Expanded Agenda for Special DUEC Meeting
January 9, 2017

I. Purpose

To satisfy DUEC members' request for a special meeting to consider recommendations for EBD's future, opioid-related policies in light of the March 2016 "CDC Guidelines for Prescribing Opioids for Chronic Pain ___ United States, 2016"

II. Considerations

A. Weight to be placed on the CDC Guidelines

B. Working definitions for targets

1. Acute pain
2. Newly diagnosed chronic pain
3. Established chronic pain unrelated to malignancy/palliation/end of life
4. Established chronic pain related to malignancy/palliation/end of life

C. General restrictions

1. Restriction of extended release/long acting opioids [ER/LAs] to chronic pain only
2. Exclusion of implantable pumps
3. Exclusion of transdermal opioids for those who swallow pills

D. New prescriptions

1. Acute pain

   Limit to immediate release opioids [IRs] only, maximum morphine equivalent per day, # days/prescription, # refills, concomitant new prescriptions for CNS depressants, prescription drug monitoring program [PDMP] query, pharmacy record look back

2. Newly diagnosed chronic pain

   Criteria, ER/LAs, IRs for breakthrough, pharmacy record look back, maximum morphine equivalent per day, PMP query, written pain management agreement, diagnosis, exclusion of pain pumps, diagnosis confirmation

E. Ongoing prescriptions for established chronic pain

1. ER/LAs, IRs for breakthrough pain
2. Periodic pharmacy record look back, diagnosis confirmation, current pain management agreement
3, Reduction (over time) to maximum morphine equivalent per day
4. Concomitant prescriptions for other CNS depressants (eg. benzodiazepines)

State and Public School Life and Health Insurance Board
Clinical and Fiscal Drug Utilization and Evaluation Committee Minutes
January 9, 2017

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, January 9, 2017 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Voting Members present:	**Non-Voting Members present:**
Dr. Hank Simmons, Chairman	Dr. Jill Johnson
Dr. Kat Neill, Vice-Chairman	Dr. Geri Bemberg
Dr. William Mason (Proxy for Dr. Bala)	
Mike Boyd	**Members absent:**
Dr. John Kirtley	Dr. William Golden
	Laura Mayfield
	Dr. Scott Pace

Chris Howlett, EBD Executive Director, Employee Benefits Division

OTHERS PRESENT
Dr. William Mason, Arkansas Department of Health; Dwight Davis, UAMS College of Pharmacy; Sherry Bryant, Ethel Whittaker, Cecilia Walker, Eric Gallo, EBD; Jessica Akins, Health Advantage; Ronda Walthall, AHTD; Elizabeth Whittington, Randy Loggins, ACHI; Brian Strickland, Gilead; Suzanne Woodall, MedImpact; Suzanne Woodall, MedImpact; Frances Bauman, Nova Nordisk; Sean Teague, Merck; Mark Bayley, Lilly; Bud McConkie, Allergan

CALL TO ORDER
The meeting was called to order by Dr. Hank Simmons, Chairman.

I. Overview
At the request of several DUEC members during the 12/12/2016 meeting, a special session was convened to consider recommendations for EBD's future, opioid-related policies for outpatients in light of the March 2016 "CDC Guidelines for Prescribing Opioids for Chronic Pain ___ United States, 2016."

Various considerations were entertained and a number were proposed for additional study, potential modification, and representation to the Committee during its 02/06/2016 meeting. There was no voting and it should be emphasized that no formal recommendations were made.

II. Considerations
A. Weight to be placed on the CDC Guidelines

In general, the Committee views the Guidelines as a set of formal recommendations to clinicians throughout the United States to significantly restrict the extent of opioid prescribing for various acute and chronic painful conditions. They focus more on daily doses of morphine equivalents and their pharmacokinetics than on specific opioids.

Implementation of many of the Guidelines by the Plan would prove very challenging in the absence of widespread cooperation by prescribers and patients, particularly given its lack of access to the state's prescription drug monitoring program. [PDMP]. Reviews of records for medications reimbursed by the Plan will only partially compensate for broader access to electronic data. If more prescription data were accessible for analysis by algorithm, much more could be accomplished at points of sale.

In the absence of computerized analysis of all pharmacy records over relevant intervals, sufficient staff exists to provide prior authorization for relatively few cases.

B. Working definitions were sought for several target conditions prior to discussing therapeutic options.

1. Acute pain was considered that lasting 90 days or less.
2. Newly diagnosed chronic pain was considered to be persistent pain arising from a given condition extending beyond 90 days.
3. Established chronic pain is that unrelated to ongoing malignancy/palliation/end of life care.
4. Established chronic pain related to ongoing malignancy/palliation/end of life would not be included among the targeted conditions.
5. It will likely prove difficult for the Plan to verify the classification of patients into a given category given the limitations of available information.

C. General restrictions on some therapeutic modalities were entertained.

1. Restriction of extended release/long acting opioids [ER/LAs] to only patients with chronic pain was favored by the group.
2. Exclusion for implantation of pumps in new patients for most indications was seen positively by most of the attendees.
3. Exclusion of transdermal opioids for everyone able to swallow pills was not strongly supported.

D. New prescriptions

1. Acute pain

In general, the Committee favored the following regarding new prescriptions for patients with acute pain:

a. Limitation to immediate release opioids [IRs] only
b. Maximum morphine equivalent of 50 mg per day
c. Ordinary duration of 3 to 7 days with a 30 day maximum for a single prescription

d. Need for further discussion regarding # days/prescription, # refills, concomitant new prescriptions for CNS depressants, looking back on pharmacy records, questioning of prescribers, communication to all parties involved

2. Newly diagnosed chronic pain
    a. Diagnostic criteria to include a 120 day look back for use of opioids with at least 90/120 days use of opioids
    b. ER/LAs with IRs for breakthrough pain
    c. Establish maximum morphine equivalent per day
    d. Query prescriber about existence of recent PMP query (without asking for details), written pain management agreement, diagnosis and its basis
    e. Need for further discussion regarding verification of diagnosis, PA requirements

E. Ongoing prescriptions for established chronic pain syndromes
    1. ER/LAs with IRs for breakthrough pain
    2. Periodic pharmacy record look back, diagnosis confirmation, current pain management agreement
    3. Reduction (over time) to maximum morphine equivalent per day
    4. Exclusion of pain pumps
    5. Concomitant prescriptions for other CNS depressants (eg. benzodiazepines)

Respectfully submitted,

Dr. Hank Simmons