



# The Pennsylvania Pain Society

March 5, 2018

Re: CMS-2017-0163

CMS Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and draft Call Letter.

**2018-2020**

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To Whom it May Concern:

Please accept this letter on behalf of the members of the Pennsylvania Pain Society and as comment on CMS-2017-0163's 2018 Draft Call Letter titled *Improving Drug Utilization Review Controls (Opioids)*.

The Pennsylvania Pain Society (PPS) was established in 2016 to serve the thousands of physicians and medical professionals who care for the Pennsylvanians who suffer from acute and chronic pain. We represent advanced trained pain specialists and anesthesiologists, neurologists, family medicine, primary care, physical medicine and rehabilitation, and elder care physicians and practitioners with a professional interest in acute and chronic pain. We are an independent, not-for-profit association whose mission encompasses education, advocacy and leadership on issues relating to the multi-modal, individualized treatment of acute and chronic pain.

The PPS wishes to officially voice our opposition to the Centers for Medicare & Medicaid Services (CMS) proposal to place new limits on pharmacies' ability to fill opioid prescriptions for Medicare beneficiaries. The proposed new limits call for "hard formulary levels"<sup>1</sup> that restrict the amount of opioids Medicare beneficiaries may receive under Part D. These include a 90 morphine milligram equivalent (MME) daily limit and 7-day supply allowance, as well as limits on prescriptions for acute pain syndromes such as post-operative pain, traumatic injuries, etc. While these limits reflect the CDC Guidelines on Opioid Prescribing (March 2016)<sup>2</sup>, this proposal fails to take into account the very nature of the Medicare Part D targeted patient population, i.e., individuals who are over age 65 and/or disabled. Furthermore, it ignores the explicit CDC caveat that individuals with serious, life-threatening illness and those with chronic pain at the end of life should be exempt from the CDC's aforementioned restrictions on prescribed opioids. Medicare enrollees are, in fact, the group most likely to suffer from serious illness: they have multiple comorbid conditions, many of which cause persistent pain, and they are clearly those most likely to be facing end-of-life health scenarios.

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<sup>1</sup> <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-02-01.html>

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>



# The Pennsylvania Pain Society

In short, these proposed restrictions make no sense in the Medicare population. PPS shares CMS' concerns over injudicious or over-prescribing of opioid medications and its effect on the current and well-publicized overdose epidemic. We strongly support and endorse ongoing efforts to address this public health crisis. However, as current data indicate, opioid prescribing rates have exhibited a steady decline since 2010.<sup>3</sup> Overdose death rates from legally prescribed opioids have likewise dropped, unfortunately with a consequential increase in the number of deaths related to illegal opioids such as heroin, carfentanil and sufentanil. Limiting access to appropriately prescribed and monitored opioid analgesia for older and disabled Americans is not likely to eliminate the underlying problem of Substance Use Disorder or diminish opioid overdose deaths. Rather, this proposal makes it much more likely that effective analgesia will be denied to those who truly need it.

One of the primary duties of all Physicians and Practitioners is to relieve pain and suffering. These proposed restrictions pose a direct threat to not only our ability to fulfill that responsibility but also to the care of all pain patients. The Members of the Pennsylvania Pain Society strongly urge CMS to critically re-examine the specifics of this proposal and, at the very least, include an exemption for Medicare enrollees who suffer from serious illnesses and life-limiting conditions which are associated with severe and/or chronic pain. This pain can be ameliorated with appropriate, accessible pain management strategies which must include the potential use of opioid preparations.

Regards,  
*Vitaly Gordin MD*

Vitaly Gordin MD  
President

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<sup>3</sup> <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>