

Wyoming Drug Utilization Review

Chronic Pain and Substance Use Disorder Management in the Setting of COVID-19

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Overview

Chronic pain is one of the most common reasons that patients seek medical attention.¹ This can result from combined biologic, psychologic, and social factors, which most often requires a multifactorial approach to management.¹ An initial therapeutic strategy for chronic pain is dependent upon an accurate evaluation of the cause of the pain and type of chronic pain syndrome.¹ Patients often require ongoing evaluation, education, and reassurance, as well as setting realistic goals to help manage their pain.^{1,2} Their symptoms can be managed with non-pharmacologic therapies as well as pharmacological therapies depending on the severity.² There are some cases in which opioids are considered an ideal therapy and the CDC recommends using the lowest dose possible with the shortest duration.²

Treatment of chronic pain during a pandemic such as the current COVID-19 pandemic can present some challenges. The SARS-CoV-2, virus that causes COVID-19, is believed to have transmitted from other mammals (likely bats) to first infect humans in Wuhan, capital of China's Hubei province in late 2019.³ The virus attacks the body's respiratory tract by attaching to the angiotensin converting enzyme II (ACE2) cells.⁴ Once attached, the cells bring the virus into the cells by endocytosis which then induces a response to cause inflammation of the lungs.⁴ Deaths and serious illnesses from COVID-19 are concentrated among patients who are older and have underlying comorbidities, such as diabetes, cancer, and respiratory conditions.³ For some patient with chronic pain, there may be some reluctance to leave the safety of their homes to seek medical care. These patients are also vulnerable to develop depression, anxiety and other mental health concerns, especially if they are at risk of a substance use disorder (SUD).

In the event of COVID-19, a constant flow of stressful news may lead to increased feelings of worry, anxiety, and stress.⁵ This can lead to people turning to substance abuse which may temporarily help people feel better but can have major impacts, especially to lung and heart health.^{5,6} Patients taking opioids at high doses may be more susceptible to COVID-19 and the illness may be more severe.⁶ Opioids affect the brainstem to slow breathing, which not only puts a user at risk of life-threatening or fatal overdose, it may also cause a harmful decrease in oxygen in the blood.⁶ Chronic respiratory disease can increase deadly overdose risk among people taking opioids, and diminished lung capacity from COVID-19 could similarly endanger this group.⁶ Therefore, ensuring regular contact and follow-up with chronic pain patients taking opioids, especially at higher doses, is important during a pandemic.

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Some patients are avoiding follow up visits because they do not want to leave their homes and risk exposure.⁷ In addition, some prescribers are decreasing the risk of COVID-19 transmission to either patient or other healthcare workers by limiting in-person office visits.⁷ In order to ensure regular contact with patients, providers are converting their patients' access to healthcare from in-person appointments to telemedicine visits.⁷ This is an important option for many providers, especially in rural states such as Wyoming, who may want to consider alternative ways for maintaining regular contact with their patients. This is especially true for patients at high risk for developing a SUD or taking high or regular doses of opioids.

Prescriber Recommendations

Prescribers can play a key role in facilitating the proper use of opioids.⁸ Implementation of prescribing guidelines for opioids can be a helpful tool to manage chronic pain and prevent substance abuse.⁸ Prescribers are recommended to review the patient's history of controlled substance prescriptions using state Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that could put the patient at high risk for overdose.² The PDMP should be reviewed ranging from every prescription to every 3 months.² When treating chronic pain, the CDC guideline recommends that prescribers should consider using non-pharmacologic therapy and non-opioid pharmacologic therapy first line.² Prescribers can recommend using heating pads, ice packs, massage therapy, and Transcutaneous Electrical Nerve Stimulation (TENS) unit to help with chronic pain.⁹ Some non-opioid pharmacologic medications that can be recommended are acetaminophen, oral or topical non-steroidal anti-inflammatory drugs (NSAIDS), anticonvulsants (Gabapentin and Pregabalin), or Duloxetine (Serotonin and Norepinephrine Reuptake Inhibitor).¹⁰ In the COVID-19 pandemic, some patients may experience some difficulty following up with appointments to manage their pain. Prescribers can offer their patients the option to conduct their doctor's appointment by telehealth, telephone or schedule an in-person appointment at less busy times of the day. The Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. Please refer to the following website: [https://www.deadiversion.usdoj.gov/GDP/\(DEA-CC-023\)DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-CC-023)DEA075)Decision_Tree_(Final)_33120_2007.pdf).¹¹

When prescribing opioids to patients with chronic pain, the CDC guideline recommends the use of immediate release formulations instead of extended release to help alleviate pain.² The FDA modified the labeling of extended-release opioids to be reserved for management of pain severe enough to require daily, around-the-clock, long-term opioid treatment.² Follow up appointments are needed every three or more months after starting opioid therapy with prescribers evaluating the benefits and harms of continued therapy.² Once pain is managed, prescribers should consider optimizing other types of therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioid use.² Prescribers can offer their patients telehealth visits via web chat or phone.⁵ The use of telehealth is increasingly widespread as it may reduce costs, improve access to care, and can help establish or maintain a provider-patient relationship.¹² This is especially helpful for populations that are underserved and residents of rural areas.¹² The following can be used as a two-way communication for patients that want to attend their appointments via telehealth with their prescribers: Doxy.me (<https://doxy.me/>), MeMD (<https://www.memd.net/>), Teladoc (<https://www.teladoc.com/>) and ZOOM (<https://zoom.us/healthcare>).

Patients with a SUD undergoing treatment during the COVID-19 pandemic may be at higher risk for relapse. Prescribers can help by providing opportunities to communicate via telehealth with patients, as well as provide helpful resources. Prescribers should recommend that patients contact them if they are facing difficulties or need additional help. If possible, also include their family or close friends.⁵ The patient's family or close friends can provide support and help with the recovery of the patient. There are helpful resources that prescribers can provide to their patients and caregivers in managing a SUD. The resources are: Centers for Disease Control (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>), Faces & Voices of Recovery (<https://facesandvoicesofrecovery.org/>), Mayo Clinic (<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>), National Suicide Prevention Lifeline (Phone #: 1-800-273-8255), Recovery Wyoming – Casper, WY (<https://www.wyomingrecovery.com>), Recover Wyoming – Cheyenne, WY (<https://recoverwyoming.org/>), SAMHSA (<https://findtreatment.gov/>), Suicide Prevention Resource Center (<http://www.sprc.org/covid19>), Wyoming Department of Health (<https://health.wyo.gov/behavioralhealth/mhsa/>).

Although the COVID-19 pandemic can present some challenges for both providers and their patients, the treatment of chronic pain and/or SUD can still be successfully accomplished. There are many resources available to assist patients with a SUD. For patients suffering from chronic pain, there are several non-opioid pharmacologic and non-pharmacologic treatment options available that can be tried. These may be necessary forms of treatment, especially if it is difficult to monitor patients taking opioids at a time when patients may be reluctant to be seen in the office due to fears of contracting the COVID-19 virus. There is also the use of telehealth which provides a secure and safe way of communicating with patients and monitoring their condition.

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The P&T Committee met for its quarterly business meeting on November 12, 2020

Highlights of this meeting include:

- Vyondys 53 and Viltepso will be approved for patients with Duchenne’s Muscular Dystrophy that is amenable to exon 53 skipping. Patients will be required to have oversight by a pediatric neurologist and/or a rehabilitation specialist. Prior authorizations will be reviewed on an annual basis, specifically looking at ventilation requirements, the Brooks Upper Limb scale (6 or less), and the NSAA (overall drop greater than 5) for ambulatory patients.
- GCRP agents for migraine will be allowed for patients 15 years and older.
- A 90 day trial and failure of Farxiga in the past 12 months will be required before approval of Entresto for Congestive Heart Failure.
- Bafiertam, Kesimpta, and Conjupri were referred to the Department of Health for cost analysis and PDL placement. Evrysdi, Enspryng and Ongentys will be limited to indication.
- Guanfacine dose limits will be applied per labeled maximum doses.

The draft Preferred Drug List for 2021 will be posted for public comment at www.uwyo.edu/DUR. Comments may be sent by email to alewis13@uwyo.edu or by mail to:

Wyoming Drug Utilization Review Board
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Comments should be received prior to December 15, 2020.

The next P&T Committee meeting will be held February 11, 2021 in Cheyenne. An agenda will be posted approximately two weeks prior to the meeting.

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P&T Committee Meeting Update

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