

Pain Management: Challenges and Opportunities

Marsha K. Millonig, MBA, BPharm
President & CEO Catalyst Enterprises, LLC

Richard Logan Jr., PharmD
Logan & Seiler, Inc.

L&S Pharmacy, Medical Arts Pharmacy, MedHere Today
Drug Diversion Investigator Scott-Mississippi County Rx
Drug Task Force



ThoughtSpot®
TRADESHOW

Speaker Disclosure: Marsha Millonig

- I have no financial relationship to disclose.
- I will not discuss off label use and/or investigational use in my presentation.



Speaker Disclosure: Richard Logan

- I have the following financial relationships to disclose:
 - Consultant for: Nobody. Would love to have that gig
 - Speaker's Bureau for: Nobody wants me
 - Grant/Research support from: No grants, but I'm willing to take free money.
 - Stockholder in: Only stocks that lose money.
 - Honoraria from: Do you seriously think anyone would pay me?
 - Employee of: Logan and Seiler, Inc. My company, but I'm sorely underpaid

I have no financial relationship to disclose. But I wish I did.
- AND
 - I will not discuss off label use and/or investigational use in my presentation. But we will talk about recreational drug use.



Self-Assessment Question

Which of the following is not one of the Four A's of pain management?

- A. Assessment of addiction
- B. Activity
- C. Analgesia
- D. Aberrant behavior



Self-Assessment Question

What percentage of opioid-treated chronic pain patients do you think exhibit some form of aberrant behavior?

- A. <10%
- B. 10% to 30%
- C. 31% to 50%
- D. 51% to 80%



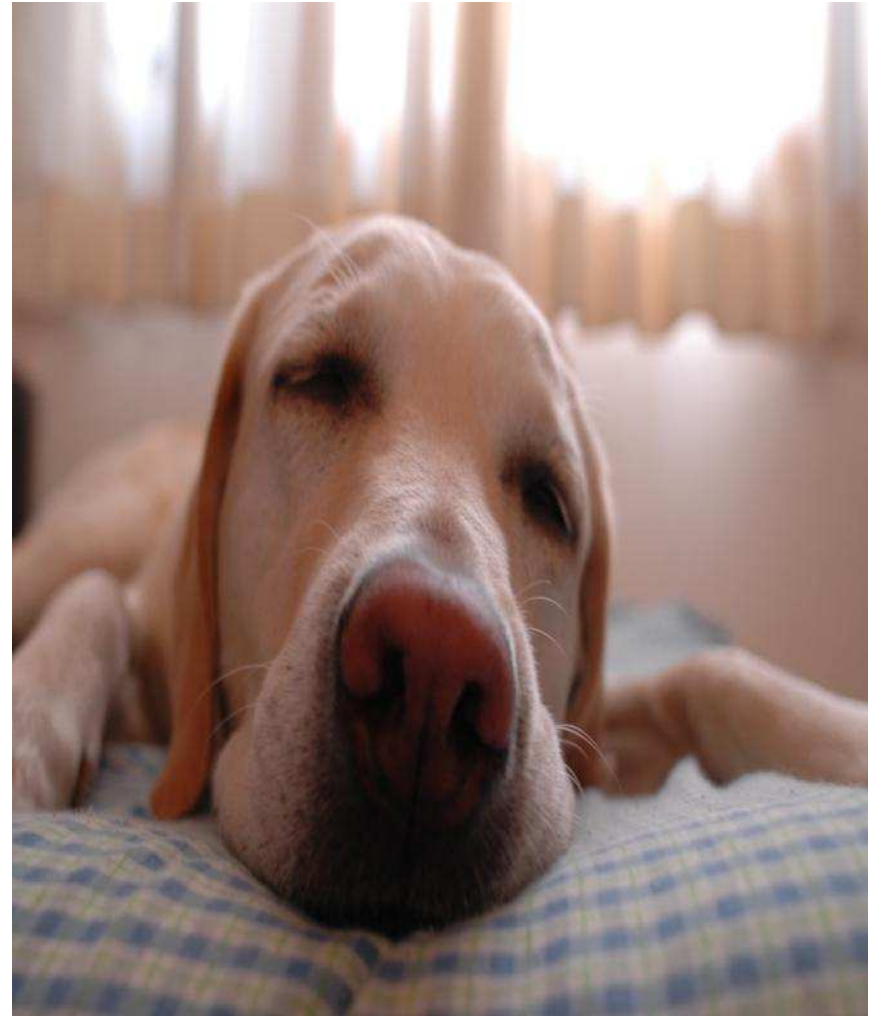
Self-Assessment Question

When should a patient-provider agreement be implemented?

- A. Prior to initiating opioid therapy in a patient with chronic nonmalignant pain
- B. After a patient has repeatedly been nonadherent to treatment recommendations
- C. When providers harbor suspicions that patient are misusing or abusing opioids
- D. At the first follow-up visit, when determining if a trial of opioid therapy has been effective



**In case
you were
sleeping**



The Opioid Epidemic

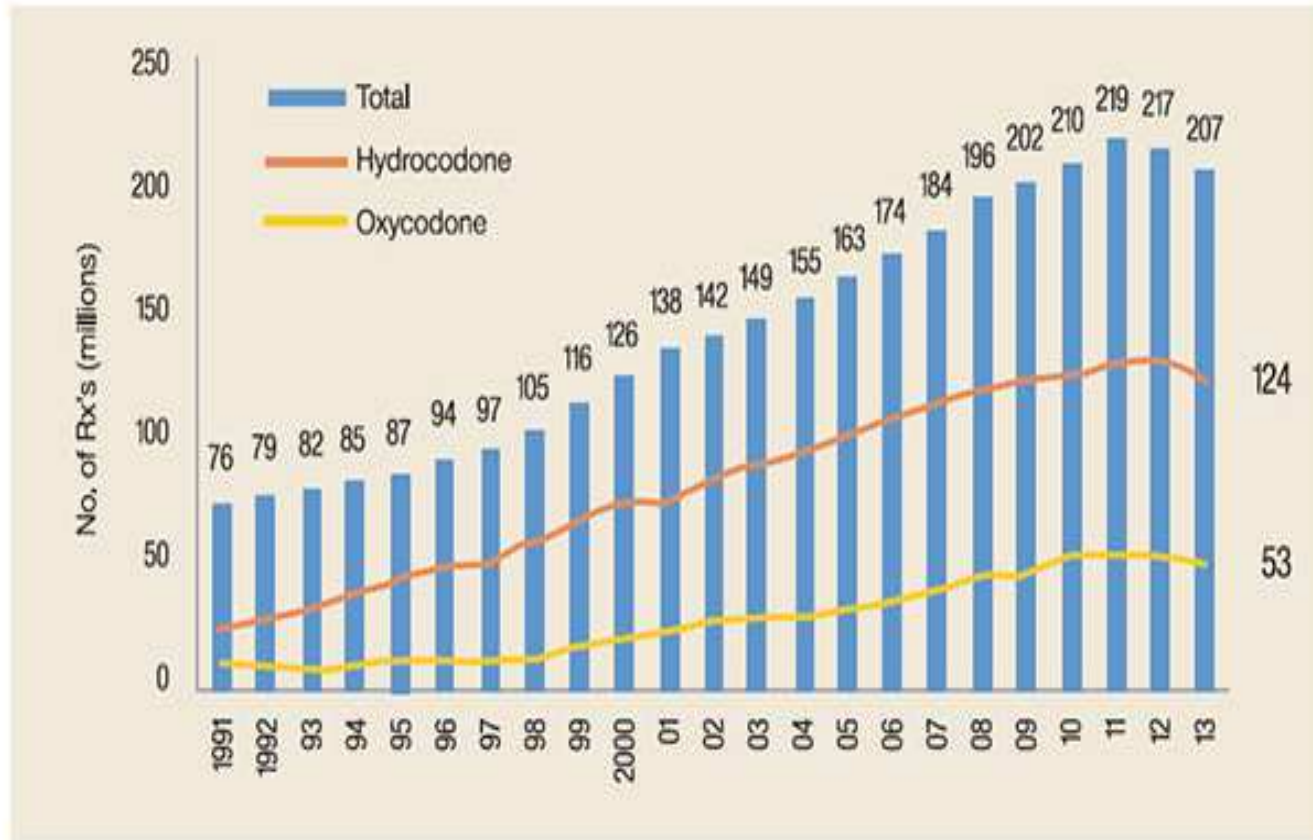


More than
40
PEOPLE

die every day from
overdoses involving
prescription opioids.



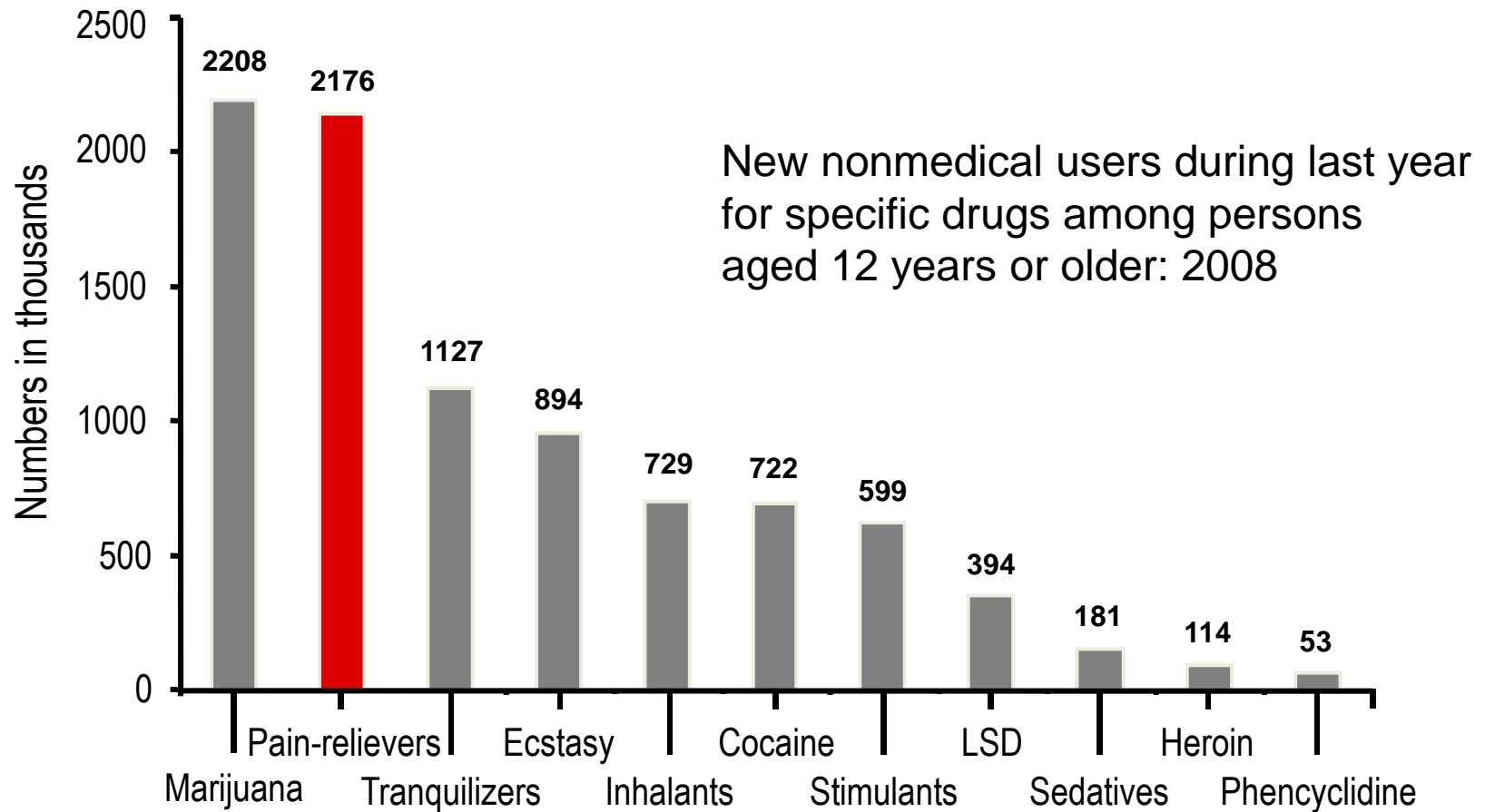
Rate of Opioid Prescribing



Opioid Prescriptions Dispensed by US Retail Pharmacies IMS Health, Vector One: National, years 1991-1996, Data Extracted 2011. IMS Health, National Prescription Audit, years 1997-2013, Data Extracted 2014.

NIH National Institute on Drug Abuse and Addiction, [America's addiction to Opioids: Heroin and Prescription Drug Abuse](#)
May 14, 2014

Large nonmedical use of pain-relievers



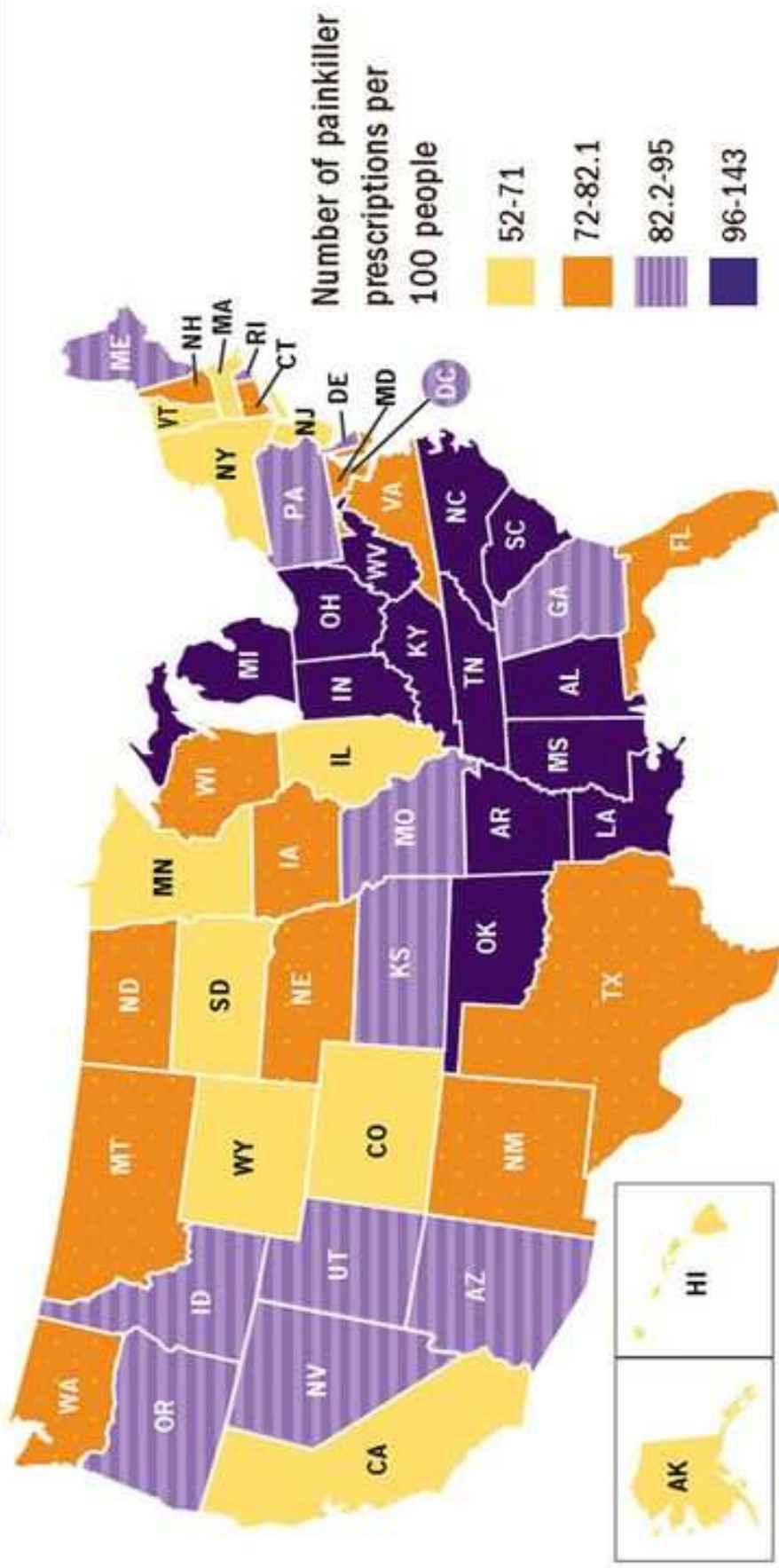
Increasing issue

- More than 257 million opioid prescriptions were dispensed in 2009, representing a 10-fold increase in medical use
- Opioids are the most commonly abused Rx drugs with more than 300,000 opioid-related ER visits in 2008
- There are more deaths caused by overdoses of opioid analgesics than from cocaine and heroin combined
- Unintentional opioid overdose deaths have increased five times in 20 years, largely due to increase in non-medical use of these compounds

Centers for Disease Control and Prevention. *Unintentional Drug Poisoning in the United States*, July 2010.
U.S. Food and Drug Administration. *FDA Acts to Reduce Harm from Opioid Drugs*, July 2011.



Some states have more painkiller prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

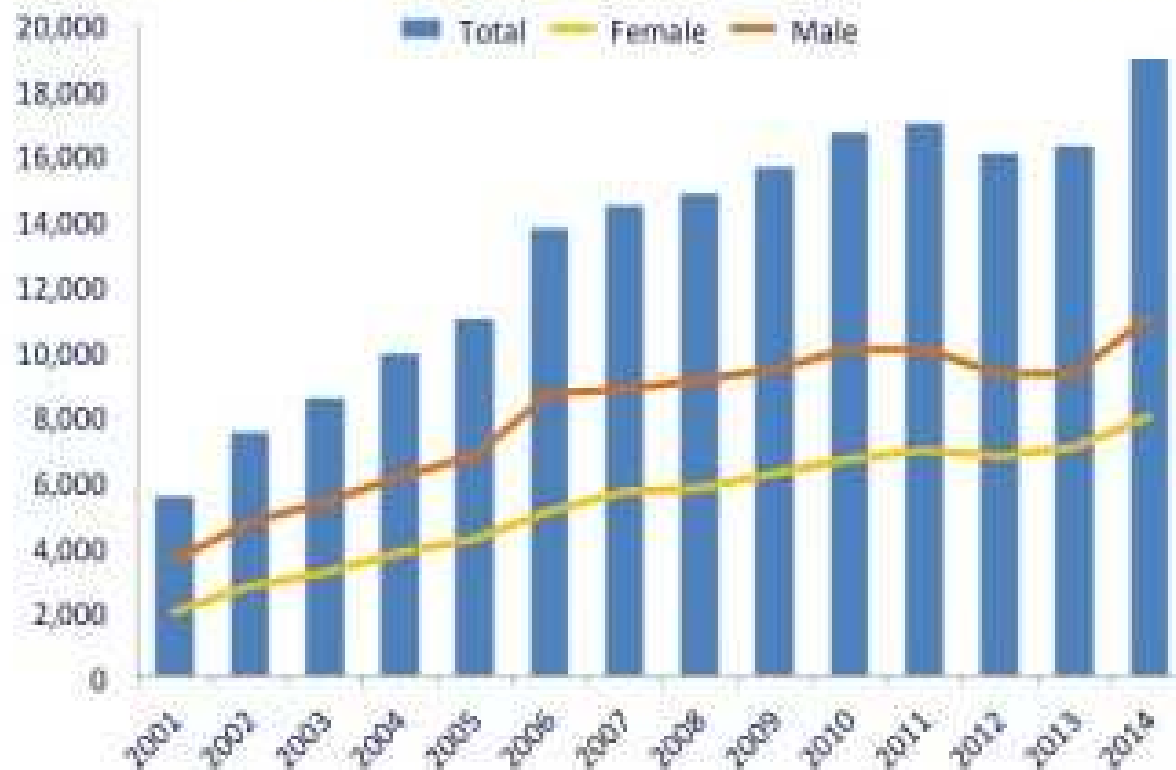


As Rates Rise, So Do Deaths



National Overdose Deaths

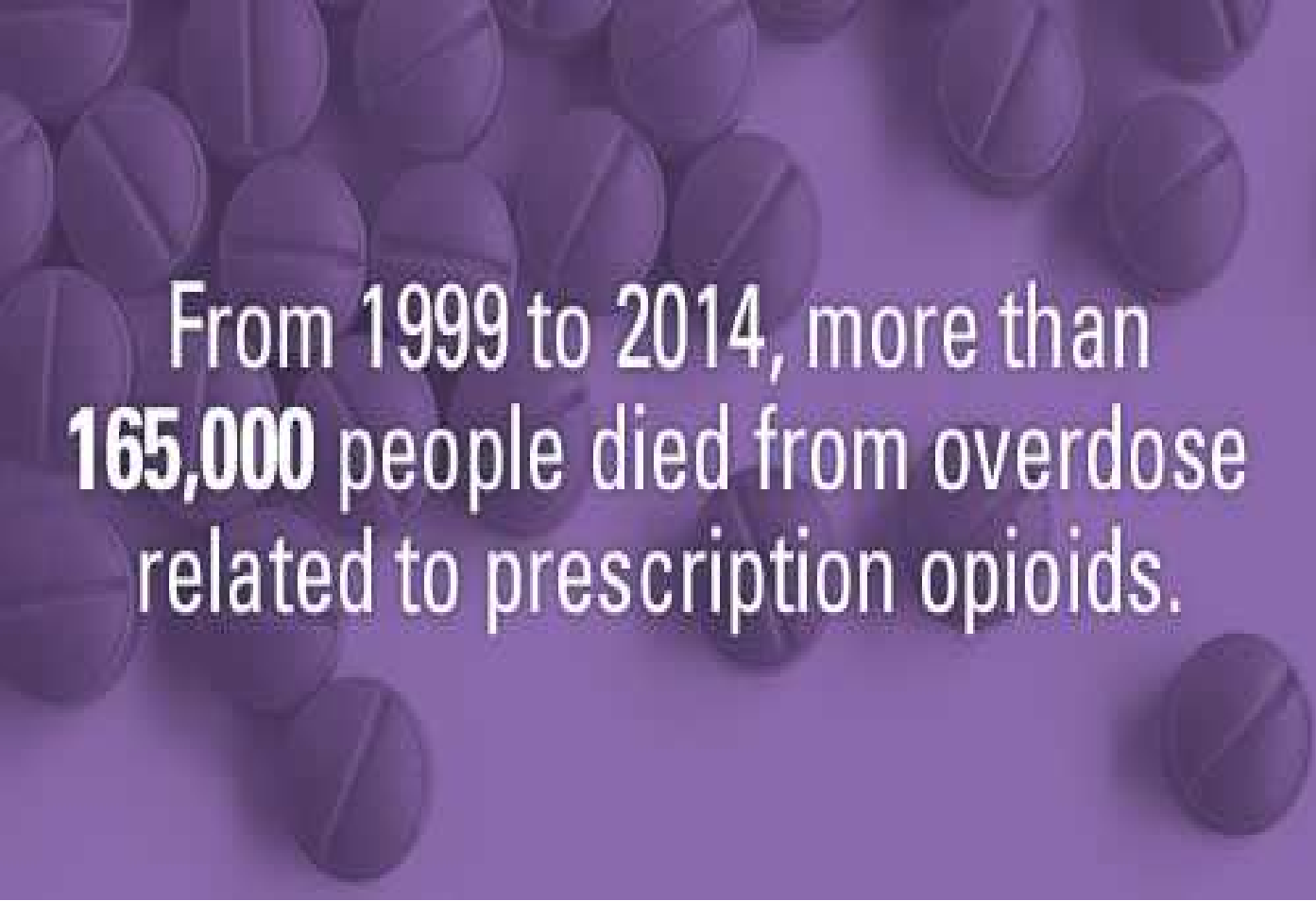
Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Weekly



As Rates Rise, So Do Deaths



From 1999 to 2014, more than **165,000** people died from overdose related to prescription opioids.

Poll Question

- If you do not have experience with components of REMS, how do you expect them to integrate into your pharmacy?
 - Easily—I do not expect them to add much extra time or cost
 - I expect them to add some extra time and cost
 - With difficulty—I expect they will add a significant amount of extra time and cost

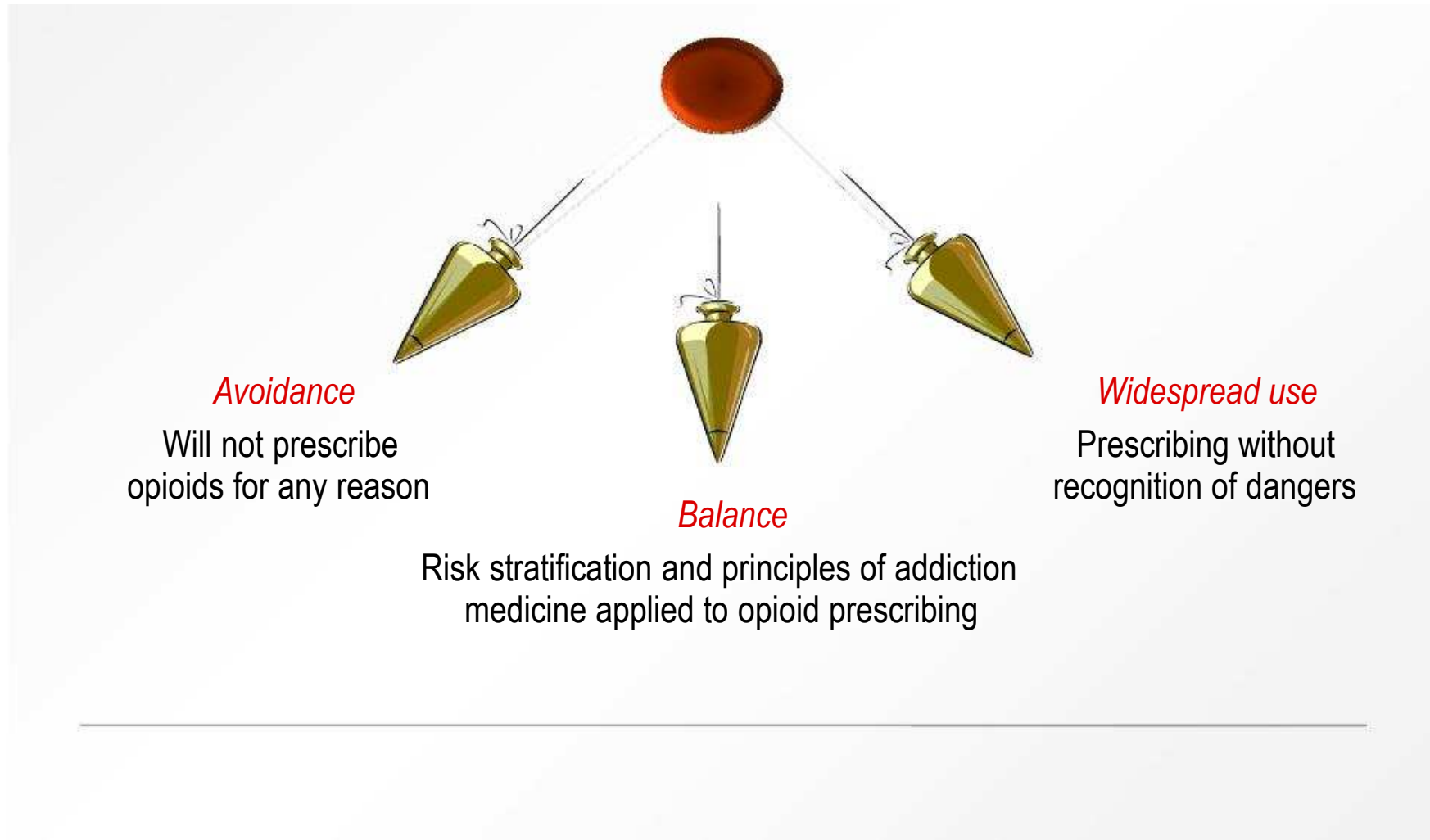


Case study

- JJ comes back to the pharmacy a week after filling the initial prescription for oxycodone. The pharmacist inquires about her pain and learns it has been well-controlled to the point JJ's physician has now prescribed a non-opioid pain medication for her. She has brought back the remaining oxycodone tablets because she's read stories in the paper about teenagers and others taking medications from the home. She wants to know if the pharmacy can take back the medication.
- What are some strategies the pharmacist could take with JJ?



The Opioid Prescribing Pendulum



Responsible Opioid Prescribing

- Responsible Opioid Prescribing
 - Patient evaluation, including risk assessment
 - Treatment plans that incorporate functional goals
 - Informed consent and prescribing agreements
 - Periodic review and monitoring of patients
 - Referral and patient management
 - Documentation
 - Compliance with state and federal law

