Pain Management: The Pharmacist’s Evolving Role
Learning objectives

1. List ways that Cedars-Sinai integrates clinical pharmacists into pain management and tapering programs
2. Describe key components of Cedars-Sinai’s pharmacist-managed chronic pain and taper programs
3. Explain the tapering process Cedars-Sinai employs for opioids and benzodiazepines
4. List some lessons learned by Cedars-Sinai related to treating patients with pain
Welcome from Blue Shield of California

Salina Wong, Pharm.D.
Director, Clinical Pharmacy Programs
Pharmacy Services
Blue Shield of California
Blue Shield’s Narcotic Safety Initiative (NSI)

Reduce opioid use by 50% among Blue Shield members with non-cancer pain by the end of 2018

- Reduce # of members on chronic high doses
- Prevent progression from acute to chronic use
- Reduce # of prescriptions and refills for those newly starting opioids

Through evidence-based interventions including:

- Provider awareness
- NSI case management
- SafeMed LA collaboration
- Chronic pain management program
- Limit high doses and over-prescribing for acute pain and cough/cold
- Restrict ER opioids
- Inhibit stockpiling
- Prevent extended use for acute pain
- NSI provider education webinar series
- Increase access to medication assisted therapy (MAT)

Achieved a 56% reduction by year-end 2018
Introducing our presenters from Cedars-Sinai Medical Network:

Kristin D. Bradley, PharmD, BCPS  
Clinical Pharmacist

Tania H. Gregorian, PharmD  
Assistant Professor of Pharmacy Practice- Chapman University  
Clinical Pharmacist

Joseph C. Tu, MD  
Medical Director,  
Chronic Pain Program
Pain Management:
The Pharmacist’s Evolving Role

Kristin Bradley, PharmD, BCPS
Tania Gregorian, PharmD
Joseph Tu, MD
Objectives

• Discuss Physician Pain Specialist perspective of clinical pharmacy services.

• Describe Cedars-Sinai Medical Network’s pharmacist-managed chronic pain, opioid taper and benzodiazepine taper programs.

• Provide overview of clinical pharmacist practice.

• Describe opioid and benzodiazepine taper process.

• Review outcomes from chronic pain programs.
Meet the Pain Management Team

Joseph Tu, MD
Fadi Alhatem, MD
Tania Gregorian, PharmD Clinical Pharmacist
Kristin Bradley, PharmD Clinical Pharmacist
Angela Drake, PhD Clinical Psychologist
Physician Practice

- Types of pain
- Interventions/procedures
- Medication management
- Working with primary care physicians (PCPs)
- Payer mix
• CDC guidelines 2016:
  o Assess pain control
  o Functional goals
  o Offer naloxone
  o Urine drug screen (UDS) at baseline and at intervals
  o State Prescription Drug Monitoring Program (PDMP); Controlled Substance Utilization Review and Evaluation System (CURES) in CA

• CA law requirements:
  o CURES check every 120 days
  o Naloxone counseling for patients on morphine equivalent daily dose (MEDD) >90 or on concurrent benzodiazepines (BZDs)

Assembly Bill No. 2760
CHAPTER 324
Development of Pharmacist-Led Programs

Three clinical pharmacy programs:
1. Chronic Opioid Medication Management
2. Benzodiazepine Taper Program
3. Opioid Taper Program
Physician Involvement

• Initial collaboration for the development of pharmacist protocols
  o Outline what will be done when patient is referred to the pharmacist
  o Define scope of pharmacist practice
• Follow-up collaboration for updating and reviewing protocols
  o Occurs annually or as needed, based on updates
• “Warm hand-off” to pharmacist for taper patients
• Real-time consultations
Need for Pharmacist

• Support pain management MDs but also PCPs in meeting CDC recommendations and CA laws
• Monitoring chronic opioid therapy
  o Assess and document pain – 4 A’s of pain management
  o CURES
  o UDS
  o Optimizing medications
• Medication management
  o Decreasing MEDD
  o Decreasing polypharmacy
Cedars-Sinai Medical Network Pharmacy Programs
Overview of Programs

Drug Therapy Management Programs – Pharmacist involvement since 1995

- Anticoagulation Management
- Asthma Management
- Benzodiazepine Taper
- Chronic Hepatitis C Management
- Chronic Pain Opioid Management
- Diabetes Management
- Dyslipidemia Management
- Epilepsy Management
- Hypertension Management

- Latent TB Infection Treatment
- Migraine Management
- Multiple Sclerosis Monitoring
- Opioid Taper
- Polypharmacy
- Smoking Cessation
- Travel Consultation and Immunization Program
- Weight Management

Group Education Classes

- Pre-Diabetes Class
- Diabetes Education Class
- Weight Management Class
Overview of Programs

Drug Therapy Management Programs – Pharmacist involvement since 1995

- Anticoagulation Management
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Group Education Classes

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- Diabetes Education Class
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Pharmacists in a Medical Group

• Developed drug therapy management (DTM) protocols according to nationally accepted guidelines
• Established Collaborative Practice Agreements with physicians
• Physicians place a patient specific order when referring for DTM

Pharmacist Interventions under Protocol:
• Educate patients regarding disease, medications and treatment goals. Provide patient education/self management materials/kits, Rx compliance boxes, etc.
• Initiate, substitute, titrate and/or discontinue medications under protocols
• Ensure immunization series completion and timeliness
• Identify significant adverse drug reactions (ADRs); drug interactions; drug/vaccine duplications; contraindications; and/or allergies
• Order and monitor labs
Chronic Pain Opioid Medication Management Program
Objectives:

• To maintain the pain control of patients who are receiving pain medication therapy
• To increase patient education and/or caretaker awareness of chronic pain, its implications, and strategies for improvement
• To improve clinical outcomes and quality of life by optimizing pain management therapy by:
  o Improving patient medication adherence and minimizing risk of inappropriate utilization of medications
  o Using appropriate tools to gauge medication response
  o Refilling pain medications as necessary by means of DEA-issued controlled substance certificate per protocol
  o Monitoring pain medication adverse events and managing such events appropriately by initiating, adjusting, and/or discontinuing medications for the treatment or prevention of common pain medication adverse effects
• Support processes and documentation for chronic pain management to ensure compliance with medical board requirements

Inclusion Criteria:

• Any patient currently stable on chronic pain medication(s) who the treating physician deems appropriate for management by a clinical pharmacist

Exclusion Criteria:

• Patients who decline participation in the program.
• Patients being treated for acute pain (pain lasting less than 3 months)
• Patients being treated for active cancer pain, palliative care, and end of life care
• Patients <18 years of age
• Untreated sleep apnea (obstructive or central)
• Pregnancy
Program Background

Program Start Date: November 2016
Referral Source: PCP or Pain Specialist

**Initial visit:**
- Document 4A’s of Pain
  - Analgesia – Numeric Pain Intensity Scale
  - Activities of daily living
  - Adverse events
  - Aberrant behavior
- Review the patient’s history of controlled substance prescriptions using state CURES data
- Review and sign Pain Agreement
- Urine Drug Screen (UDS)
- Administer the Screener and Opioid Assessment for Patients with Pain (SOAPP-5)
- Provide prescription for naloxone
Follow-up visit:
- Frequency:
  - Low risk patients: monthly phone calls and every 3 months office visit for UDS
  - High risk patients: monthly office visit for UDS
- Document 4A’s of Pain
- Review the patient’s history of controlled substance prescriptions using CURES data
- UDS if office visit
- Evaluate medication use and monitor for aberrant drug behaviors using the Current Opioid Misuse Measure (COMM) if office visit
- Pill counts
Schedule Status Breakdown

November 2016-April 2019
N= 278

- Seen, 145, 52%
- Not Scheduled, 112, 41%
- No Show, 10, 4%
- Scheduled, 5, 2%
- To be Scheduled, 4, 1%

N= 278
Risk Level of Patients

- Low MEDD patients primarily referred to pharmacist program by PCP
- Higher dose patients referred by pain physicians

<table>
<thead>
<tr>
<th>MEDD Range Group</th>
<th>Count of MEDD Group</th>
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<tbody>
<tr>
<td>0-50</td>
<td>120</td>
</tr>
<tr>
<td>51 - 90</td>
<td>17</td>
</tr>
<tr>
<td>&gt;91</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOAPP-5 Score Group</th>
<th>Count of SOAPP Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4</td>
<td>115</td>
</tr>
<tr>
<td>≥ 4</td>
<td>21</td>
</tr>
</tbody>
</table>

• Predominantly low risk for developing problems on long-term opioid therapy
Clinical Interventions

• Duplication of therapy – dual short-acting opiates
  o Discussed risk with patient and reduced to 1 short-acting opiate

• Lack of neuropathic agent for neuropathic pain
  o Initiate appropriate neuropathic agent

• Cessation of opiates
  o After counseling on risks of opiate use, patients chose to taper off or discontinue opiates

• High risk drug combinations (opiates with SOMA, BZD, Sleep aids, Muscle relaxants)
  o After counseling on risks of opiate use, patients chose to taper off or discontinue high risk drug(s)

• Overuse of acetaminophen or ibuprofen
  o Recommended appropriate dosing

• Ibuprofen use with high risk for GI bleed
  o If patient wishes to continue ibuprofen initiate proton pump inhibitors OR
  o Discontinue ibuprofen if risk outweighs benefit

• Opioid induced constipation
  o Initiate appropriate bowel regimen

• Cessation of opiates
  o After counseling on risks of opiate use, patients chose to taper off or discontinue opiates

• High risk drug combinations (opiates with SOMA, BZD, Sleep aids, Muscle relaxants)
  o After counseling on risks of opiate use, patients chose to taper off or discontinue high risk drug(s)
Aberrance Outcomes

• Use of illicit substances
  o Opiate discontinued

• Ongoing theft of opioids by family member
  o Discovered by pill count and patient reported use. Quantity of opioid decreased and patient locking up opiates.

• Use of non-prescribed substances
  o Patient counseled on risks and monitoring increased

• Using more opiates than prescribed
  o Patient counseled on appropriate use, monitoring increased to assure appropriate use

• Using less opiates than being reported
  o Quantity reduced

• Providing urine of family member for UDS
  o Opiate discontinued; discharged from practice (PCP and Pain Program)
Lessons Learned

• Maximize resources on higher risk patients
• Involve PCPs in care of chronic pain patients
• Changes to clinical pharmacy practice
  • Discharge patients back to the treating physician or PCP after 6 months to 1 year of enrollment if there is **NO evidence of aberrant behavior**
    • Aberrant behavior defined as:
      o Violating pain management agreement
      o Recurrent pill count discrepancies > 2 days from next refill
      o Request for early refills (>2 days)
      o COMM score >8 for past 2 visits
      o CURES (multiple prescribers/pharmacies)
      o Aberrance on Urine Drug Screening (UDS)
Benzodiazepine Taper Program
Benzodiazepine Taper Program

Objectives:
- To educate patients on risks associated with benzodiazepine, including risks of withdrawal
- To aid patients in the tapering and discontinuation of benzodiazepines

Inclusion Criteria:
- Any patient wishing to be tapered off benzodiazepines or whose physician has deemed appropriate

Exclusion Criteria:
- Patients <18 years of age
- Patients with concurrent alcohol and/or illicit substance use disorder
- Patients who are pregnant
- Patients with a history of seizures
- Patients with history of benzodiazepine withdrawal (including hypertension, moderate/severe anxiety and insomnia, delirium, seizures)
- Patients with diagnosis of active substance use disorder
- Patients on concurrent opioids >80 morphine milligram equivalents (MME) unless approved by the Pain Medical Director
Program Start Date: March 2017
Referral Source: PCP or Pain Specialist

**Initial visit:**
- Explain the risks associated with chronic benzodiazepine use and appropriate indications for medication use
- Discuss patient’s reason for benzodiazepine use
- Collect medication use history
  - For patients on concurrent opioids and benzodiazepines, pharmacist will discuss FDA warning regarding concurrent use and provide naloxone prescription and education
- Check baseline UDS
- Review CURES data
- Discuss rationale and importance of tapering off benzodiazepines and adherence to taper schedule
- Discuss withdrawal symptoms associated with abrupt discontinuation of benzodiazepines
- Develop benzodiazepine tapering schedule and discuss with patient
Follow-up visits:

- Frequency: Every 1-2 weeks initially in person or via phone
- Assess for adherence to benzodiazepine taper schedule
- Review changes in patient’s current medications and adherence to medications
- Assess for withdrawal symptoms associated with tapering of benzodiazepine using the Benzodiazepine Withdrawal Symptom Questionnaire
- Discuss and initiate adjunct medication to aid with withdrawal symptoms as appropriate based on indication for benzodiazepine
- Check CURES
- Consider checking UDS
Clinical Approach

• May switch to a long-acting BZD for easier tapering; less withdrawal
  o Clonazepam, diazepam
  o Reduce by 25% for metabolic variance and follow up in 2-3 days
• Go slow: Taper 10-25% every 1-2 weeks
• When ¼ to ½ of the total daily dose has been reached, can slow the taper to 5% dose decrease every 2-4 weeks
• Patient-driven taper
• Support and encourage
• Introduce appropriate adjuvant medications as needed
Withdrawal Management

• Continue current dose or resume previous week’s dose and continue for 1-2 weeks prior to attempting taper and reattempt taper at a slower rate
• Initiate appropriate adjunctive medication
• Provide appropriate mental health resources
# Adjunctive Medications

<table>
<thead>
<tr>
<th>Indication for Benzodiazepine</th>
<th>Adjunctive Medications to Consider</th>
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</thead>
<tbody>
<tr>
<td><strong>Insomnia</strong></td>
<td>Trazodone</td>
</tr>
<tr>
<td></td>
<td>Doxepin</td>
</tr>
<tr>
<td></td>
<td>Ramelteon</td>
</tr>
<tr>
<td></td>
<td>Mirtazapine</td>
</tr>
<tr>
<td></td>
<td>TCA</td>
</tr>
<tr>
<td></td>
<td>Gabapentin/Pregabalin</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>SSRI/SNRI or other antidepressants with evidence of effectiveness for anxiety at usual doses: Escitalopram, paroxetine, sertraline, citalopram, fluoxetine, fluvoxamine</td>
</tr>
<tr>
<td></td>
<td>o Start at low doses to avoid initial increase in anxiety and restlessness</td>
</tr>
<tr>
<td></td>
<td>o Counsel patient that medication will take effect in 4-6 weeks and should be used medium/long-term (not for short-term anxiety relief)</td>
</tr>
<tr>
<td></td>
<td>Gabapentin/Pregabalin</td>
</tr>
<tr>
<td></td>
<td>Hydroxyzine</td>
</tr>
<tr>
<td></td>
<td>Buspirone</td>
</tr>
</tbody>
</table>
Adjunctive Treatments

- Cognitive Behavior Therapy (CBT)
- Mental health resources
- Grieving resources
Benzodiazepine Taper Program Outcomes

Status of Taper

<table>
<thead>
<tr>
<th>Taper Status</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapered off</td>
<td>25</td>
</tr>
<tr>
<td>Taper in process</td>
<td>17</td>
</tr>
<tr>
<td>Tapered down</td>
<td>12</td>
</tr>
<tr>
<td>Unable to taper</td>
<td>7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>61</td>
</tr>
</tbody>
</table>

Total referrals: 158
Top reasons for not scheduling:
1. Patient declined
2. Unable to reach patient

March 2017 - April 2019
N= 37
Opioid Taper Program
Opioid Taper Protocol

Objectives:
• To improve clinical outcomes and quality of life by optimizing pain management therapy by:
  ◦ Reducing doses of opioids as tolerated with the goal of tapering completely off opioids when possible
  ◦ Improving patient medication adherence and minimizing risk of inappropriate utilization of medications
  ◦ Authorizing pain medications as necessary by means of DEA-issued controlled substance certificate per protocol
  ◦ Monitoring for signs and symptoms of opioid withdrawal and pain medication adverse events and managing such events appropriately by initiating, adjusting, and/or discontinuing medications
• Support processes and documentation for chronic pain management to ensure compliance with medical board requirements

Inclusion Criteria:
• Any patient currently on opioids for pain who the treating physician deems appropriate for tapering off of opioids by a clinical pharmacist

Exclusion Criteria:
• Patients who decline participation in the program.
• Patients being treated for active cancer pain, palliative care, and end of life care
• Patients <18 years of age
• Pregnancy
• Patients who are at high risk to engage in aberrant behaviors
  ◦ Para-suicidal acts
Program Start Date: April 2018
Referral Source: PCP or Pain Specialist

Initial visit:
- Document 4A’s of Pain (Analgesia, Activities of Daily Living, Adverse Events, Aberrant Behavior)
- Discuss reason for taper
- Collect medication use history
- UDS
- Review the patient’s history of controlled substance prescriptions using CURES
- Review and sign Pain Agreement
- Provide naloxone prescription
- Provide education on opioids and tapering
- Provide patient with opioid taper schedule
Follow up visits:
• Frequency: Q1-2 weeks over the phone and monthly in person
• Document 4A’s of pain
• Review the patient’s history of controlled substance prescriptions using CURES
• Assess for signs/symptoms of opioid withdrawal
• Initiate medications as needed for withdrawal
• Initiate non-opioid medications as needed for pain
• Provide taper schedule
Clinical Approach: Opioid Taper

- **Process for Taper**
  - The longer the patient has been on opioids, the slower the taper should be.
  - Take into consideration patient-specific factors when deciding whether the patient needs to taper and at what rate.
  - Consider risk of precipitating withdrawal, patient’s level of anxiety about discontinuing opioids, duration of opioid therapy, medical and psychological comorbidities, and clinical need for rapid taper.
Clinical Approach: Opioid Taper

- Go Slow
- 10-20% reduction in MEDD per 1-2 weeks
- Do not reverse taper
- Adjust rate of taper according to patient response
- Support and encourage
- Follow up regularly: Weekly to every 2 weeks initially
- Optimize non-pharmacologic and non-opioid therapies
## Withdrawal Management

<table>
<thead>
<tr>
<th>Table 1: Adjunct medications for management of opioid withdrawal</th>
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</thead>
<tbody>
<tr>
<td><strong>Restlessness, sweating or tremors</strong></td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
</tr>
<tr>
<td><strong>Diarrhea</strong></td>
</tr>
<tr>
<td><strong>Muscle pain, neuropathic pain, or myoclonus</strong></td>
</tr>
<tr>
<td><strong>Insomnia</strong></td>
</tr>
</tbody>
</table>
Taper outcomes:
- 14 patients seen in taper program
  - 4 Patients 100% off opiates
  - 3 patients dose decreased 60-80%
  - 7 patients currently tapering

Top 3 reasons for not scheduling:
1. Unable to reach the patient
2. Patient Declined
3. Pain MD to Taper

<table>
<thead>
<tr>
<th>Scheduling status</th>
<th>Count of scheduling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Scheduled</td>
<td>30</td>
</tr>
<tr>
<td>Scheduled</td>
<td>17</td>
</tr>
<tr>
<td>To be Scheduled</td>
<td>12</td>
</tr>
<tr>
<td>Grand Total</td>
<td>59</td>
</tr>
</tbody>
</table>
Taper Programs Lessons Learned

• Telephonic access to taper program appreciated by patients and aided with adherence to program

• Importance of:
  - Referring provider’s initial discussion
  - Assessing patient motivation at initiation
  - Providing patient education

• Ease of referral for providers
Provider education on Provider Connection

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