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<<Name>>
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RE: Caring for Your Patients with Fibromyalgia

Dear Dr. <<NAME>>:

The goal of this quality management program is to assist you in caring for your patients with fibromyalgia syndrome (FMS). The treatment of FMS is symptomatic and supportive, and pharmacotherapy is commonly employed although nonpharmacologic measures are also important. The recommendations in this intervention are based on guidelines issued by the American Pain Society and other current literature.¹⁻³

Claims data indicates that in the West Virginia Medicaid Program there are approximately 800 individuals with a diagnosis of FMS in the past two years who are currently receiving pharmacotherapy for that diagnosis.

West Virginia Medicaid Specific Data

| Fibromyalgia Management Indicator Summary | Number of Patients with Opportunities* |
|--|---|
| • Encourage a trial of low-dose tricyclic compounds as first-line therapy in FMS | 76 |
| • Avoid use of milnacipran without a diagnosis of FMS | 21 |
| • Minimize use of pharmacotherapy for FMS at higher than recommended dose | 13 |
| • Avoid chronic use of sedative/hypnotic agents in FMS | 117 |
| • Minimize use of opiates or NSAIDs for pain management in FMS | 122 |

*Based on first quarter 2001 data.

The enclosed patient profile(s) reflect one or more of the above issues and are provided as a chart reminder for when your patient(s) return for their next appointments.

We acknowledge that there may be clinical variables influencing an individual patient’s management that are not apparent in claims data or that a patient may have been inadvertently identified as being under your care. However, we believe the issues identified will assist you in caring for your patient(s). We thank you for reviewing this information and caring for West Virginia Medicaid’s patients and welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at _____ with questions or concerns.

Sincerely,

Jane Doe, M.D.
Medical Director

Jack Smith, M.D.
Chairman, Medicaid Drug Use Review Board
OVER

Fibromyalgia Management Indicator Summary

- **Encourage a trial of low-dose tricyclic compounds as first-line therapy in FMS:** While duloxetine, milnacipran, and pregabalin are FDA approved for FMS and tricyclics are not, the FDA approved agents do not appear to be more effective than the tricyclics. Available treatment guidelines and other current literature recommend a trial of a tricyclic agent as first-line therapy unless comorbidities make non-tricyclic therapy more appropriate.¹⁻³
- **Avoid use of milnacipran without a diagnosis of FMS:** Milnacipran is a serotonin/norepinephrine reuptake inhibitor (SNRI), but it is only FDA approved for the treatment of fibromyalgia.⁴ Adequate research has not been published to establish its safety and efficacy for conditions that other SNRIs are frequently used to treat, such as other chronic pain conditions, depression or anxiety.
- **Minimize use of pharmacotherapy for FMS at higher than recommended dose:** FMS appears to respond maximally to lower doses of medications than may be used when the same medications are used to treat other conditions. Titrating the dose of medications up when treating FMS has not been shown to improve benefits and has been associated with increased adverse effects.¹⁻⁶
- **Avoid chronic use of sedative/hypnotic agents in FMS:** Sleep disturbances are common in FMS but are best treated by selecting a first-line agent that has efficacy for those complaints as well as the other symptoms of the syndrome, such as low-doses of a tricyclic antidepressant. Traditional sedative hypnotic agents may be useful as adjunctive therapy for sleep complaints in FMS patients, however, they have no effect on other FMS symptoms and their use should be limited and not chronic.^{1,7}
- **Minimize use of opiates or NSAIDs for pain management in FMS:** Pain is the most common complaint in FMS and is one of the primary target symptoms for most patients. When first-line therapies do not provide adequate pain relief, additional analgesics may be necessary and appropriate. However, nonsteroidal anti-inflammatory drugs (NSAIDs) or opiate analgesics have not been shown to be effective for the pain of FMS. Published literature indicates tramadol is the analgesic of choice in FMS.^{1,2,7}

Selected References (full reference list available upon request):

1. Goldenberg DL, Burckhardt C, Crofford L. Management of fibromyalgia syndrome. *JAMA*. 2004; 292:2388-95.
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3. Hauser W, Bernardy K, Ucelyer N, Claudia S. Treatment of fibromyalgia syndrome with antidepressants. *JAMA*. 2009; 301:198-209.
4. Savella[®] (milnacipran) official prescribing information, December 2009. Forrest Pharmaceuticals, St. Louis, MO. Available at: http://www.frx.com/pi/Savella_pi.pdf [last accessed 6/10/10].
5. Lyrica (pregabalin) official prescribing information, revised May 2010. Pfizer Pharmaceuticals, New York, NY. Available at: http://media.pfizer.com/files/products/uspi_lyrica.pdf [last accessed 6/10/09].
6. Cymbalta[®] (duloxetine) official prescribing information, revised January 2010. Eli Lilly and Company, Indianapolis, IN. Available at: <http://pi.lilly.com/us/cymbalta-pi.pdf> [last accessed 6/10/10].
7. Mease PJ, Choy EH. Pharmacotherapy of Fibromyalgia. *Rheum Dis Clin N Am*. 2009; 35:359-72.