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DUR DIGEST

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Noninvasive Treatments for Low Back Pain

The American College of Physicians (ACP) released Guidelines on Noninvasive Treatments for Acute, Subacute, or Chronic Low Back Pain in Adults in February 2017. Below is a summary of the findings.

Interventions Evaluated

- **Pharmacologic:** NSAIDs, nonopioid analgesics, opioid analgesics, tramadol and tapentadol, antidepressants, skeletal muscle relaxants (SMRs), benzodiazepines, corticosteroids, antiepileptic drugs
- **Nonpharmacologic:** interdisciplinary or multicomponent rehabilitation; psychological therapies; exercise and related interventions, such as yoga or tai chi; complementary and alternative medicine therapies, including spinal manipulation, acupuncture, and massage; passive physical modalities, such as heat, cold, ultrasound, transcutaneous electrical nerve stimulation, electrical muscle stimulation, interferential therapy, short-wave diathermy, traction, low-level laser therapy (LLLT), lumbar supports/braces

Benefits – Acute Low Back Pain

- **Pharmacologic**
  - NSAIDs: improved pain and function (small effect)
  - SMRs: improved pain (small effect)
- **Nonpharmacologic**
  - Heat wrap: improved pain and function (moderate effect)
  - Massage: improved pain and function (small effect)
  - Acupuncture: improved pain (small effect)
  - Spinal manipulation: improved function (small effect)

Benefits – Chronic Low Back Pain

- **Pharmacologic**
  - NSAIDs: improved pain (small to moderate effect) and function (no to small effect)
  - Opioids: improved pain and function (small effect)
    - Tramadol: improved pain (moderate effect) and function (small effect)
    - Buprenorphine (patch or sublingual): improved pain (small effect)
  - Duloxetine: improved pain and function (small effect)
- **Nonpharmacologic**
  - Exercise: improved pain and function (small effect)
  - Motor control exercise: improved pain (moderate effect) and function (small effect)
  - Tai chi: improved pain (moderate effect) and function (small effect)
  - Mindfulness-based stress reduction: improved pain and function (small effect)
  - Yoga: improved pain and function (small to moderate effect, depending on comparator)
  - Progressive relaxation: improved pain and function (moderate effect)
  - Multidisciplinary rehabilitation: improved pain (moderate effect) and function (no to small effect)
  - Acupuncture: improved pain (moderate effect) and function (no to moderate effect, depending on comparator)
  - LLLT: improved pain and function (small effect)
  - Electromyography biofeedback: improved pain (moderate effect)
  - Operant therapy: improved pain (small effect)
  - Cognitive behavioral therapy: improved pain (moderate effect)
  - Spinal manipulation: improved pain (small effect)

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Noninvasive Treatments for Low Back Pain - continued

Recommendations

- Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select NSAIDs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)
- For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)
- In patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapy, clinicians and patients should consider pharmacologic treatment with NSAIDs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients. (Grade: weak recommendation)

High-Value Care

- **Acute or Subacute Low Back Pain**
  - Reassure patients that acute or subacute low back pain usually improves over time, regardless of treatment.
  - Avoid prescribing costly and potentially harmful treatments, especially narcotics.
  - Systemic steroids were not shown to provide benefit.
- **Chronic Low Back Pain**
  - Select therapies that have the fewest harms and lowest costs.
  - Avoid costly therapies and those with substantial potential harms, such as long-term opioids; and pharmacologic therapies that were not shown to be effective, such as TCAs and SSRIs.

References

Qaseem A, Wilt TJ, McLean RM, Forciea MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. [Epub ahead of print 14 February 2017] doi: 10.7326/M16-2367

FDA Drug Safety Communication

The U.S. Food and Drug Administration (FDA) recently revised the description of mental health side effects of Chantix (varenicline) and Zyban (bupropion) to reflect clinical trial findings. Based on a FDA review of a large clinical trial they have determined the risk of serious side effects on mood, behavior, or thinking with Chantix and Zyban is lower than previously suspected. The risk of mental health side effects is still a possibility, especially in those currently being treated for depression, anxiety disorders, or schizophrenia, or who have been treated for mental health illnesses in the past. Although patients had these side effects, most did not have serious consequences such as hospitalization. The results of the trial confirm the benefits of smoking cessation outweigh the risks of these medications.

The full FDA Safety Communication can be found on the FDA website at: https://www.fda.gov/Drugs/DrugSafety/ucm532221.htm

Outgoing Members of the DUR Commission

Larry Ambroson, R.Ph.

Larry Ambroson, R.Ph. recently completed an eight-year term of service with the Iowa Drug Utilization Review Commission. Brian Couse, M.D. recently completed a four-year term with the Iowa Drug Utilization Review Commission. The Commission and the Department of Human Services would like to thank Mr. Ambroson and Dr. Couse for their service to the Commission and the members of Iowa Medicaid.

Brian Couse, M.D.

Medicaid Statistics for Prescription Claims
For January/February 2017

	FFS	Amerigroup	AmeriHealth	United Healthcare
# Paid Claims	31,081	416,030	499,389	386,899
Total Dollars Paid	$1,741,916	$36,927,972	$35,053,806	$25,013,165
# Unique Users	8,128	81,405	96,878	75,374
Average Cost/Rx	$56.40	$88.76	$70.19	$64.65
Top 5 Drugs by Prescription Count	Hydrocodone/APAP 5-325mg	Hydrocodone/APAP 5-325mg	Hydrocodone/APAP 5-325mg	Amoxicillin
	Tramadol 50mg	Amoxiicllin400mg/5ml	Loratadine 10mg	Hydrocodone/APAP
	Amoxiicllin400mg/5ml	Escitalopram 20mg	Amoxicillin400mg/5ml	Omeprazole
	Azithromycin 250mg	Omeprazole 40mg	Cetirizine 10mg	Lisinopril
	Fluoxetine 20mg	Fluoxetine 20mg	Omeprazole 40mg	Azithromycin
Top 5 Drugs by Paid Amount (pre-rebate)	Vyvanse	Vyvanse	Vyvanse	Vyvanse
	Synagis	Methylphenidate ER	Methylphenidate ER	NovoSeven RT
	Tamiflu	Humalog	Humalog	Methylphenidate ER
	Methylphenidate ER	Latuda	Latuda	Humira Pen
	Humalog	Humira Pen	Tamiflu	Humalog
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Anticonvulsants	ADHD/Anti-Narcolepsy	Insulins	Insulin
	Antipsychotics - Atypicals	Antidiabetics	Antipsychotics – Atypical, Dopamine, Serotonin Antagonist	Adrenergics, Aromatic, Non-Catecholamine
	Long-Acting Amphetamines	Antiasthmatic & Bronchodilator Agents	Anticonvulsants	Antipsychotics – Atypical, Dopamine, Serotonin Antagonist
	Anti-Inflammatories, Non-NSAID	Antipsychotic/AntiManic Agents	Adrenergics, Aromatic, Non-Catecholamine	ADHD/Narcolepsy.
	Diabetic - Insulin	Antivirals	ADHD/Narcolepsy	Antihemophilics
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants – Selected SSRIs	Antidepressants	Anticonvulsants	SSRIs
	Anticonvulsants	Antiasthmatic & Bronchodilator Agents	SSRIs	Anticonvulsants
	Narcotics – Misc.	Anticonvulsants	Penicillins	Narcotics
	Beta-Lactams/ Clavulanate Combos	Antihypertensives	PPIs	Penicillins
	Antipsychotics - Atypical	Analgesics – Opioid	Beta-Adrenergics, Inhaled, Short Acting	NSAID, Cox Inhibitor