

Coverage policies compared for back pain medications

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(HealthDay)—There are opportunities for recalibrating the role of

opioids in pain care, including expanding access to opioid alternatives through coverage and reimbursement policies, according to a study published online June 22 in *JAMA Network Open*.

Dora H. Lin, M.H.S., from the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues examined medication coverage policies for 30 [prescription opioids](#) and 32 non-opioids used to treat low back pain in a study of health plan documents from 15 Medicaid, 15 Medicare Advantage, and 20 [commercial health plans](#).

The researchers found that the Medicaid plans covered a median of 19 opioids and 22 non-opioids examined; Medicare Advantage plans covered 17 opioids and 22 non-opioids; and commercial plans covered 23 opioids and 26 non-opioids. Utilization management strategies were common for opioids in Medicaid plans, Medicare Advantage plans, and commercial plans (median, 15, 15, and 16, respectively) and generally relied on 30-day quantity limits instead of prior authorization. Many of the non-opioids were also subject to utilization management, especially quantity limits and prior authorization. According to informant interviews, there was an emphasis on increasing opioid utilization management and identifying high-risk prescribers and patients rather than promoting comprehensive strategies to improve [chronic pain treatment](#).

"These findings provide an important opportunity to evaluate how formulary placement, utilization management, copayments, and integration of non-pharmacologic treatments can be optimized to improve pain care while reducing [opioid](#)-related injuries and deaths," the authors write.

Two authors disclosed financial ties to the pharmaceutical and technology industries.

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