptions

Connecticut and Alaska are considering legislation that may help patients in recovery avoid opioids and relapse risks.

Four states are taking steps to help reduce the devastating impact of opioid addiction, by considering legislation that would let patients decide if they want to receive such painkillers as part of their treatment. Connecticut and Alaska recently joined Pennsylvania in voicing support for legislation to allow patients to refuse opioid prescriptions.
Conclusion

- Thanks to ASPMN®
- Thank you
- Questions and discussion
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