VirginiaPremier™

Pain Strategy Guidelines

Virginia Premier Health Plan, Inc. endorses The National Pain Strategy Guidelines which endorse a population-based, disease management approach to pain care that is delivered by integrated, interdisciplinary, patient- centered teams and is consistent with real-world experience. To succeed, the care model must shift from the current fragmented fee for service approach to one based on person-centered care, better incentives for prevention *(primary, secondary, and tertiary)* and for collaboration care along the continuum of the pain experience-from acute to chronic pain across the lifespan, including at the end of life-at all levels of care and in all settings.

Virginia Premier Health Plan, Inc. also endorses The Virginia Board of Medicine regulations governing prescribing of opioids and buprenorphine for acute and chronic pain (18 VAC 85-21-10 et seq.), revised June 9, 2021.

Since July 1, 2020, all prescriptions containing an opioid shall be issued as an electronic prescription unless there is an exemption under subsection C of § 54.1-3408.02.

Among other requirements, these regulations require documentation of use of PMPAware, Virginia's prescription monitoring program; co-prescription of Naloxone for patients; use of Urine Drug Screens; use of informed consent, and use of patient agreements. The regulations exclude cancer related pain, sickle-cell pain, hospice and palliative care, inpatient pain treatment, nursing home or assisted living facility using a sole-source pharmacy treatment of pain and patients enrolled in federal or state authorized clinical trials. The regulations are also now supported by Virginia law (§ 54.1-2400 and Chapter 29 of Title 54.1 of the Code of Virginia). A summary of the regulations include:

1. Acute Pain
    - Treatment with opioids for acute pain must be with short-acting opioids, and for a seven-day supply or less (unless extenuating circumstances are clearly documented in the medical record).
    - Treatment with opioids as part of treatment for a surgical procedure must be for a fourteen-day supply or less (unless extenuating circumstances are clearly documented in the medical record).
    - An appropriate history and examination must be performed, including a check of the PMP in accordance with state law.
    - Morphine Milligram Equivalent (MME) should be considered, and naloxone must be co-prescribed if the MME exceeds 120 MME/day. (below is a link to the CDC calculator for MME).

2. Chronic Pain
    - An appropriate history and examination must be performed, as detailed in the regulations.
    - The practitioner must discuss risks, benefits, proper storage and disposal with the patient.
    - Naloxone must be prescribed for any patient when one or more of the following risk factors is present: prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine.
    - Urine drug screen or serum medication levels shall be conducted at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

- The treatment plan, informed consent and a patient agreement shall be documented in the medical record.

In addition, Part IV of these regulations covers the treatment of addiction with buprenorphine. Medication Assisted Treatment (MAT) is an essential part of recovery for many individuals but unfortunately the mono-product form (Subutex) is increasingly being diverted and abused. Key provisions of the buprenorphine regulations include:

- Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate Drug Enforcement Administration registration.
- Buprenorphine without naloxone (ie, the mono-product) shall only be prescribed when a patient is pregnant, when converting a patient from methadone, and in formulations other than tablet form for indications approved by the FDA.

Click on the links below to view the Pain Strategy Guidelines

Plan Strategy: https://iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm
Strategy Report: https://iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf
Strategy Description: https://iprcc.nih.gov/National_Pain_Strategy/NPS_Strategy_Description.htm
Strategy Task Force: https://iprcc.nih.gov/National_Pain_Strategy/oversight_panel.htm
Operational Flow: https://iprcc.nih.gov/National_Pain_Strategy/operational_flow.htm

Click on the link below to view the Virginia Board of Medicine Regulations

https://www.dhp.virginia.gov/medicine/

Click on the link below to access Virginia PMPAware

https://virginia.pmpaware.net/login

Click on the link below to access the CDC MME dose calculator

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf