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Draft Opioid Prescribing Guidelines Don't Pass Managed Care Muster

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By [Lauren Flynn Kelly](#), Editor

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While the workers' compensation industry is working to tackle opioid misuse and abuse by effecting change at the state level (see story, p. 1), the Centers for Disease Control and Prevention (CDC) has posted a long-awaited set of prescribing guidelines that address, among other things, the use of opioids for chronic pain outside end-of-life care and opioid selection and dosage. But one stakeholder group suggests the guidelines in their current form do not adequately represent the perspective of managed care pharmacy.

After informally releasing the guidelines in September 2015 and gathering input from a variety of stakeholders, the CDC on Dec. 14 posted its *Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain*.

Responding to the guidelines by the close of the comment period, the Academy of Managed Care Pharmacy (AMCP) on Jan. 13 called them a "step in the right direction" but said it believes several elements are missing from the guidelines or can be improved upon.

For example, AMCP said it's unclear whether pharmacy was represented in the Core Expert Group and asked that the CDC publicly release the names of the participants. According to the CDC website, the Core Expert Group is separate from a larger group of interested stakeholders, and included representatives from professional societies such as the Society of General Internal Medicine, American Academy of Family Physicians and American College of Physicians. AMCP also pointed out that while the guidelines recommend that prescribers evaluate risk factors for opioid-related harms before initiating therapy, they do not include a recommendation to refer patients identified as having significant risk factors (e.g., history of substance use disorder) to a pain specialist or addiction therapist prior to beginning therapy.

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Notably lacking from the proposed guidelines was a recommendation for lock-in programs, which are currently used in state Medicaid programs and commercial plans to restrict patients at the highest risk of opioid overuse to a single pharmacy and/or prescriber. AMCP urged the CDC to amend the draft guidelines to include such a recommendation in order to limit doctor and pharmacy shopping. Although lock-in programs are currently prohibited under Medicare Part D, the HHS Office of Inspector General has recommended their use in the program (*DBN 8/22/14, p. 3*).

According to data posted Dec. 18 in the CDC's Morbidity and Mortality Weekly Report, opioid overdose deaths in 2014 reached record levels, climbing 14% in just one year to 28,647 deaths, or nearly 61% of all drug overdose deaths. Meanwhile, the rate of opioid overdose deaths involving natural and semisynthetic opioids, which include commonly prescribed painkillers such as oxycodone and hydrocodone, increased 9% in 2014, whereas that rate had dropped in 2012 and remained stable in 2013, said the CDC.



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