



March 2019

Dear Committee Members:

The CCO Oregon Pharmacy workgroup respectfully submits this public comment to you, the Health Evidence Review Commission (HERC), as two of your subcommittees and ultimately you consider moving some chronic pain and fibromyalgia into the funded region of the prioritized list, and thus promoting coverage of opioid therapy for the treatment of chronic pain. This potential change concerns us as we -- coordinated care organizations (CCOs), other payers, provider networks, and clinic systems -- empathize with our members who suffer from chronic pain and fibromyalgia while also leading targeted efforts to reduce opioid use and associated morbidity and mortality in the communities we serve and because other evidence-based treatment options are available.

Our work and intention is to address the needs of our individual patients and keep sight of population health goals to lower the use, addiction to, and community impact of opioids. Moving fibromyalgia into the funding region may meet the need of an individual member in the short-term but spur negative impacts across the delivery system and the communities we serve. The result of this decision could be higher pharmacy costs with little to no benefit for our members and increased risk of adverse effects.

As the recent Oregon State University (OSU) Drug Use Research (DUR) and Management Program Review, "Indication Review: Fibromyalgia", included in January 2019 OSU [Pharmacy and Therapeutics Committee attendee packet at page 31](#) suggests, there is no moderate or high strength evidence for any pharmacological treatment compared to placebo or other therapy for the treatment of fibromyalgia. However, there are options that show greater potential pain-relief with less chance of addiction for the patient. These options include but may not be limited to:

- Non-addictive
  - NSAID therapy
  - Muscle relaxants
- Not Scheduled
  - Gabapentin
  - Tricyclic antidepressants (DMAP benefit)
  - Duloxetine or Cymbalta (DMAP benefit)
- Brand name medications with limited indications require prior authorization or are non-formulary
  - Scheduled: Lyrica

- Not Scheduled: Savella

Overall, there is insufficient evidence to determine relative efficacy of pharmacological treatment compared to non-pharmacological therapy or supporting benefit of long-term pharmacological treatment for fibromyalgia and if modest improvements in pain outcomes are sustained over time. But there are some data points that should be central to your decision. For instance, there are Cochrane Reviews from the past few years that corroborate greater decreased pain across patients with less addictive treatment options. A review from October 2015 evaluated rates of pain reduction for over 4000 patients utilizing [milnacipran \(Savella\) compared to other treatments](#). The study found that while milnacipran relieved pain for one in ten patients, better results came from utilizing amitriptyline (one in four patients), duloxetine (one in six patients), and gabapentin (one in five patients). Moreover, a Cochrane Review from September 2016 found that [pregabalin provided a “major reduction” in pain intensity](#) for some patients.

The HERC and its subcommittees are charged with making decisions to prioritize the funded treatments Oregon Health Plan members may receive and promote evidence-based medical practice statewide. Based on the stated charge, we encourage Oregon’s HERC and its subcommittees to reserve conditions and associated therapies for funding to those with strong evidence to support efficacy and positive outcomes with minimal risk of adverse events. We respectfully encourage all parties to not lose sight of population health efforts to reduce opioid misuse while considering how we may best address chronic pain endured by our members.

Thank you for your work and consideration,  
CCO Oregon Pharmacy Workgroup

For further information or discussion, please contact Samantha Shepherd, CCO Oregon Executive Director at [samantha@ccooregon.org](mailto:samantha@ccooregon.org) or 928-699-1343.