

**INFORMATION PAPER
ON
OPIOID PRESCRIPTIONS, REDUCING ADDICTION, AND ALTERNATIVE PAIN
MANAGEMENT METHODS**

ISSUE: To provide an overview of the Department of Defense's (DoD) initiatives and actions toward opioid prescriptions, reducing addiction, and alternative pain management methods.

DISCUSSION:

Tracking of Opioid Prescriptions

- Improved Prescription Drug Monitoring
 - DoD employs multiple drug utilization review programs against a patient's complete medication prescription history to conduct real-time, prospective drug utilization reviews (i.e., clinical screening). DoD's Prescription Monitoring Program includes a quarterly review of all beneficiaries who received drug prescriptions covered by TRICARE, identifying beneficiaries who are at high risk for adverse consequences due to misuse of controlled or specific non-controlled medications.
 - DoD employs Prescription Monitoring Program (PMP) (formerly the 1-1-1 program) to track opioid use through multiple routine reports. The PMP enables Military Treatment Facilities (MTF) to monitor, identify, and prevent abuse of provider services and controlled prescription drugs. Beneficiaries with complicated medication profiles or hallmarks of unsafe behavior are assigned a single provider, pharmacy, or both.
 - DoD established the Military Health System Opioid Registry to support providers, staff, and decision-makers to improve the fidelity of care for patients taking opioid prescriptions. The registry provides near-real time data related to opioids so clinicians can track and monitor patients at risk for opioid misuse, abuse, and overdose.

Reducing Addiction

- Improved Prescriber Training
 - DoD implemented the Opioid Prescriber Safety Training Program in 2016 in accordance with the Presidential Memorandum "Addressing Prescription Drug Abuse and Heroin Use" to better equip providers to improve patient outcomes for substance use disorders (SUD) and pain management. As of March 27, 2017, over 10,000 DoD controlled substance (CS) prescribers have completed this training with a plan for all to complete by September 2017.
 - DoD and the Department of Veterans Affairs (VA) developed the Joint Pain Education Project pain management curriculum for widespread use in education and training programs to improve the pain management competencies of the combined federal clinical workforce.
- DoD Beneficiary Education and Campaigns
 - DoD funds prevention, education, and outreach programs for Service members and their families. Each Service has focused on drug misuse/abuse prevention including classroom training, public service announcements, and online/social media campaigns.
 - DoD codified the MHS Drug Take Back Program in policy in 2016. This program removes medications from circulation that have potential use for suicide or suicide attempts, misuse, diversion, or accidental poisoning.
- Expanded Access to Treatment
 - On September 2, 2016, DoD published a change to TRICARE regulations to greatly expand coverage for Medication Assisted Treatment (MAT) for Opioid Use Disorder. Coverage of MAT (i.e., buprenorphine, methadone) –via both Opioid Treatment Programs certified by

- Substance Abuse and Mental Health Services and also authorized prescribers of Office-Based Opioid Treatment –will enhance access to care, facilitate early intervention for SUDs, and help reduce relapse to opioid use. DoD is expanding the number of MTF CS prescribers who complete Drug Enforcement Administration Buprenorphine Waiver Training (BWT) to prescribe buprenorphine as part of MAT. DoD has trained 182 prescribers in 2015 and 2016, with a goal to train an additional 120 prescribers in 2017. Pursuant to the Comprehensive Addiction and Recovery Act of 2017, physician assistants and nurse practitioners will be permitted to prescribe buprenorphine. DoD will expand BWT accordingly.
- Non-Medication Pain Management Treatments
 - DoD, in collaboration with VA, is expanding capacity to provide non-medication (non-opioid) treatments for acute and chronic pain management through execution of a multi-year Joint Incentive Fund Project, which trained over 2,100 providers in basic acupuncture techniques for pain management. The DoD, VA, and National Institutes of Health underwrite ongoing research aimed at increasing availability of evidence-based, non-medication, complementary integrative health treatments for pain such as acupuncture, movement therapy (i.e., Yoga, Tai Chi), massage therapy, and mindfulness.

Alternative Management Methods

- DoD’s opioid safety strategy acknowledges the critical role that quality pain management plays in addressing one of the major root causes of the national opioid epidemic.
- DoD is on the forefront of national efforts to accelerate the evolution of pain management practices that impact the national trend of over-reliance on opioid treatment of pain.
 - Central to this initiative is the adoption and implementation of the DoD/VA Stepped Care Model of Pain Management.
 - The Model provides a standardized approach to pain care that emphasizes self-care and healthy lifestyle habits, along with non-pharmacologic approaches to pain management (e.g., acupuncture, massage, physical therapy, yoga, mindfulness). More aggressive treatments are available for patients with more complicated pain issues, as required.
 - This Model was developed in concert with revised opioid prescribing guidelines and practices that were designed to deemphasize opioids in the management of pain.
- DoD’s efforts to minimize diversion of opioid medications include designing the new single-dose delivery device for Sufentanil NanoTabs.
 - The completed design minimizes diversion, while being lightweight, extreme-environment tested, and easily handled with gloves.
 - It features a non-retractable pusher that signals the use of the device, clear plastic to allow tablet visibility, and a safety lock; each of these features reduces accidental or intentional misuse.
- In response to the National Defense Authorization Act of Fiscal Year 2017, Section 746 (Public Law 114-328), DoD will brief Congress in December, 2017, on interim results regarding feasibility and effectiveness of the following two efforts, including an assessment of their cost effectiveness:
 - Mandate that, in appropriate cases, opioid medications be dispensed in vials that only the patient can open.
 - Educating patients and their families—particularly adolescents—about the risks of opioid medications.

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