

## **Working to Treat Pain and Prevent Problems**

**Blue Cross Blue Shield of Massachusetts announces steps to help prevent prescription pain killer misuse, addiction and diversion.**

**BOSTON — May 7, 2012** — In an effort to limit possible prescription narcotic misuse and dependence among its members, Blue Cross Blue Shield of Massachusetts (BCBSMA) announced today that it is instituting enhanced safety measures on how it will cover the use of powerful pain killers.

"Our first, and most important priority, is to ensure that our members are getting the high-quality care that they need, and that includes treatment for pain," said Dr. John Fallon, Senior Vice President, and Chief Physician Executive for BCBSMA. "A vast majority of our members who are prescribed pain medications use them safely and appropriately. Still, we must also acknowledge the serious public health problem that the misuse and abuse of prescription narcotics pose to our communities, and we have a responsibility to put in place reasonable safeguards that help to prevent those problems from occurring," he added.

The state's largest private health plan is making the changes after its own review showed that more than 30,000 of its members have received prescriptions for short-acting pain killers lasting longer than 30 days, a practice that many experts believe increases the chances of drug misuse, dependency and diversion. Short acting pain killers include medications such as Vicodin<sup>®</sup> and Percocet<sup>®</sup>.

"Opioid medications are not the only method for treating and controlling pain, however when used appropriately they can truly make life more bearable for many people," said Dr. Edgar Ross, Medical Director of Pain Management at Brigham and Women's Hospital, and one of the outside experts who advised BCBSMA on its policies. "Blue Cross has offered a thoughtful plan that takes a balanced approach to ensure that these important medications are available, while at the same time emphasizing evidence-based practices to promote their safe use," he said.

Dr. Ross added, "The other important aspect of this plan is that it recognizes that a coordinated approach is necessary to prevent prescription opioid misuse, abuse and addiction. From primary care, to specialist; from patients to pharmacies and health plans, each part of the care team has a role in promoting the proper use of these medicines."

The new policy, scheduled to take effect on July 1, 2012, will promote a number of practices including:

- **Treatment plans** that include a clear diagnosis, explicit goals and exploration of other treatment options for pain.
- **Informed consent** of the risks involved in taking prescription pain killers and a formal assessment of addiction risk.
- **Written agreements** between the prescriber and the patient addressing issues of prescription management, diversion and the use of other substances while taking pain medication.
- **One prescriber group and one pharmacy:** All opioid prescriptions should originate from only one prescribing group and be filled at one pharmacy or pharmacy chain.

In addition, BCBSMA will require medical authorization for new opioid prescription durations lasting longer than 30 days. Among other changes, the health plan will also apply new guidelines in approving initial prescriptions for so-called long-acting pain killers such as fentanyl and Oxycontin<sup>®</sup>.

**Special accommodations will be made for members on chronic medications, those with cancer and those who are at the end of life, so that their care is not impacted by these changes.**

The Centers for Disease Control and Prevention has reported that prescription drug abuse is the fastest growing drug problem in the United States. In 2010, the CDC reported that 2 million people admitted to using a prescription pain killer non-medically for the first time during the previous year, with 70% of these medications obtained from friends or relatives either directly for free, through purchase or by theft. In a 2008 report, the Office of the National Drug Control Policy stated that more teens abuse prescription drugs—especially pain killers—than any other illicit drugs except for marijuana.

According a 2010 report issued by the Massachusetts Department of Public Health (MDPH), the number of prescriptions of "Schedule II" narcotic pain killers has doubled in the past decade alone, leading the MDPH to warn that "although it is important to properly treat pain, the availability of these prescription drugs in the community can be a risk." Schedule II drugs are a category of medications considered to have legitimate medical uses, but also have strong potential for abuse or addiction. Among the medications so classified by the

Drug Enforcement Agency are fentanyl, methadone, and oxycodone (Oxycontin<sup>®</sup>, Percocet<sup>®</sup>).

Massachusetts has also seen a significant increase in opioid-related deaths and hospital stays over the past decade mainly due to heroin use, but in part because of the increased availability, misuse, and abuse of prescription pain killers.

"In addition to the preventative and safety steps we are taking, we also want to stress to our members that we provide coverage for a full spectrum of behavioral health and addiction services," said Dr. Fallon. "This treatment can be lifesaving, and can include inpatient, intermediate and outpatient levels of care. If any member feels they need help with addiction, they should contact their health care provider to discuss the options."

The effort announced today is the latest in Massachusetts aimed at addressing what has been called an epidemic of prescription drug abuse. In February, the Massachusetts State Senate passed a bill that will increase oversight and reporting related to prescription pain killers. The bill is now pending further action in the House of Representatives.

**Resources on the web:**

- [The Centers for Disease Control and Prevention](#)
- [The Massachusetts Department of Public Health](#)

**About Blue Cross Blue Shield of Massachusetts:**

Blue Cross Blue Shield of Massachusetts is a community-focused, tax-paying, not-for-profit health plan headquartered in Boston. Celebrating our 75th anniversary in 2012, we are committed to working with others in a spirit of shared responsibility to make quality health care affordable. Consistent with our corporate promise to always put our members first, we are rated among the nation's best health plans for member satisfaction and quality.

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