



Treatment Alternatives for Common Pain Conditions

As we continue to work with the health system to combat the opioid epidemic, we're looking for ways to help you in your efforts to encourage patients to obtain the right medication at the right time. To that end, we've gathered some helpful information regarding medications used to treat common pain conditions, with an emphasis on non-opioid therapies as recommended in the CDC guidelines.¹ We understand that these pain management options may not be appropriate in all clinical situations; however, we hope this information is useful as you consider the best course of treatment for your patients.

Non-pharmacologic Treatment Alternatives

We believe that before considering non-opioid medications for the treatment of pain, it's important to first explore the use of non-pharmacologic treatment alternatives. Please consider the following alternatives in conjunction with counseling, exercise and other lifestyle modifications:

- **Acute or subacute low back pain:**² Superficial heat, massage, acupuncture or spinal manipulation
- **Chronic low back pain:**² Exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy or spinal manipulation
- **Neuropathic pain and fibromyalgia:**⁴ Electrical nerve stimulation for diabetic neuropathy,³ physical therapy, cognitive behavioral therapy or multimodal rehabilitative services

Non-Opioid Pain Medications

After using non-pharmacologic treatments for pain, if you decide medication is needed to help manage your patient's pain, please first consider recommending or prescribing a non-opioid medication.

Non-Opioid Pain Medications			
Category	Examples	Description	Coverage Considerations*
Over-the-counter (OTC) medications	acetaminophen, ibuprofen, naproxen	OTC medications are usually tried first for headaches, musculoskeletal pain, arthritic pain and several other conditions.	Products available without a prescription aren't typically covered on the commercial or Medicare Advantage pharmacy benefit plans. OTC options are typically covered on the Medicaid benefit (varies by state).
Prescription NSAIDs and COX-2 inhibitors	ibuprofen, naproxen, meloxicam, celecoxib	These medications are effective for treating nociceptive or inflammatory pain. ¹² NSAIDs are a first-line option for low-back pain. ² Several oral and topical products are available.	Oral low-cost generics are usually covered without prior authorization (PA) or step therapy (ST). Some topical products may require PA or ST.

Non-Opioid Pain Medications			
Category	Examples	Description	Coverage Considerations*
Antidepressants: Tricyclic antidepressants (TCAs) and serotonin norepinephrine reuptake inhibitors (SNRIs)	TCAs: amitriptyline** SNRIs: duloxetine, venlafaxine	TCAs and SNRIs are first-line options to treat neuropathic pain. ^{3,5,6} Duloxetine is also a second-line option for chronic musculoskeletal pain (first-line is treatment with an NSAID). ^{2,7}	Most TCAs and SNRIs are low-cost generics, usually covered without PA or ST.
Anticonvulsants	gabapentin (generic Neurontin), Lyrica® (pregabalin)	Gabapentin is used to treat neuropathic pain and can be used as an initial treatment for diabetic neuropathy. ^{5,6} Lyrica is a first-line option for neuropathic pain and fibromyalgia. ^{3,5,6}	Generic gabapentin is low-cost and usually covered without PA or ST. Lyrica may require a PA on most benefit plans.
Lidocaine patch	lidocaine patch	Lidocaine transdermal patches treat neuropathic pain and post-herpetic neuralgia. ^{7,11}	Lidocaine patches are available without a prescription. Prescription products may require PA.
Topical capsaicin and lidocaine products	A variety of topical products exist.	These can be used for neuropathic or muscle/joint pain. ^{3,6}	Several non-prescription and prescription products exist, and coverage will vary.
Skeletal muscle relaxants	baclofen, cyclobenzaprine**, tizanidine	Skeletal muscle relaxants or NSAIDs can be considered for treating acute or subacute low-back pain before considering other pharmacologic options. ²	These are low-cost generics that typically do not require PA.
Medications administered by a health care provider	cortisone injection, nerve block	A variety of medications can be administered in a physician's office to treat inflammatory, musculoskeletal, neuropathic and other types of pain.	These are typically covered on the medical benefit.

* Member benefit coverage varies. Please refer to plan-specific information for current coverage information.

UnitedHealthcare Community Plan Prescription Drug Lists vary by state due to each state Medicaid regulations.

**Some of the recommended alternative medications listed above should be avoided and/or used with extra caution in the elderly population. Alternatives aren't intended to replace a clinician's clinical judgment.

Opioid Pain Medications

Please consider the risks versus the benefits of opioids before prescribing them for treatment of non-cancer pain and use extreme caution when initiating therapy, especially long-term non-cancer pain management. We encourage you to reference the CDC guidelines¹ and other clinical guidelines^{2, 3, 8-10} and make use of prescription drug monitoring programs (PDMPs), patient contracts, behavioral health support and other resources when prescribing opioids for pain.

Opioid Pain Medications			
Category	Examples	Description ^{1,8}	Coverage Considerations*
Short-acting opioids	morphine, hydrocodone, oxycodone, hydromorphone, oxymorphone, combination products with acetaminophen	Short-acting opioids are used to treat pain such as acute pain or breakthrough pain that can't be managed with non-opioid alternatives.	Clinical programs such as supply limits may be in place to promote compliance with the CDC guidelines in appropriate situations. Transmucosal fentanyl products are indicated for breakthrough cancer pain only and usually require PA.
Long-acting opioids	Morphine extended-release, Xtampza ER (oxycodone extended-release), fentanyl transdermal patches, Butrans® (buprenorphine transdermal patch), Belbuca® (buprenorphine buccal film)	For moderate to severe chronic pain that doesn't respond to alternative treatment options, long-acting opioids may be considered for opioid-tolerant patients.	Clinical programs such as supply limits and PA may be in place to promote compliance with the CDC guidelines in appropriate situations and to prevent inappropriate use.

* Member benefit coverage varies. Please refer to plan-specific information for current coverage information.

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For more information about opioids, please visit UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > Opioid Programs and Resources.

References:

1. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *JAMA*. 2016;315:1624-45.
2. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2017; 166(7):514-530.
3. Bril V, England J, Franklin GM, et al. Evidence-based guideline: treatment of painful diabetic neuropathy. *Neurology*. 2011;76(20):1758-1765.
4. Macfarlane GJ, Kronisch C, Dean LE, et al. EULAR revised recommendations for the management of fibromyalgia. *Ann Rheumatic Dis*. 2017;76:318-328.
5. Pop-Busui R, Boulton AJM, Feldman EL, et al. Diabetic neuropathy: a position statement by the American Diabetes Association. *Diabetes Care* 2017;40:136-154.
6. National Institute for Health and Care Excellence. Neuropathic pain in adults: pharmacological management in non-specialist settings. Accessed online 11/7/17: <https://www.nice.org.uk/guidance/cg173>.
7. Chou R, Deyo R, Friedly J, et al. Systemic pharmacologic therapies for low back pain: a systematic review for an American College of Physicians Clinical Practice Guideline. *Ann Int Med*. 2017;116(7):480-492.
8. Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) guidelines. *Pain Physician*. 2017; 20:S3-S92.
9. U.S. Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guideline for opioid therapy for chronic pain (v 3.0). 2017.
10. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Adult Cancer Pain (Version 2.2017). 2017. Accessed online 10/19/2017.
11. Prescribing information: Lidoderm - lidocaine patch. Endo Pharmaceuticals. 2015.
12. Day RO, Graham GG. Non-steroidal anti-inflammatory drugs (NSAIDs). *BMJ* 2013;346(29): 1-7.

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