



**SAFE AND EFFECTIVE
MANAGEMENT OF
PAIN PROGRAM**

WVU SCHOOL OF PHARMACY

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SEMPP Director



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Vision

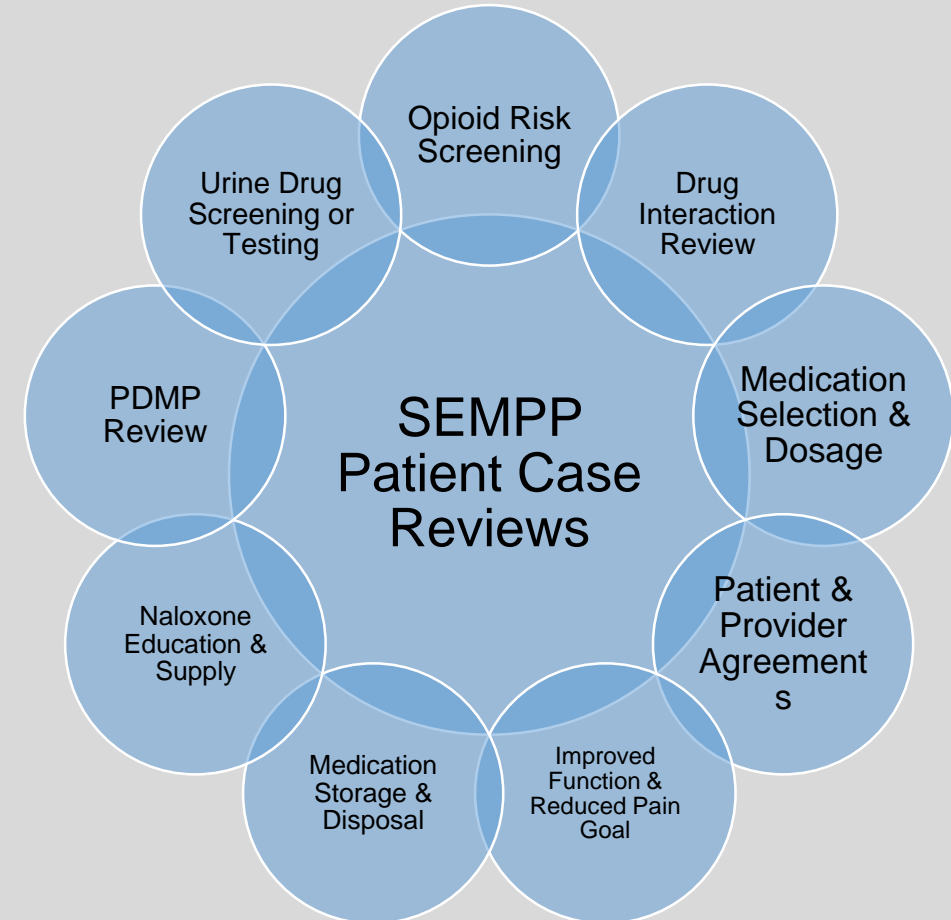
Improve lives of patients experiencing chronic pain, while aiming to save lives as well.

Mission

Transform the “Best Practices” of Pain Management into the new “Standard of Care”.

General Description

The Safe & Effective Management of Pain Program (SEMPP) is a coordinated care program for patients on chronic opioid therapy. SEMPP was developed for West Virginia healthcare insurers, while having foundational support via a CDC Prescription Drug Overdose (PDO) Prevention for States (PfS) Grant in conjunction with the WV Department of Health & Human Resources.



SEMPP[®] Prior Authorization (PA) Form

MEDICAL INFORMATION

Please attach or list patient's current complete medication list with the medical condition being treated included for each medication. (Prescriptions, Non-Prescriptions, Failed pain medications, Supplements, Herbals, & Illicit Substances)

Current medications

Previously failed pain medications

Is the patient pregnant? Yes No

Is the patient allergic to any opioid medications (If yes, please list and describe reactions in 2 to 3 words)? Yes No

Does the patient have impaired renal function (If yes, please provide GFR/CrCl)? Yes No

Does the patient have impaired hepatic function (If yes, please provide LFTs)? Yes No

Physical exam findings relevant to pain management

Laboratory Findings (Please attach and/or describe)

Please describe any MRI, X-Ray, or Ultrasound (Radiology) results relevant to the pain management

Has the patient experienced a decrease in his/her daily function (i.e. ability to climb stairs, complete house work, perform tasks, etc.) beyond a subjective increase in daily pain? Yes No

Has the patient been screened for risk of opioid-use disorder? (Indicate by which risk screening tool) Yes No

Opioid Risk Tool (ORT) Drug Abuse Screening Test (DAST)
 Current Opioid Misuse Measure (COMM) Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)
 Prescription Drug Use Questionnaire (PDUQ) Pain Medication Questionnaire (PMQ)

Has a current and up-to-date Patient & Provider(s) Agreement/Contract been signed and attached? (Including a review of reasonable therapy goals of reducing pain, improving daily function, and a stated end of therapy time frame) Yes No

Has the patient been educated on proper medication storage and disposal, with special regard to controlled substances? Yes No

Based on the patient's 90-day cumulative daily average morphine milligram equivalent dose, has the patient been educated on being a candidate for carrying naloxone? Yes No

Has the patient been prescribed naloxone? Yes No

Monitoring the Prescription Drug Monitoring Program (PDMP), otherwise known as the Controlled Substance Monitoring Program (CSMP), is required by law. Has the PDMP been reviewed immediately prior to the prescribing of the requested opioid medication and, if any discrepancies existed, attached to this request? (This confirmatory information will be shared with the WV PDMP administration) Yes No

Has a Urine Drug Screening/Test been completed prior to the prescribing of the requested opioid medication (Please attach or provide results)? Yes No

Proactive Responses from Prescriber's Offices

Examples of Documentation Provided

PDMP documentation provided

- Examples from WV, VA, & MD

Pharmacogenetic Testing Results

- Opioid Response Testing & CYP Enzyme Activity Testing

Urine Drug Testing Results (Screening Examples Descriptions also)

Chart Notes

- “Patient doesn’t want an increase in overall opioid dosage due to insurance prior authorization being needed.”
 - Example of patient knowing insurance provider is looking out for their safety.

Observational Responses from Prescriber's Offices

Examples of Documentation Provided

Prescriber Statements (Situation)	Prescriber's Request
<u>Chart Notes</u>	
"Patient reports occasional marijuana use"	Opioid medication continuation.
"Patient was without opioid medication last month"	Opioid medication to be reinitiated at previous high risk dosage.
"Real patients, real problems"	"If insurer won't pay for pain meds, patient will pay cash."
<u>UDS</u>	
UDS positive for non-prescribed benzodiazepine & THC.	770 MEDD requested to be continued (methadone 10mg 5/Day & oxycodone IR 30mg 6/Day)
<u>PA Form</u>	
"Patient known addict" & "Patient had oxycodone and clonazepam from a family member".	Opioid continuation despite lack of PDMP review.
"Known patient for 20 years", has a "verbal contract", & "patient not at risk" (even though > 50 MME/Day).	Opioid continuation despite lack of opioid risk screening, signed agreement/contract, & lack of patient naloxone education.

Concerning Responses from Prescriber's Offices

Examples of Documentation Provided

Prescriber Statements (Situation)	Prescriber's Request
<u>Chart Notes</u>	
<p>“Patient charged with heroin distribution”, & “UDS shows no oxycodone metabolites”</p>	<p>Oxycodone continuation.</p>
<u>PA Form</u>	
<p>Opinionated response with profanities, and a statement that “PDMP was not around in 2013 (i.e. initial prescribing), but checked a few months ago”.</p>	<p>Opioid medication continuation.</p>
<u>Response Letter to original notification letter</u>	
<p>Patient was receiving 1,000 oxycodone IR 30mg tablets monthly (1,560 MME/Day).</p>	<p>Prescriber stated gradually tapering down to 630 tablets monthly (945 MME/Day).</p> <ul style="list-style-type: none"> <li data-bbox="1289 1065 2415 1176">➤ Months later, rejected claims for 720 tablets monthly continue to appear (1,080 MME/Day) <li data-bbox="1289 1186 2415 1298">➤ Another patient at same address, rejected claims for 120 tablets monthly continue to appear (180 MME/Day) despite SEMPP denial of 240 tablets monthly.

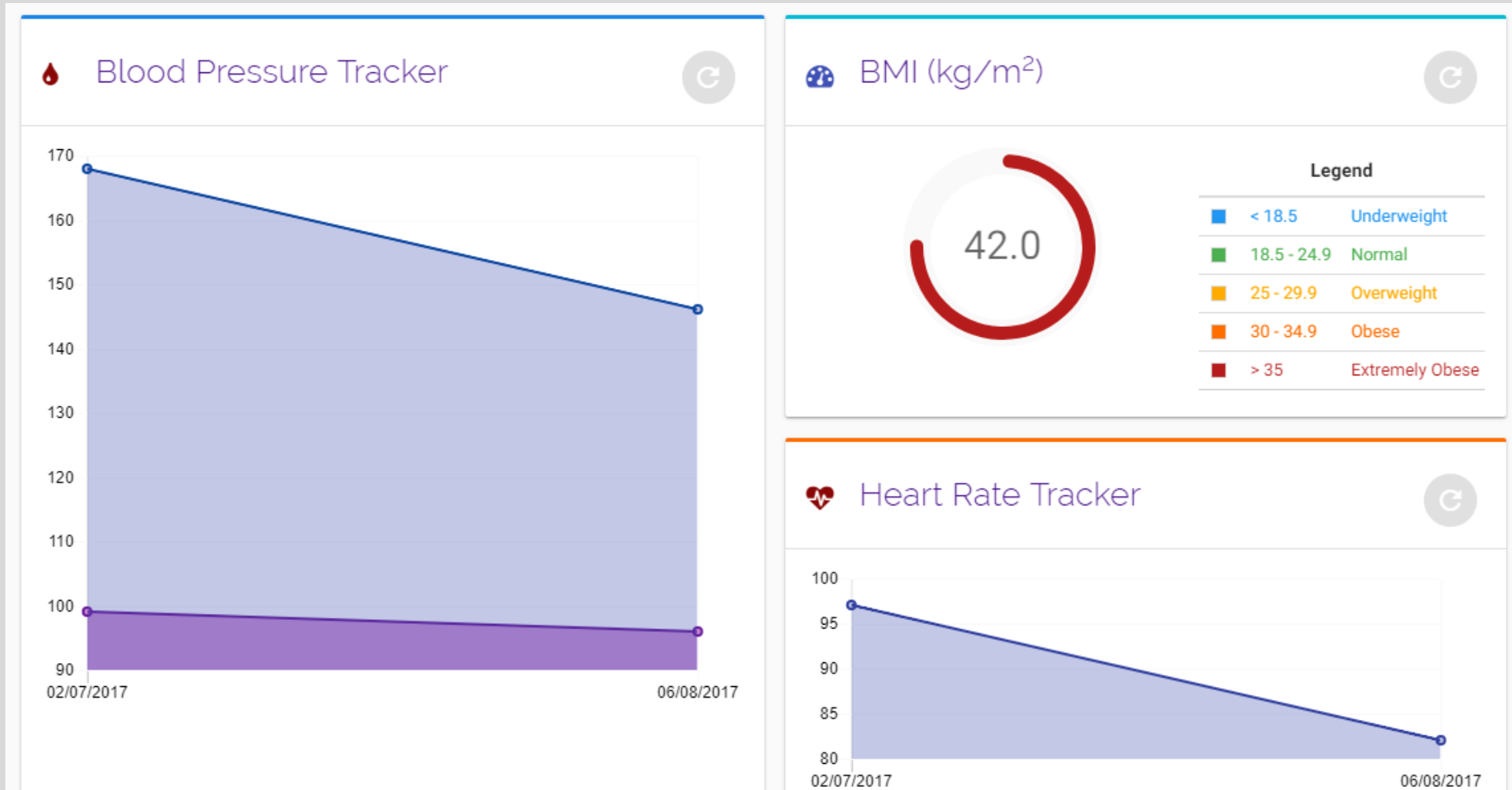
Concerning Responses from Prescriber's Offices

Examples of Documentation Provided

Prescriber Statements (Situation)	Response
<u>Phone Calls</u>	
<p>Specialty pharmacy requests dosage increase of morphine 50mg/mL:</p> <ul style="list-style-type: none">➤ From 7ml/Day to 15mL/Hour.➤ MEDD increase from 1,250 to 18,900	Instructed to call the prescriber immediately.
<p>Prescriber of multiple high risk opioid dosage patients (hundreds of MME/Day) refused to educate patients on naloxone.</p> <ul style="list-style-type: none">➤ Cited "1994 & 1996 JAMA articles stated that naloxone causes nausea and vomiting".	After multiple conversations, prescriber eventually agreed to educate patients on naloxone, but not prescribe it.
<p>Appeal a "dosage increase denial" for increased oxycodone ER dosage from 4/Day to 10/Day (+oxycodone IR 30mg 12/Day)</p> <ul style="list-style-type: none">➤ Increase 1,020 MEDD to 1,740 MEDD➤ Discussed safety and minimum need to review the PDMP.	Prescriber responded, "What is a PDMP?"

Enriched Patient Case Authorization Reviews

More than just pain management...



SEMPP Metrics

November 2017

Top 10 Opioids Prescribed by Substance

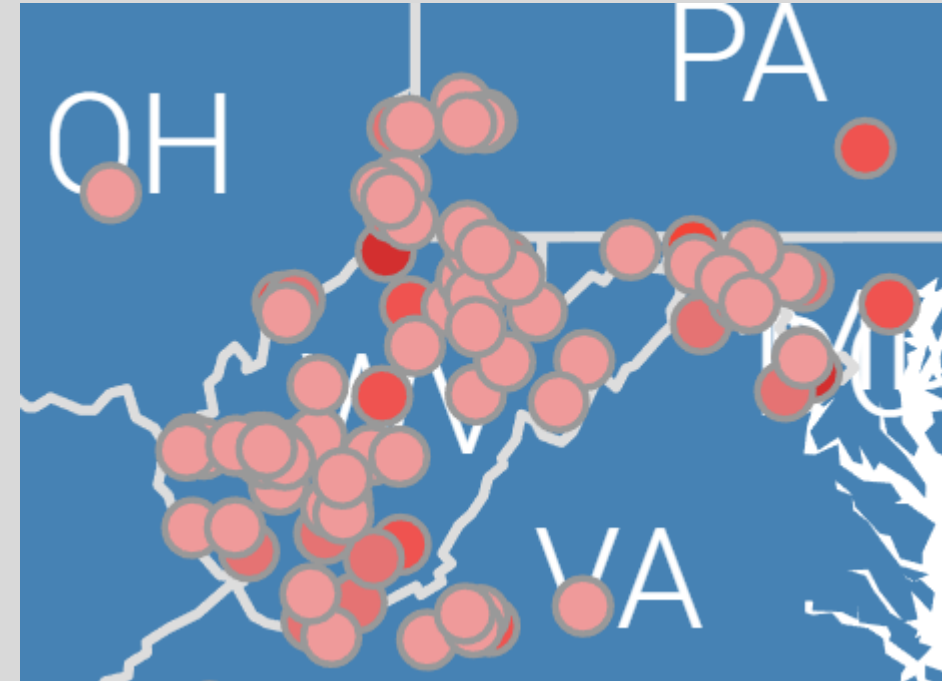
Most common drug

1	OXYCODONE	1213
2	MORPHINE	463
3	FENTANYL	324
4	METHADONE	171
5	OXYMORPHONE	155
6	HYDROCODONE	101
7	HYDROMORPHONE	42
8	TAPENTADOL	30
9	TRAMADOL	10
10	PENTAZOCINE	5

Top 10 Opioids Prescribed by Product

Most common Rx

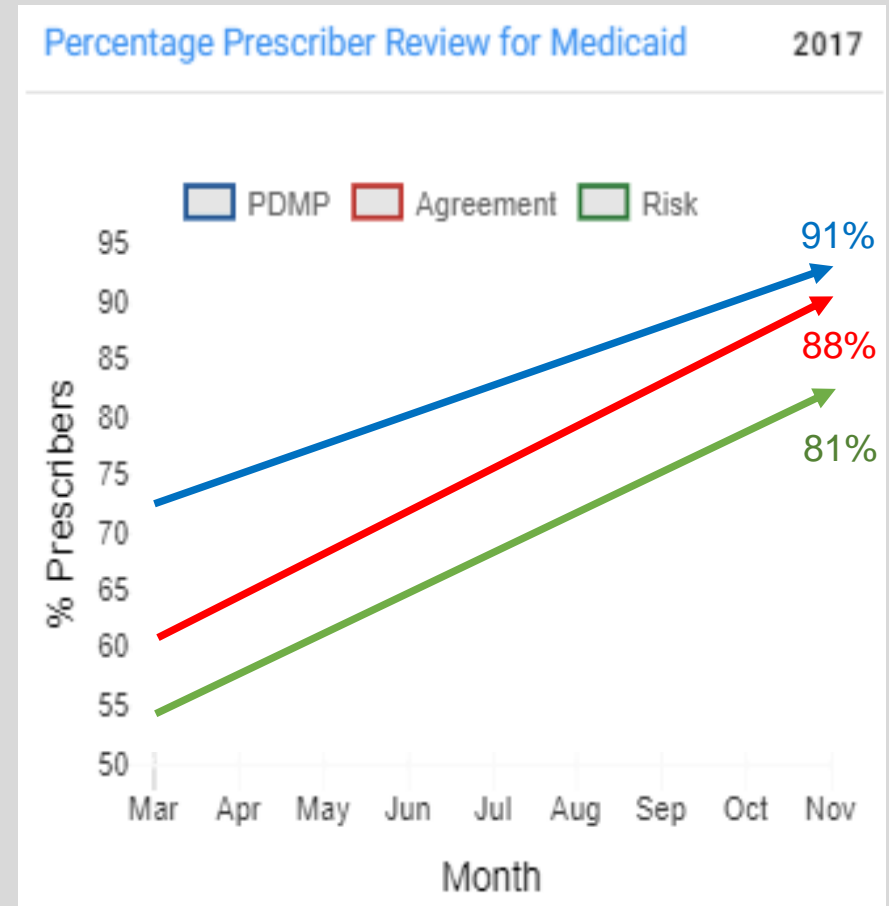
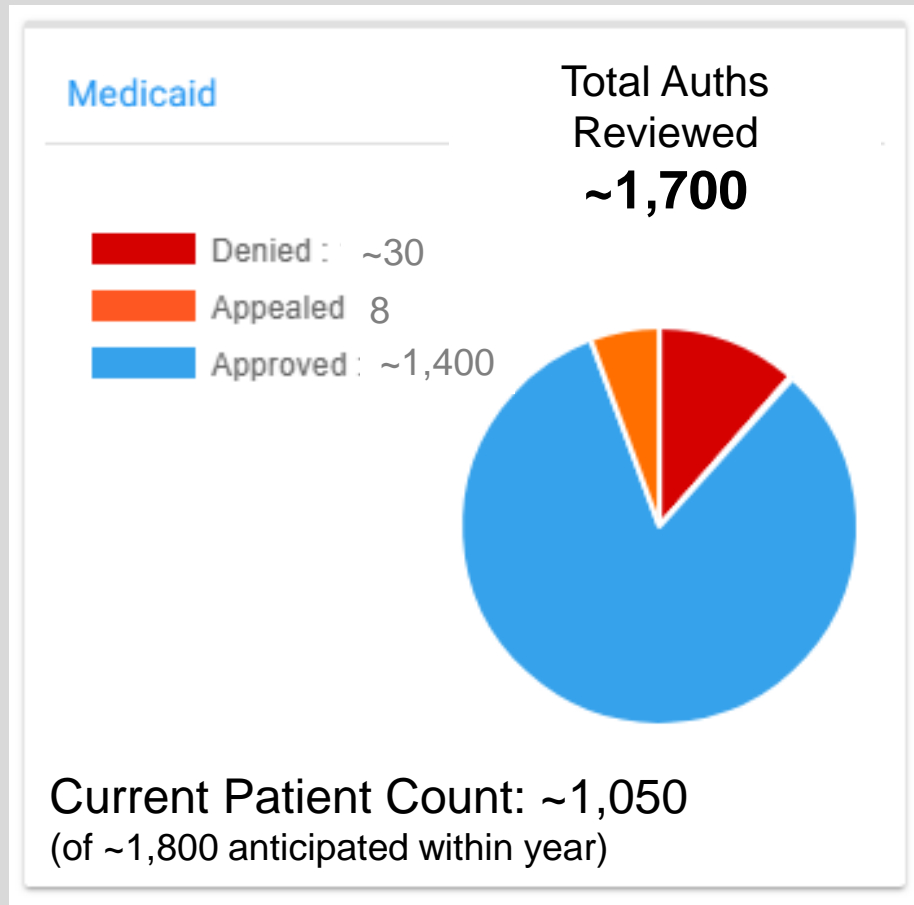
1	OXYCODONE/APAP TABLET	10MG-325MG	298
2	OXYCODONE IR	15 MG	220
3	OXYCODONE IR	30 MG	209
4	MORPHINE SULF ER TABLET	30 MG	161
5	METHADONE	10 MG	159
6	OXYCODONE IR	10 MG	147
7	OXYCODONE IR	20 MG	138
8	MORPHINE SULF ER TABLET	15 MG	96
9	FENTANYL PATCH	50MCG/HR	89
10	FENTANYL PATCH	25MCG/HR	83



Geographical Location of Prescribers

SEMPP[®] WV Medicaid Metrics

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Questions & Discussion



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