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First Script Prescription Benefit News
for Workers' Compensation

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Ask The Pharmacist

To suggest a topic, send an email to: AskThePharmacist@cvty.us.com

Why use anticonvulsants to treat pain?

A fuller awareness of the risks, costs, and consequences of opioid medication use in clinical pain management is growing, and the search for safe, effective, and affordable alternatives to them has taken on new urgency. The quest for opioid alternatives that offer a measure of effective analgesia (without craving, tolerance, and addiction) is taking on an increased priority in discovery laboratories and across the ranks of practicing clinicians and other health care professionals. Beyond new discovery, another potential source of such alternatives is in reevaluating existing medications approved for pain as well as those approved for other uses that may also hold promise for use as analgesics.

A good example of this is anticonvulsant medications, which first came forward on applications for Food and Drug Administration (FDA) approval based on studies that described their effectiveness and safety in seizure disorders. The known pharmacologic activity of anticonvulsants suggested a "calming" or "damping" effect on nerve transmission activity that might also be useful in reducing the sensation of pain. This formed a rational basis for studies that followed to validate their use in certain pain conditions. Lyrica® pregabalin, for example, is FDA labeled both for partial onset seizures in adult patients and for several neuropathic pain conditions such as diabetic peripheral neuropathy, herpetic neuralgia, fibromyalgia, and nerve pain related to spinal injury.

Medications in other therapeutic categories also share this "crossover" effectiveness from one targeted condition to another, namely certain antidepressant medications (nortriptyline, duloxetine, venlafaxine, et.al.) and nonsteroidal anti-inflammatory drugs (NSAIDs) that have been studied and demonstrated to be effective in pain conditions.

So, if you've wondered why a medication assigned to a certain therapeutic category, (e.g., anticonvulsants), is commonly used to treat pain, it is often because the assigned category is based on the first approved indication for its use and not the full appreciation of how it is actually used in clinical practice.

When a medication is prescribed for a use that is not in the FDA approved label, it is called "off-label" prescribing and happens when physicians expect that a drug may be useful for a condition that isn't listed. Off-label prescribing is a common practice. When off-label use is not supported by an expert guideline, such as the Official Disability Guidelines (ODG) or American College of Occupational and Environmental Medicine (ACOEM), or other credible evidence in the scientific literature, First Script's Smart Prior Authorization system will alert adjusters to this situation.

First Script® Annual Drug Trends Series

Part Two: Evaluating In- and Out-of-Network Trends

In part two of our series we'll provide analysis on the trends experienced within our combined in- and out-of-network channels to address the total view of prescription activity. Check out part two of our infographic series which reflects these trends from 2017 to 2018.

Governmental Activity by State

Find out more about the governmental updates and potential changes currently being proposed in your state

To find out more about the governmental updates and potential changes currently being proposed in your state, visit the Coventry News and Insights Page each month to read our Government Relations Newsletter, or find this month's newsletter here.

Drug of the Month

Lyrica® – (Pregabalin Capsules and Oral Solution)

Lyrica (Pregabalin) has experienced significant growth in utilization and expenditures since its U.S. launch in 2004, so much so that today, on the occasion of the introduction of the first generic equivalent for Lyrica, it is the leading branded medication for use and costs in the workers' compensation pharmacy setting.[1] As many as nine approved generic pregabalin products are expected to launch in the coming months, with the first of these already shipped to pharmacies in mid-July 2019.[2] Robust price competition is predicted and should result in significantly lower pricing for pregabalin. Precedent models for generic introductions suggest that price erosion of approximately 75% might be expected in a four to six week time period from the arrival of two or more competing products to market.

Lyrica is FDA approved for the treatment of pain associated with diabetic peripheral neuropathy, post-herpetic (after shingles) neuralgias, fibromyalgia, and as an adjunct in the treatment of partial onset seizures in adult patients. It's closely related, structurally, to gabapentin, another alternative for neuropathic pain, but exhibits some significant differences in the extent to which it is absorbed in the gut, present in serum, and available for relief of pain. The major difference in clinical use is that if gabapentin is not effective in relieving pain at its ceiling dose, switching to pregabalin can offer an additional opportunity for relief, up to its higher maximum dose.[3] This difference, and a significant difference in pricing favoring generic gabapentin, has formed the basis for most Lyrica "step therapy" protocols in managed care until now. Under these protocols, Lyrica is commonly reserved for patients that have started and "topped out" on gabapentin.

The arrival of Lyrica generics is encouraging for payers, prescribers, and patients alike and is a much-anticipated development. It should also be noted that pregabalin is reported to be abused as a "potentiator" substance in the setting of opioid use disorder or multiple substance abuse.[4] Unlike gabapentin, it is a Schedule V controlled substance, clearly less "compelling" as a euphoriant and substance of abuse than opioids, but not entirely free of concern.

Extended-release formulations of Lyrica (Lyrica CR®), which have been marketed in more recent times, will continue to enjoy patent exclusivity and not be generically available until 2026.

The expanded access and affordability offered by generic pregabalin is a welcome arrival, but one that should be tempered by a clear appreciation for its limitations in the treatment of pain beyond its label indications and potential for misuse. First Script will evaluate the continuing position of pregabalin in step therapy protocols and alert when prescriptions for extended-release Lyrica are presented.

1. First Script - 2017 Drug Trends Compilation – Published November 2018 - https://teams.sp16.aetna.com/sites/workerscomp/Marketing/Drug%20Trends/DrugTrendsSeries-Compilation-20181109.pdf#search=Drug%20Trends
2. www.drugstorenews.com/Nine generic firms get FDA approval for generic Lyrica
3. www.pharmacytimes.com/contributor/jeffrey-fudin/2015/09/how-gabapentin-differs-from-pregabalin
4. Schifano, F. - CNS Drugs. 2014 Jun;28(6):491-6. Misuse and abuse of pregabalin and gabapentin: cause for concern?

Adopted Governmental Pharmacy Requirements

The following requirements have been recently adopted and are of interest to First Script clients.

Co-prescribing of naloxone

Maryland

Maryland Department of Health adopted new guidelines for co-prescribing of opioid overdose reversal drugs. When determined appropriate by the prescriber, if the individual is at an increased risk of experiencing an opioid overdose, that individual may be co-prescribed an opioid overdose reversal drug. Per the regulation, the targeted patient population includes, but is not limited to an individual who:

a) Is being prescribed opioids for acute, if appropriate, or chronic pain;

b) Is being treated for an opioid use disorder;

c) Is receiving a prescription for an opioid and a benzodiazepine; or

d) Resides or spends time with an individual who is prescribed opioids, misuses opioids, or has an opioid use disorder.

As of June 21, 2019, the First Script Smart Prior Authorization process has been configured to address this rule and to provide state specific messaging for the naloxone prescriptions that are pending prior authorization.

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Concurrent use of opioids and benzodiazepines

Hawaii

Hawaii Senate Bill 505 established that initial concurrent prescriptions for opioids and benzodiazepines shall not be for longer than seven consecutive days unless a supply of longer than seven days is determined to be medically necessary. As of May 14, 2019, the First Script Smart Prior Authorization process has been configured to address this rule and to provide authorization guidance for the impacted claims.

Opioid limitations

Wyoming

Wyoming statute 35-7-1030 established opioid prescribing limitations where no practitioner shall prescribe any opioid or combination of opioids for acute pain to an opioid naïve (no active opioid in the preceding 45-day period) patient for more than a seven-day supply in a seven-day period.

Effective July 1, 2019, First Script will limit all opioid scripts to a seven-day supply if there are no previous opioid scripts in the last 45 days. Smart Prior Authorization will also be configured to address this limitation and provide appropriate state-specific messaging to help guide authorization on the impacted claims.

Minnesota, Nevada, Rhode Island

Minnesota HB 400, Nevada AB 239, and Rhode Island HB 5537 are some of the latest bills that target the prescribing and dispensing of opioids in an effort to decrease unnecessary opioid prescribing and utilization. While providing specific opioid limitations for the prescribers to adhere to, these bills also state that if, in the professional clinical judgment of the practitioner, more than these limits are required for treatment, the practitioner may issue prescriptions that exceed those limits.

If you have additional questions regarding the adoption of these requirements, please contact your First Script Account Manager or Account Pharmacist.