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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 antidepressants to treat pain?

The nation's focus on the ongoing opioid epidemic and stricter guidelines on opioid prescribing has led to an increased utilization of non-opioid pain treatments in workers' compensation. In a previous newsletter, we looked at the use of anticonvulsants to treat pain because of their ability to create effective pain relief without the cravings, tolerance, or addiction issues that are typically associated with narcotics. Another therapeutic class commonly used to treat chronic pain is antidepressants, which may even be prescribed when depression is not a diagnosed condition for the injured worker.

Examples of antidepressants that are used to treat pain are tricyclic antidepressants (i.e., amitriptyline, imipramine, doxepin) and serotonin and norepinephrine reuptake inhibitors (SNRIs) (i.e., duloxetine, venlafaxine). These can provide effective analgesia in pain conditions such as neuropathic pain, musculoskeletal pain, and fibromyalgia. The pharmacological mechanism of these medications is not fully understood but is believed to work through the increase of neurotransmitters in the spinal cord that may reduce the conduction of pain signals to the brain.

The use of antidepressants in the treatment of certain types of pain can have a great impact in reducing the use, and thereby the risks, associated with opioids. It must be acknowledged that antidepressants do not work immediately to alleviate pain and most patients experience only moderate pain relief. However, antidepressant medications may be used safely in conjunction with other drug classes with faster onset of pain relief, such as non-steroidal anti-inflammatory drugs (NSAIDs).

The Food and Drug Administration (FDA) had approved the use of duloxetine, a serotonin and norepinephrine reuptake inhibitor (SNRI), specifically for fibromyalgia and chronic musculoskeletal pain based on studies for effectiveness and safety. "Off-label" prescribing constitutes the majority of antidepressant drug utilization in workers' compensation. Expert guidelines in our industry, such as the Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM), support the use of tricyclic antidepressants (TCAs) and SNRIs for neuropathic pain. If you see the use of antidepressants for chronic pain, remember that on a case-by-case basis, they may be appropriate.

Two Available On-Demand Webinars

First Script is offering two valuable on-demand webinars, which are both available at www.coventrywcs.com/webinars.

New York Drug Formulary and Prior Authorization Process

The New York State Workers' Compensation Board (NYWCB) has adopted new rules regarding its workers' compensation drug formulary including a web-based portal, which is required for prior authorization of non-formulary drugs. To find out more about this important change in New York, view this informative on-demand webinar where we discuss both the drug formulary and prior authorization process.

Evaluating Pharmacy Trends in Workers' Comp

Employers, carriers, and TPAs face numerous challenges when managing pharmacy in workers' compensation. The opioid epidemic; emerging transformations in pharmaceutical design, drug manufacturing, and medication delivery; and frequent regulatory changes all require new levels of analysis and understanding. This on-demand webinar provides insightful perspectives on the trends behind these and other pharmacy-related insights.

FDA Approves New Treatment for Acute Migraine — REYVOW™ (Lasmiditan)

The FDA recently announced the approval of a new medication to treat acute migraine episodes, with or without aura (a visual or other sensory premonition), in adults.[1] REYVOW (lasmiditan) is the first in a new class of medications approved for this use. Information available from Eli Lilly and Company indicates that the precise mechanism of action is not understood but is presumed to be related to its activity at a specific brain serotonin receptor called 5HT1F,[2] which differs from existing agents prescribed to manage acute migraine episodes.

According to the FDA, "Migraine headache pain is often described as an intense throbbing or pulsing pain in one area of the head. Additional symptoms include nausea and/or vomiting and sensitivity to light and sound. Approximately one-third of individuals who suffer from migraine also experience aura shortly before the migraine. An aura can appear as flashing lights, zig-zag lines, or a temporary loss of vision. Migraines can often be triggered by various factors including stress, hormonal changes, bright or flashing lights, lack of food or sleep, and diet. Migraine is three times more common in women than in men and affects more than 10% of people worldwide."[1]

Medications used to treat acute migraine episodes are properly taken, as needed, at the onset of an episode and used at the lowest effective dose for the shortest amount of time required. The approved use of REYVOW does not include migraine prophylaxis (prevention). Preventive treatments for migraine are prescribed for daily use to reduce the severity and frequency of expected attacks in those experiencing a significant number of headaches.

REYVOW oral tablets in 50 mg and 100 mg strengths are expected to be available at retail pharmacy locations within 90 days of approval (mid-January 2020), anticipating the completion of a Drug Enforcement Administration (DEA) review of submitted studies to determine its controlled substance classification.[2] No information related to pricing of REYVOW was available at the time of this publication.

A large number of medications of varying types are prescribed for relief of migraine symptoms. Most can be thought of as relieving migraine-associated pain (analgesics) or to address the overdilation of blood vessels related to migraine headache pain. The more popular of these are NSAID analgesics (ibuprofen, naproxen, diclofenac, etc.), Aspirin and acetaminophen, as well as combination products like Fiorinal® (butalbital, acetaminophen, caffeine). Triptans are a serotonin-active group of medications that are the most frequently prescribed for this purpose and other, newer agents called calcitonin gene-related peptide receptor (CGRP-R) inhibitors (Aimovig®, Emgality® and Ajovy®) have been recently approved. Ergotamines (Cafergot®, Axert®, Migranal®) were the earliest medications used in acute migraine management but have side effects that limit their usefulness.

The use of REYVOW and other acute migraine drugs for 10 or more days in a given month may be associated with a "medication overuse" headache that can present as a daily, migraine-like headache, or as a marked increase in the frequency of migraine episodes.[3]

REYVOW is a central nervous system (CNS) depressant and may cause dizziness and sedation. Patients are cautioned of a risk of driving impairment while taking REYVOW and for concomitant use of alcohol or other CNS depressants.[3]

Migraine medications are a small part of total spend in workers' compensation and in the First Script book of business. Most migraine drug prescriptions are for triptans and analgesics, followed by a smaller number of ergotamines and calcitonin gene-related peptide (CRGP) inhibitors (Aimovig, Emgality and Ajovy). REYVOW is scheduled for "new drug" review at our next Pharmacy and Therapeutics (P&T) committee meeting, and until that time will require prior authorization.

References
1. https://www.fda.gov/news-events/press-announcements/fda-approves-new-treatment-patients-migraine.
2. https://investor.lilly.com/news-releases/news-release-details/lillys-reyvowtm-lasmiditan-first-and-only-medicine-new-class.
3. http://pi.lilly.com/us/reyvow-uspi.pdf

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. Find this month's newsletter here.

Drug of the Month

Cymbalta® (duloxetine)

The FDA first approved Cymbalta in 2004 for the treatment of major depressive disorder. In addition to this first approved indication, the FDA has since added indications for the treatment of generalized anxiety disorder, fibromyalgia, chronic musculoskeletal pain, and neuropathic pain. Generic duloxetine became available in 2013.

Duloxetine is in the class of antidepressants known as the serotonin and norepinephrine reuptake inhibitors (SNRIs). This drug works by influencing the level of specific chemical messengers (norepinephrine and serotonin) in the brain. It is available as 20-, 30-, and 60-mg delayed-release capsules. The starting dosage for pain treatments is 20-60 mg once daily as tolerated. Higher doses (up to 120 mg once daily) may benefit those with osteoarthritis of the knee. Twice-daily dosing showing increased advantage for those with fibromyalgia.

Common side effects associated with duloxetine are nausea, dizziness, and fatigue. The risk profile of duloxetine is thought to be less bothersome to patients than those associated with tricyclic antidepressants (TCAs). Post-marketing reports of liver injury suggest that patients with pre-existing liver disease who take duloxetine may have an increased risk for further liver damage. New FDA labeling for this drug recommends extending the precaution against its use in patients with substantial alcohol use, chronic liver disease, and those with hepatic insufficiency. Similar to other antidepressants (such as serotonin selective reuptake inhibitor [SSRIs] like Prozac® and Zoloft®, TCAs, and others), duloxetine contains a black box warning for suicidal thoughts and behavior for those under 24 years of age.

The use of duloxetine for pain treatment has received a boost with the FDA noting that it was effective for reducing pain in patients with or without major depressive disorder. Additionally, the degree of pain relief may have been greater in those with comorbid depression. Utilization in workers' compensation has increased due the fact that the same dose used to treat pain is the effective dose for treating depression and/or anxiety. First script will continue to evaluate the therapeutic role of duloxetine for injured workers. Medication questions related to its place in therapy can be directed to our clinical pharmacists at askthepharmacist@cvty.com.