What does a sufficient pain care formulary look like?

American Medical Association supports comprehensive options for patients

Policymakers, health insurance companies, pharmacy chains and pharmacy benefit management companies are increasingly restricting patients' access to legitimate opioid therapy. The AMA believes that decisions about the most appropriate treatment to help a patient with pain should be individualized using shared decision-making and evidence-based principles without arbitrary barriers. While physicians and other health care professionals have reduced opioid prescribing by 33 percent since 2013, adoption of non-opioid alternative pain care options shows no concomitant increases. Many factors account for this but arbitrary regulatory and insurer resistance are among the problems. Ninety-two (92) percent of pain medicine specialists said that they have been required to submit a prior authorization for non-opioid pain care, according to the American Board of Pain Medicine.

For regulators and others interested in learning more about the pharmacologic and non-pharmacologic options that would be helpful for patients, the AMA asked physicians from multiple medical specialty societies who are advising the AMA Pain Care Task Force to provide information about pain treatments they provide to their patients. The AMA believes it is essential for formularies to also include a broad range of evidence-based pain care options. Physicians were asked two questions:

- For the treatment of neuropathic pain[i], what are 5-10 treatment options (esp. non-pharmacologic options) that may be helpful or would be effective for a patient? This may include procedures (e.g. nerve blocks), modalities.
- For the treatment of nociceptive pain[ii], what are 5-10 pharmacologic options that may be helpful or would be effective for a patient?

The following is not an all-inclusive list, and it is not meant to suggest that all formularies and benefit design packages must include every example. This list is meant to provide an overview for policymakers of the types of treatments practicing physicians use to treat pain but may be subject to formulary exclusion or administrative barriers such as prior authorization or step therapy, or subject to cost-prohibitive co-pays, cost sharing and adverse formulary tiering.

"We are at a crossroads in our nation's efforts to end the opioid epidemic. It is time to end delays and barriers to medication-assisted treatment (MAT)—evidence-based care proven to save lives; time for payers, PBMs and pharmacy chains to reevaluate and revise policies that restrict opioid therapy to patients based on arbitrary thresholds; and time to commit to helping all patients access evidence-based care for pain and substance use disorders. Physicians must continue to demonstrate leadership, but unless and until these actions occur, the progress we are making will not stop patients from dying." ~ AMA President Patrice A. Harris, MD, MA

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Treating pain is complex and must be individualized.

QUESTION: For the treatment of neuropathic pain, what are 5-10 treatment options (esp. non-pharmacologic options) that may be helpful or would be effective for a patient? This may include procedures (e.g. nerve blocks), modalities.
PHYSICIAN RESPONSES:
Various desensitization techniques, contrast baths, mirror therapy, cognitive behavior therapy, yoga, mindfulness meditation, close-fitting garments, acupuncture, aerobic exercise, distraction including work, education, postural retraining, virtual reality therapy, fear-avoidance therapy, stress reduction interventions
Gabapentin, pregabalin, acetaminophen, NSAIDs, tricyclic antidepressants, SNRI antidepressants, opioids, buprenorphine, anticonvulsants
Nonpharmacologic interventions (e.g., TENS, central and peripheral nerve blocks, cogitative behavioral therapy, massage, guided imagery) are useful for neuropathic pain as well as adjuvant analgesics (e.g. anticonvulsants, antidepressants, and some sodium-channel blockers); opioids and non-opioid analgesics also can be of benefit
Nerve blocks (many), neuromodulation (such as dorsal column stimulation, dorsal ganglion stimulation), psychology, cognitive behavioral therapy/meditation, PT, PT virtual reality
Nerve blocks, rhizotomy, neurectomy, eliminate neural compression (discectomy or microvascular decompression), physical therapy, exercise, biofeedback, pain psychology, neuromodulation (spinal, cranial, or peripheral nerve stimulation), ablative procedures (midline myelotomy, cordotomy, hypophysectomy, DREZ), intrathecal drug delivery
Education about pain, cognitive behavioral therapy is essential for all professionals managing chronic pain, graded exercise, occupational therapy, mindfulness training, peer support
Topical agents, cognitive behavioral therapy, osteopathic manipulation, yoga, blocks
Tricyclics, gabapentin, SNRIs (duloxetine)
Local anesthesia, gabapentin/pregabalin, acetaminophen, clonidine, celecoxib, ketamine, anti-seizure medications, buprenorphine for patients who may need opioids
PT (for some conditions), orthotics, nerve blocks, acupuncture
Spinal cord stimulation, peripheral nerve stimulation, intrathecal drug delivery, sympathetic nerve blocks, TENS, cognitive behavioral therapy (e.g. pain coping skills training, biofeedback, mindfulness meditation), physical therapy (desensitization training, mirror therapy for Phantom Limb Pain)

QUESTION: For the treatment of nociceptive pain, what are 5-10 pharmacologic options that may be helpful or would be effective for a patient?
PHYSICIAN RESPONSES:
Anti-neuropathic agents such as the anticonvulsants, selected antidepressants, non-opioids (NSAIDS/acetaminophen), and in very select cases, psychotropic drugs, and opioids, unrestricted access to buprenorphine for pain management not just for MAT, lidocaine-topical, OTC products, ice sleeves and pumps
Opioids, NSAIDs, acetaminophen, tricyclic antidepressants, SNRI or similar psychotropic medications, benzodiazepines
NSAIDs, opioids, adjuvants (e.g. anticonvulsants or antidepressants) may also benefit as well as physical therapy, blocks, cognitive behavioral therapy, and guided imagery
TCAs, NSAIDs, hyaluronic acid, acetaminophen, capsaicin
Eliminate the nociceptive stimulus, acetaminophen, NSAIDs, buprenorphine, neuromodulation such as dorsal column stimulation, dorsal root ganglion stimulation, intrathecal pumps, peripheral and central nerve blocks
Buprenorphine, NSAIDs (oral and topical), acetaminophen, muscle relaxants, short term OTC topical counterirritants
NSAIDS, acetaminophen, tramadol, opioids
NSAIDS, opioids, acetaminophen
Acetaminophen, ketorolac, other NSAIDs, clonidine, local anesthetic, opioids, gabapentin, ketamine
Duloxetine, opioids (if moderate to severe pain), corticosteroids (for short course)
Duloxetine, nortriptyline, NSAIDs, acetaminophen, tramadol

[i] Defined as "pain caused by a lesion or disease of the somatosensory nervous system" by the International Association for the Study of Pain
[ii] Defined as "pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors" by the IASP.

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