Opioid, Pain & Addictions Committee
Minutes – Jan 16, 2024 6:30 pm via GoToMeeting

In attendance: Doctors . . .

Joe Adams, Chair	Sarah Merritt	Marc Fishman
Drew Fuller	James Taylor.	Marcia Wolf
Thomas Cargiulo	Sarah Merritt	Lee Gresser
Lorraine Milio	Amar Setti	Bethany DiPaula

MedChi staff: Colleen George, Alyssa Mills

Meeting called to order by Dr. Joe Adams at 6:05

Minutes of 10-17-2023 meeting: Approved

POSSIBLE STATE-WIDE LEARNING COLLABORATIVES ON ED BUP PRESCRIBING AFTER OD (AND FOR OUD), AND/OR HOSPITAL OPIOID STEWARDSHIP

As the result of discussions with members of this committee, the MD Patient Safety Center is now considering two new statewide learning collaboratives, possibly simultaneously: (1) Buprenorphine initiation in E.D.s after OD and for OUD, and (2) Hospital opioid stewardship. Drew discussed the former, and noted there is currently no standardization for this in EDs, though many feel it is a best practice. MACEP (MD Chapter of the Am College of Emergency Physicians) is considering greater involvement in this issue.

(Buprenorphine after OD by paramedics is a related new trend, used in a small number of jurisdictions in the U.S., recently in Frederick County MD, and planned in Baltimore County).

re: Hospital opioid stewardship, a slide deck explaining the rationale was sent by e-mail prior to this meeting.

REMOVING DOSE & QUANTITY LIMITS AND PRIOR AUTH FOR BUPRENORPHINE FOR PAIN AND ADDICTION.

- There is now evidence that bup in adequate (higher than traditional) doses for OUD is often more effective but is limited by quantity limits. See:
  Grande, LA, et. al. Evidence on Buprenorphine Dose Limits: A Review.
  Journal of Addiction Medicine 17(5):p 509-516, 9/10 2023.
  free: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10547105/

- Buccal and transdermal bup for pain require Medicaid prior auth.
  Facilitating or encouraging consideration of buprenorphine as a first line agent for pain, when a full opioid would otherwise be used, is a form of primary prevention of OUD and OD. Unlike full opioids, bup rarely if ever leads to OUD or OD.
- Macro-induction of bup can help avoid precipitated withdrawal but is limited by quantity limits.

Drew noted that Sarah Merritt MD gave a great presentation on buprenorphine for pain, on the website of MACS:
https://umaryland.webex.com/recordingservice/sites/umaryland/recording/078d2e7a60b24d53815c387a78d309c1/playback?rcdKey=4832534b0000000615fb89f8bfc4d4d38965607b3eb6db367249621e7cef8472b8846c909961f4e2&timeStamp=1705581297980&reviewId=476240317
James noted that Christopher Patrick Carroll, M.D.; Dir of Johns Hopkins Sickle Cell Ctr for Adults, may be a resource on bup prescribing.

About 80% of MD insurance carriers, including Medical Assistance, are federally regulated and are not subject to state legislation or regulation, but buprenorphine prior auth & quantity limit policies can be addressed through these two entities:
(1) **MD Drug Utilization Review Board (DUR).**
Next meeting: March 7th, 2024 (deals with Medicaid Quantity Limits).
(2) **MD P&T Committee.** Next meeting is Thu May 2nd, 2024
(deals with Medicaid Prior Auth)

Please e-mail Dr. Joe Adams at joeadamsmd@gmail.com to join the new discussion group on this topic: https://groups.google.com/g/bup-pa-ql-in-maryland, or to provide information. Needed are (1) examples of harms from buprenorphine limits by various insurance carriers with as much detail as possible and (2) rules on bup brands and formulations used by various carriers.

NEW MARYLAND LAW REQUIRING (CHAIN?) PHARMACIES TO PROVIDE DRUG TAKE-BACK SERVICES?

It appears that no other states have adopted this kind of mandate, though, reportedly, 18 U.S. counties have done so.
Tom noted that Take Back bins collect all drugs, not just opioids.
It was felt that this would be helpful, but a lower priority than other initiatives.
Anyone interested in working on this should contact Joe Adams.

POSSIBLE NEW MEDCHI ONLINE CONTENT PROPOSED for the OPA Committee: (1) A CME course on pain treatment by Don Teater MD; Annotated bibliographies on (2) transitioning from other opioids to bup, (3) bup induction after overdose, and (4) issues regarding PA and QL barriers to bup for pain and OUD.

(Continued . . .)

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OTP REPORTING OF DISPENSED METHADONE/BUP TO PDMPs in MARYLAND?

42 CFR part 2 was updated in 2020 to allow disclosures by OTPs to PDMPs, subject to ***applicable state law*** and patient consent.
https://www.federalregister.gov/documents/2020/07/15/2020-14675/confidentiality-of-substance-use-disorder-patient-records
With the information we have thus far, it does not appear that any states have passed qualifying state legislation.
A 2019 Illinois bill did not pass: https://www.pdmpassist.org/pdf/IL%20HB%203889%20(2019).pdf
A 2019 Massachusetts bill did not pass: https://www.pdmpassist.org/pdf/MA%20SB%201277.pdf
ASAM is in favor; AATOD opposed.
The group expressed strong support for this, in spite of the risk of potential harms.

NEXT MEETING: Tue March 19th 2024, 8:30 – 9:45pm

Meeting adjourned at 7:25pm

Minutes by Dr. Adams