

# Nonopioid Treatment of Chronic Pain

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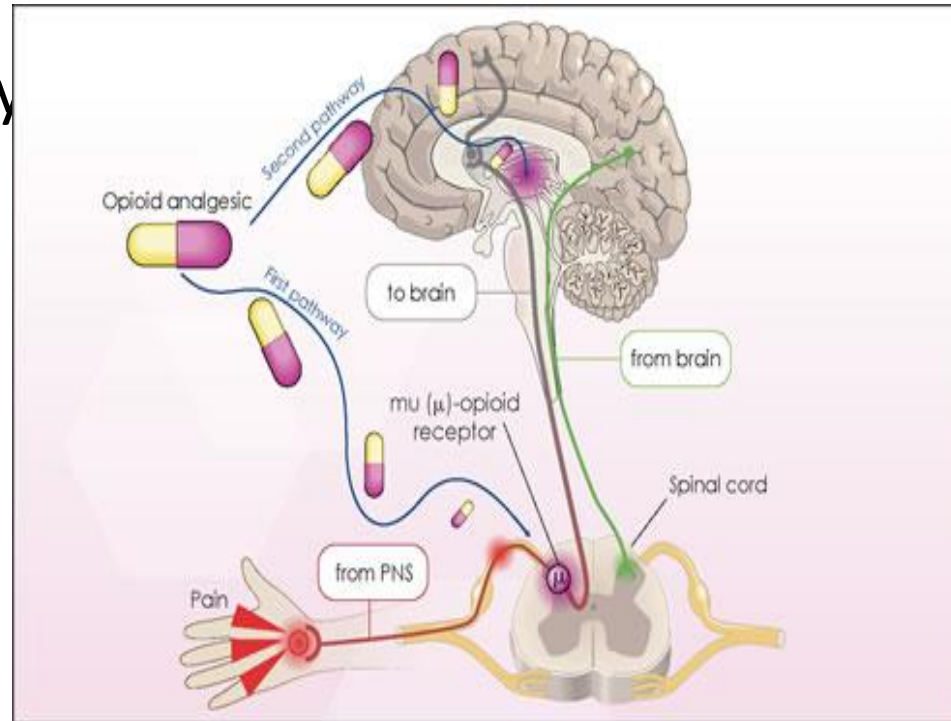
# Objectives

- Opioids may not be a good option for chronic pain
  - Opioid-induced Hyperalgesia
- **Non-Drug** Alternatives to Opioid Therapy
- Non-Opioid **Medication** Alternatives
  - Non-Opioid Analgesic Oral Agents
  - Non-Opioid Analgesic Topical Agents



# Opioid Tolerance and Opioid-Induced Hyperalgesia (OIH)

- Opioids are a double-edged sword characterized by the loss of efficacy overtime combined with habituation.
- Some people who receive opioids for the treatment of pain may develop OIH where they could become more sensitive to certain painful stimuli despite the absence of disease progression



# Break the Cycle



# Non-Pharmacologic Alternatives to Opioid Therapy

(Covered by the OHP and EOCCO for patients with back condition diagnoses)

- Physical Therapy or Occupational Therapy
- Massage
- Acupuncture
- Cognitive Behavioral Therapy
- Supervised exercise therapy by a licensed provider (i.e. aquatic therapy, yoga)
- Intensive interdisciplinary rehabilitation
- Osteopathic Manipulative Treatment

# Non-Opioid Analgesic Oral Agents

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin & Advil)
- Naproxen (Aleve)
- Celecoxib (Celebrex)
- Gabapentin (Neurontin)
  - Lyrica
- Tricyclic antidepressants
- Tetracyclic antidepressants

# Acetaminophen

- Dosing: 500 – 1000 mg every 6 hours as needed. Never more than 1000 mg in a single dose.
- Considerations:
  - Risk of liver injury at doses higher than the FDA max (4000 mg/day)
  - Use with caution if you take other medications that contain additional acetaminophen



# Ibuprofen

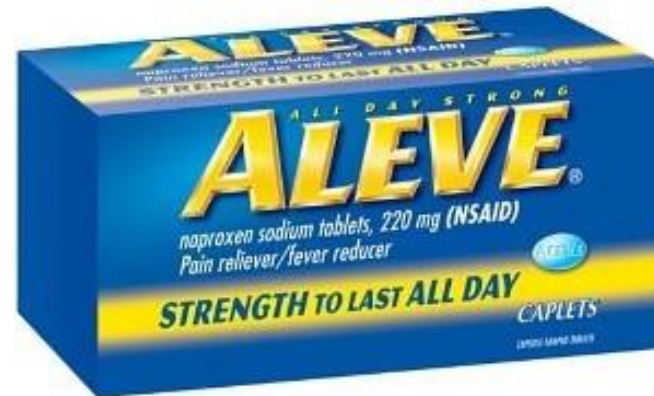
- Dosing: 200 mg every 4 hours OR 400 mg every 6 hours as needed (max OTC dose 1200 mg/day)
- Considerations:
  - Take with food to avoid stomach upset
  - Avoid if you have a history of stomach or gastrointestinal (GI) problems
  - Ask your health care provider if you have a history kidney or heart problems
  - Avoid if you take blood thinners or have a history of





# Naproxen

- Dosing: 220 mg every 8 or 12 hours as needed (OTC).
- Considerations:
  - Take with food to avoid stomach upset
  - Avoid if you have a history of stomach or gastrointestinal (GI) problems
  - Ask your health care provider if you have a history kidney or heart problems
  - Avoid if you take blood thinners or have a history of bleeding problems



# Celecoxib (Celebrex)

- Dosing: 100 - 200 mg twice daily as needed
- Considerations:
  - EOCCO prior authorization required: must try/fail 2 NSAIDs (ibuprofen, naproxen, meloxicam, etc) unless they are not appropriate
  - Potential option if you have stomach problems and cannot take other NSAIDs
  - Do not use if you are allergic to sulfa

**R<sub>x</sub>**only

# Gabapentin (Neurontin)

- Traditionally an anti-seizure medication
- Has shown to decrease pain associated with nerves and inflammation



**R<sub>x</sub>** only

# Gabapentin Considerations

- Effective for neuropathic (nerve) pain
  - Payment consideration reserved for covered lines on the OHP Prioritized List
- Side Effects: sedation, dizziness
- Dosing: varies, start low and increase slowly (100mg to 1800mg per day)
- Start the first dose at night to avoid daytime sleepiness
- Dose adjustments in patients with kidney disease
- Related to pregabalin (Lyrica)

**Rx**only

# Tricyclic antidepressants (TCAs)

- TCAs are often used for nerve pain; however, they may also be effective for lower back pain
- The List of TCAs include:
  - Amitriptyline (Elavil)
  - Imipramine (Tofranil)
  - Nortriptyline (Pamelor)
  - Desipramine (Norpramin)
- Dosing: start with 10-25mg per day
  - Maintenance: 50 -150 mg/day

**R<sub>x</sub>**only

# Tetracyclic antidepressants (TeCAs)

- Often used for insomnia and chronic pain
- TeCAs include:
  - Trazodone (Deseryl)
- Dosing: start with 10-25mg per day
  - Maintenance: 50 -200 mg/day

**R<sub>x</sub>**only

# Non-Opioid Analgesic Topical Agents

- Diclofenac sodium (Voltaren) 1% gel
  - 2 to 4 grams up to four times a day
  - Prior authorization required tried and failed all oral formulary non-steroidal anti-inflammatory drugs (NSAIDs).
- Lidocaine (Lidoderm) patch
  - Apply up to 3 patches (12 hrs on and 12 hrs off period)
  - Non-formulary: reserved for nerve pain associated with shingles virus in patients who have tried and failed all other alternative therapies
  - Alternatively: Lidocaine 2% jelly is covered
    - OTC option: Aspercream Lidocaine 4% Patches