

The Effectiveness, Availability, and Reimbursement of Prescription Nonopioids in Louisiana Medicaid

Report Prepared in Response to House Resolution 269 of the 2023 Regular Legislative Session

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Contents

Executive Summary.....	2
Introduction	3
The Feasibility of Using Clinically Appropriate Nonopioid Medications for the Treatment of Pain as a Method to Reduce the Use of Opioids	6
Methodology for Louisiana Medicaid Claims Data Analysis	9
The Difference in the Amount of Reimbursement for Opioid Pain Medication Versus Nonopioid Pain Medication	10
The Cost of Care for Recipients with Opioid Use Disorder	12
The Effectiveness and Availability of Nonopioid Pain Medications.....	15
Opportunities to Increase the Availability of Prescription Nonopioid Medications.....	19
Conclusion.....	19
Appendix – List of Nonopioid Pain Medications	20

Executive Summary

This report is submitted according to House Resolution 269 of the 2023 Regular Legislative Session, which requests that the Louisiana Department of Health (LDH) study opportunities to increase the availability of prescription nonopioid medications in treating pain. The nation's epidemic of opioid abuse and opioid-involved deaths has not abated despite an increased focus on appropriate prescribing practices, which have led to the lowest dispensing rate of prescription opioid medications in 15 years. Louisiana has followed the national trend in both decreasing opioid dispensing rates and increasing opioid-involved deaths.

Below are some highlights from this report:

- Guidance from the Centers for Disease Control and Prevention (CDC) and the Department of Veterans Affairs/Department of Defense (VA/DoD) reflects a transition from prescribing opioids to prescribing nonopioids as first-line treatment for pain, if appropriate.
- State Fiscal Year (SFY) 2023 reimbursement and utilization for nonopioids in the Louisiana Medicaid population is greater than the reimbursement and utilization for opioids, indicating that prescribers may be aware of the importance of prescribing nonopioids when clinically appropriate. There were approximately four times as many nonopioid pharmacy claims compared to opioid pharmacy claims, and nonopioid reimbursement accounts for 87.82% of the total pharmacy reimbursement for pain medications.
- Nonopioids are effective medications and are recommended as alternatives to opioids in the treatment of subacute pain, chronic pain, and many forms of acute pain. These medications are accessible options for clinicians to consider as they provide patient care. However, possible opportunities exist to increase the availability of nonopioids and to enhance clinician education about pain and the use of nonopioid medications in the treatment of pain.

Introduction

Pain, one of the most common reasons adults seek medical care, is often classified as acute or chronic. Acute pain, usually sudden in onset, is time-limited, which, according to the U.S. Centers for Disease Control and Prevention (CDC), is defined as having a duration of less than one month. Acute pain could be caused by injury, trauma, or a medical procedure such as surgery. Unresolved acute pain or subacute pain (defined by the CDC as pain that has been present for one to three months) can sometimes turn into chronic pain. Chronic pain is considered pain that lasts more than three months and may be caused by an underlying medical condition, injury, inflammation, or nervous system damage, which is known as neuropathic pain.¹

The April 2023 CDC Morbidity and Mortality Weekly Report estimated that more than 51 million people, more than 20% of U.S. adults, have chronic pain and 17 million – almost 7% of adults – have high-impact chronic pain, which is defined as having chronic pain on most days or every day during the past three months that limited life or work activities.² This type of pain can affect almost every aspect of a person’s life and may include impaired physical functioning, poor mental health, and reduced quality of life.³

According to the CDC, analgesics commonly used to treat pain can be classified into two categories: (1) opioids and (2) nonopioids. Prescription opioids are often used to treat chronic and acute pain and, when used appropriately, can be an important component of treatment. However, serious risks are associated with their use, such as misuse, diversion, and the development of substance use disorder. It is essential to carefully consider the risks of using prescription opioids alongside their benefits. Opioid studies have shown only modest short-term benefits and limited evidence for long-term effectiveness with an increased risk for serious harm. In these studies, opioid use was associated with an increased risk for opioid use disorder (OUD), particularly if opioids are prescribed for greater than 90 days. Opioid use was also associated with gastrointestinal adverse events, pruritus, somnolence, dizziness, fractures, falls, myocardial infarction, overdose, and all-cause deaths.⁴

Even with the awareness of the risks associated with opioid use, there was a steady increase in the overall national opioid dispensing rate starting in 2006. The total number of opioid prescriptions dispensed peaked in 2012 at more than 255 million with a dispensing rate of 81.3 prescriptions per 100 persons. The overall national opioid dispensing rate declined from 2012 to 2020, and in 2020 (the most recent data available), the dispensing rate had fallen to the lowest in 15 years, 43.3 prescriptions per 100 persons (totaling more than 142 million opioid prescriptions).⁵

¹ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95. Available at <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>

² Rikard SM, Strahan AE, Schmit KM, et al., Chronic Pain Among Adults — United States, 2019–2021. *MMWR Morb Mortal Wkly Rep* 2023;72:379–385.

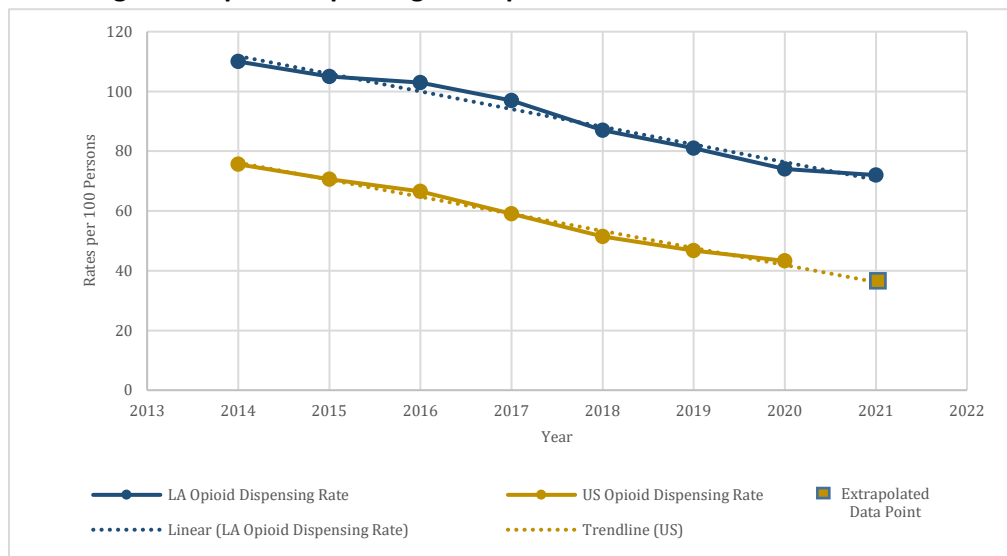
³ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

⁴ Ibid.

⁵ Centers for Disease Control and Prevention, U.S. Opioid Dispensing Rate Maps. November 10, 2021 <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

Louisiana has followed the national trend in declining opioid dispensing rates but continues to be above the national rate. According to data from the Louisiana Prescription Drug Monitoring Program (PMP), opioid prescribing in Louisiana has continued to decrease since 2014, declining to 72 opioid prescriptions per 100 people in 2021.⁶ Louisiana opioid dispensing rates published by the PMP and U.S. opioid dispensing rates published by the CDC are presented in Figure 1.^{7,8}

Figure 1. Opioid Dispensing Rates per 100 Persons: Louisiana vs. U.S.



Despite a lowered opioid dispensing rate, the number of opioid-involved (prescription and illicit) deaths in Louisiana is alarming, with total opioid-involved deaths increasing 267.5% from 2012 to 2019.⁹ In the U.S., prescription opioids were involved in nearly 24% of all opioid overdose deaths in 2020, a 16% increase in prescription opioid-involved deaths from 2019 to 2020.¹⁰ The number of opioid overdose deaths in Louisiana increased by 41% from 2020 to 2021.¹¹

The modest short-term benefits and limited evidence for long-term effectiveness, combined with patient risks, underscore the importance of reducing inappropriate opioid prescribing.¹² Depending on the level of pain and patient-specific factors, clinicians should be encouraged to consider prescribing nonopioids as an alternative to opioids. Commonly used prescription nonopioid medications for the treatment of pain include nonsteroidal anti-inflammatory drugs (NSAIDs), neuropathic pain agents, migraine pain agents, and skeletal muscle relaxants. Refer to the Appendix for a list of prescription nonopioid medications, grouped by medication category.

⁶ Louisiana Department of Health Bureau of Health Informatics, Opioid Prescription Monitoring. December 2022. https://ldh.la.gov/assets/opioid/2021_Annual_PMP_Report.pdf

⁷ Ibid.

⁸ Centers for Disease Control and Prevention, U.S. Opioid Dispensing Rate Maps. November 10, 2021. <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

⁹ Louisiana Department of Health, Louisiana Health Report Card 2020. August 2021. https://ldh.la.gov/assets/oph/Center-PHI/2020_Health_Report_Card.pdf

¹⁰ Centers for Disease Control and Prevention, Prescription Opioid Overdose Death Maps. June 6, 2022. <https://www.CDC.gov>

¹¹ Kaiser Family Foundation, Opioid Overdose Deaths and Opioid Deaths as a Percent of All Drug Overdose Deaths. <https://www.kff.org>

¹² Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

Like opioids, prescription nonopioids are also associated with risks. For example, NSAID use has been associated with serious gastrointestinal events and major coronary events. Risks associated with prescription nonopioid pain relievers can be serious, particularly in older adults, pregnant patients, and patients with certain comorbidities such as cardiovascular, renal, gastrointestinal, and liver disease.¹³

House Resolution 269 of the Louisiana 2023 Regular Legislative Session focuses attention on the need for the availability of prescription nonopioid pain treatments. This House Resolution encourages the Louisiana Department of Health (LDH) to explore the following areas:

1. The feasibility of using clinically appropriate nonopioid medications for the treatment of pain as a method to reduce the use of opioids.
2. The difference in the amount of reimbursement for opioid pain medication versus nonopioid pain medication.
3. The cost of opioid pain medication versus the cost of treatment of those addicted to opioid pain medication.
4. The effectiveness and availability of nonopioid pain medications.

While reading this report, the following statements should be considered:

- The report includes recommendations from common guidelines applicable to the treatment of certain types of pain; however, it is important to note that these guidelines do not replace a clinician's judgment in making decisions based on patient characteristics and specific clinical scenarios.
- Opioids may be the appropriate choice for certain painful conditions.
- While nonpharmacologic alternative treatments for pain are effective in treating pain, those treatments are outside the scope of this request.
- Nonprescription nonopioid pain relievers like acetaminophen are effective for the treatment of pain but are outside the scope of this request.
- Medicaid federal and supplemental rebate information about the expenditures for the medications in this report have not been considered.

¹³ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

The Feasibility of Using Clinically Appropriate Nonopioid Medications for the Treatment of Pain as a Method to Reduce the Use of Opioids

As the focus on prescribing nonopioid pain medications as an alternative to opioids continues, it is important to consider the feasibility of prescribing nonopioids when clinically appropriate. Feasibility refers to the ease or convenience of accomplishing a task. Is the nonopioid medication prescribing process easy for Louisiana Medicaid prescribers? In other words, are there barriers in place that impede access to these medications from the perspective of the provider?

When considering the feasibility of the prescribing process, the following three areas will be explored:

1. Clinical practice guideline recommendations concerning the use of nonopioid medications for management of pain
2. Louisiana Medicaid coverage of nonopioid medications for pain
3. Drug utilization tools applied to opioid and nonopioid pain medications.

Clinical practice guidelines serve as a framework for clinical decisions and support best practices.¹⁴ Guidelines may be a time-saving resource for clinicians because the clinical evidence and expert opinion for a particular disease state have already been compiled to create evidence-based recommendations. The use of guidelines improves clinical outcomes and can make the patient care process more efficient, using a standardized care approach.¹⁵

Two such pain-related guidelines published in 2022 are the CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022 (CDC Pain Guideline) and the Department of Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain – 2022.

The CDC Pain Guideline was recently updated and provides recommendations for clinicians providing pain care, including prescribing opioids, for outpatients aged 18 years and older. The guideline also includes recommendations for using nonopioids to treat acute, subacute, and chronic pain. These recommendations in the guideline do not imply that patients should be required to fail nonopioid therapy or be required to use any specific treatment before proceeding to opioid therapy. Rather, the expected benefit to harm should be considered. Also, they do not apply to pain related to sickle-cell disease or cancer-related pain or to patients receiving palliative or end-of-life care.¹⁶ The first two recommendations included in the guideline focus on the value of nonopioid therapy:

Recommendation 1

Nonopioid therapies are at least as effective as opioids for many common types of acute pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient. Before prescribing opioid therapy for acute pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.

¹⁴ National Center for Advancing Translational Sciences, Update Clinical Care Guidelines: Benefits of Guidelines.

<https://toolkit.ncats.nih.gov/module/after-fda-approval/creating-clinical-care-guidelines/benefits-of-guidelines/>

¹⁵ Woolf SH, Groul R, Hutchinson A, et al. Potential benefits, limitations, and harms of clinical guidelines. *BMJ* 1999; 318(7182):527-530.

¹⁶ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

Recommendation 2

Nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if the expected benefits for pain and function are anticipated to outweigh risks to the patient. Before starting opioid therapy for subacute or chronic pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy, should work with patients to establish treatment goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks.¹⁷

Another clinical practice guideline that clinicians may consult to support patient care is the Department of Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. These guidelines:

- Strongly recommend against the initiation of opioid therapy for the management of chronic non-cancer pain.
- Strongly recommend against long-term opioid therapy, particularly for younger age groups, as age is inversely associated with the risk of OUD and overdose.
- Strongly recommend against long-term opioid therapy, particularly for patients with chronic pain who have a substance use disorder.

The VA/DoD and CDC guidelines reflect a paradigm shift in treating pain. Previously, opioids were often used as first-line treatment for pain. However, new evidence supports the safety and efficacy of non-pharmacologic and nonopioid pharmacologic pain therapies and has led to a transformation in how pain is viewed and treated by providers and patients alike.¹⁸

Clinical practice guidelines are valuable, but if patients are unable to access the recommended medications, such as nonopioids, then the value of the guideline is greatly diminished. To ensure that clinicians and patients have access to the medications recommended by current clinical guidelines, Louisiana Medicaid covers a wide range of prescription opioid and nonopioid medications for the treatment of pain.¹⁹ Section 1927 of the Social Security Act mandates that all state Medicaid programs must cover all FDA-approved prescription medications where the manufacturer has signed a rebate agreement with the Centers for Medicare and Medicaid Services (CMS).²⁰ Additionally, Louisiana Medicaid managed care organizations (MCOs) may cover over-the-counter medications like acetaminophen, ibuprofen, and naproxen as a value-added benefit.

To promote the appropriate use of opioid and nonopioid pain medications, payors such as Louisiana Medicaid employ drug utilization tools. Drug utilization tools are used in the ongoing review of prescribing, dispensing, and use of medication. Examples of these tools include clinical prior authorization, quantity limits, maximum dose limits, and diagnosis code requirements. In many instances, the prior authorization process provides an opportunity for education about using nonopioids

¹⁷ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

¹⁸ Department of Veterans Affairs Department of Defense, VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. Version 4.0 – 2022. <https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf>

¹⁹ Louisiana Department of Health, Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL). <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

²⁰ SSA, ordp. “Payment for Covered Outpatient Drugs.” Act §1927. www.ssa.gov/OP_Home/ssact/title19/1927.htm

as an alternative to opioids in the treatment of pain. Also, research has indicated that, in Medicare, prior authorization was associated with a decreased likelihood of subsequent overdose.²¹

Drug utilization tools are applied at the pharmacy and may work to limit inappropriate prescribing. Due to the nature of the increased risks associated with opioid use, more limitations have been applied to opioid medications. The information illustrated in Table 1 shows that fewer drug utilization tools in Louisiana Medicaid apply to nonopioid medications compared to opioid medications. Therefore, clinicians could experience an easier prescribing process for prescription nonopioid medications when clinically appropriate.

Louisiana Medicaid has implemented a Single Preferred Drug List (PDL) that includes both preferred and nonpreferred medications.²² There are opioid and nonopioid medications that are preferred and accessible without prior authorization. Ultimately, whether the medication is listed on the PDL as preferred or nonpreferred or whether the medication is an opioid or a nonopioid, the goal is to have reimbursable medication options for Louisiana Medicaid clinicians to use in the care of their patients.

²¹ Andersen MS, Lorenz V, Pant A, et al., Association of Opioid Utilization Management with Prescribing and Overdose. *Am J Manag Care*. 2022 Feb 1; 28(2):e63-e68.

²² Louisiana Department of Health, Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL). <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

Table 1. Comparison of Louisiana Medicaid Drug Utilization Management Tools for Opioids and Nonopioids Utilized in the Treatment of Pain

Utilization Management Tools for Pain Medications ¹	Opioid Pain Medications	Nonopioid Pain Medications			
		NSAIDs ²	Neuropathic Pain Agents ³	Migraine Pain Agents ⁴	Skeletal Muscle Relaxants ⁵
Age Limit	√				
Clinical Authorization ⁶	√		√	√	
Combined Use is Monitored	√				
Diagnosis Code Required	√			√	
Drug-Drug Interaction	√				
Duplicate Therapy	√	√			
Maximum Dose	√	√			
Maximum Morphine Equivalent	√				
Quantity Limit/Days' Supply	√	√	√	√	√
Use Another Product First	√				

Notes:

- Utilization management tools may not apply to every agent in a specific category. For detailed information, refer to individual POS Edits documents listed for each category on the Louisiana Medicaid Preferred Drug List/Non-Preferred Drug List, available at <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>
- Non-steroidal anti-inflammatory drugs (NSAIDs) include agents such as ibuprofen, diclofenac, and ketorolac.
- Neuropathic pain agents include gabapentinoids, selected antidepressants, and topical lidocaine.
- Migraine pain agents include triptans and calcitonin gene-related peptide (CGRP) antagonists.
- Skeletal muscle relaxants include agents such as cyclobenzaprine and methocarbamol.
- Clinical authorization for opioids refers to an additional section on the PA request form with attestations for additional assessments and screenings. Clinical authorization for neuropathic pain agents refers to the requirement of a behavioral health clinical authorization for duloxetine if prescribed for young children.

Methodology for Louisiana Medicaid Claims Data Analysis

For this report, a retrospective analysis of Louisiana Medicaid claims data was conducted to calculate reimbursement (cost) of services occurring during the study period of State Fiscal Year (SFY) 2023 for opioid pain medications, nonopioid pain medications, and medications used for OUD. Outpatient pharmacy claims for opioid and nonopioid pain medications were identified using drug therapeutic classification, Hierarchical Ingredient Code List (HICL) values, route of administration, and/or generic code sequence numbers (GCN), depending on the specificity needed. Medications used for OUD were identified using drug therapeutic classification and/or HICL values on outpatient pharmacy claims, and Healthcare Common Procedure Coding System (HCPCS) Level II codes, also known as J-codes, on medical claims. Medications for opioid use disorder (MOUD) may have indications in addition to the treatment of OUD. For this report, the data on these medications were limited only to OUD.

Certain nonopioid medications in the neuropathic pain agents category, pregabalin and gabapentin, are also indicated for the treatment of seizures. Reimbursement for those agents was excluded when a medical diagnosis of seizures was also found during the study period. Similarly, another neuropathic pain agent, duloxetine, along with its pain-related indications, is indicated for the treatment of mood disorders and generalized anxiety disorder. Reimbursement for that agent was excluded when a medical diagnosis of mood disorders or generalized anxiety disorder was also found during the study period.

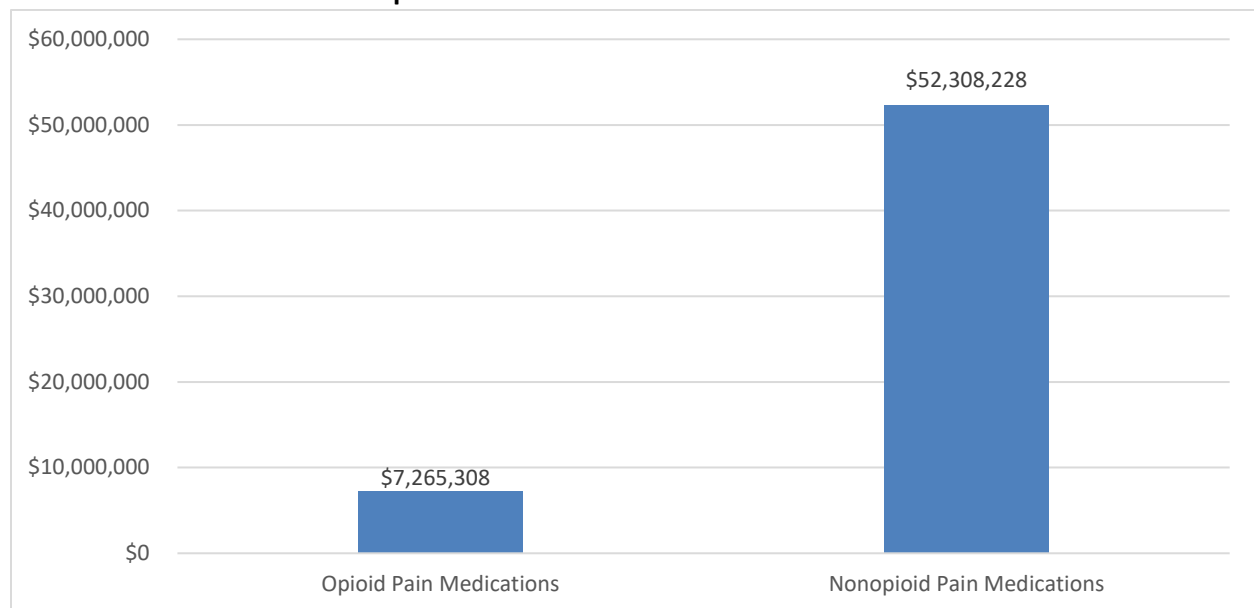
Additional analysis of Louisiana Medicaid claims data was conducted to calculate the total cost of care/treatment that occurred in SFY 2023 for recipients with OUD, along with medical costs associated with selected chronic conditions. Recipients with OUD were identified through medical diagnosis or the presence of a medication used for the treatment of OUD.

The Difference in the Amount of Reimbursement for Opioid Pain Medication Versus Nonopioid Pain Medication

Louisiana Medicaid claims with dates of service during SFY 2023 were analyzed to compare reimbursement of opioid and nonopioid pain medications. Total reimbursement of outpatient pharmacy pain medication claims (opioid and nonopioid) in SFY 2023 was \$59,573,536. Figure 2 shows the reimbursement of opioid pain medications compared to the reimbursement of nonopioid pain medications. The reimbursement of opioid medications was \$7,265,308. The reimbursement of nonopioid pain medications was \$52,308,228. Potential rebate amounts may be applied to Louisiana Medicaid pharmacy claims and are not reflected in the reimbursement amounts provided in this report.

It is important to note that there were approximately four times as many nonopioid pharmacy claims compared to opioid pharmacy claims. This finding highlights the fact that Louisiana Medicaid providers are choosing to prescribe nonopioids in greater volume compared to opioids.

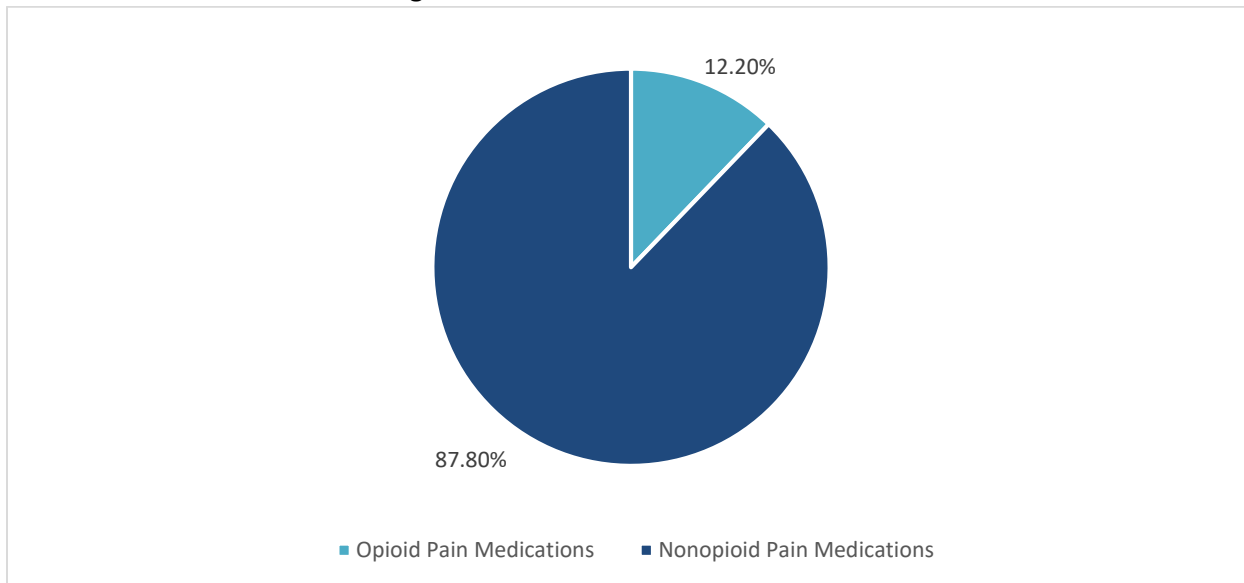
Figure 2: SFY 2023 Reimbursement of Opioid Pain Medications Versus Prescription Nonopioid Pain Medications in Louisiana Medicaid



Note: Any potential rebate amounts that may be applied to Louisiana Medicaid pharmacy claims are not reflected in the reimbursement amounts provided in this report.

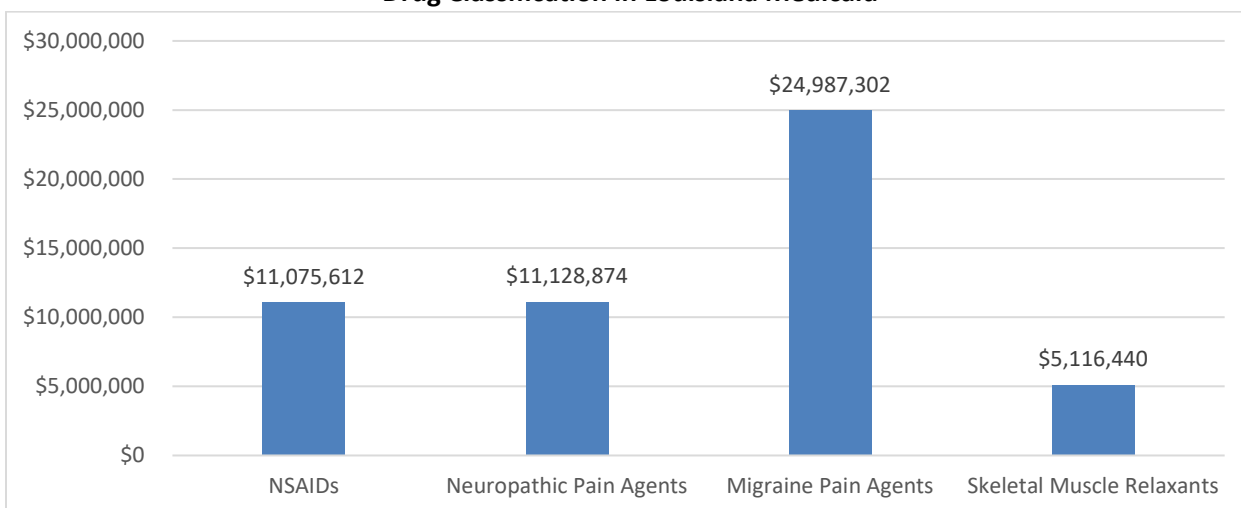
Figure 3 shows that opioid pain medications account for 12.20% of the total reimbursement for pain medications in SFY 2023, while nonopioid pain medications account for 87.80% of the total reimbursement for pain medications.

Figure 3: SFY 2023 Opioid Pain Medication Versus Prescription Nonopioid Pain Medication Reimbursement as a Percentage of Total Pain Medication Reimbursement in Louisiana Medicaid



An analysis of the reimbursement of prescription nonopioid medications by drug classification (Figure 4) shows that the classification with the highest reimbursement amount was migraine pain agents, with a reimbursement amount of \$24,987,302 for SFY 2023. The classification with the lowest reimbursement amount was skeletal muscle relaxants, with a reimbursement amount of \$5,116,440 for SFY 2023.

Figure 4: SFY 2023 Reimbursement of Prescription Nonopioid Pain Medication by Drug Classification in Louisiana Medicaid



Note: Any potential rebate amounts that may be applied to Louisiana Medicaid pharmacy claims are not reflected in the reimbursement amounts provided in this report.

The Cost of Care for Recipients with Opioid Use Disorder

An important note: HR 269 requested that “the cost of opioid pain medication versus the cost of treatment of those addicted to opioid pain medication” be considered. While the cost or expenditures of opioid pain medications can be directly determined from claims data, the cost or expenditures for treatment for those addicted *specifically* to opioid pain medication cannot be directly determined from claims. The challenge is that diagnosis coding for OUD is not specific to the opioid associated with a person’s opioid dependence. The diagnosis codes for OUD used on medical claims encompass not only prescription opioids like morphine, hydromorphone, hydrocodone, oxycodone, methadone, and fentanyl but also include illicit opioids such as heroin. Likewise, MOUD are used to treat opioid dependence associated with any opioid including prescription opioids for pain and illicit opioids like heroin.

With those limiting factors in mind, the Louisiana Medicaid cost (reimbursement) of opioids during SFY 2023 and the cost (reimbursement) for MOUD for SFY 2023 are provided for this report. Additionally, the costs for all SFY 2023 Louisiana Medicaid claims for recipients with OUD were calculated by claim type, and the Louisiana Medicaid costs of medical claims containing diagnoses of selected chronic conditions among recipients with OUD were calculated for SFY 2023.

As previously provided in this report, the Louisiana Medicaid expenditure for opioids in SFY 2023 was \$7,265,308; however, any potential rebate amounts that may be applied to Louisiana Medicaid claims are not reflected in the reimbursement amount provided.

There are three medications approved by the FDA for the treatment of opioid dependence: buprenorphine (including buprenorphine/naloxone), naltrexone, and methadone. All three of these medications have been demonstrated to be safe and effective for the treatment of opioid dependence in combination with counseling and psychosocial support. Due to the chronic nature of OUD, the need for continuing OUD treatment should be re-evaluated periodically, as there is no maximum recommended duration of maintenance treatment. In some patients, treatment may continue indefinitely.²³

Buprenorphine (including buprenorphine/naloxone), naltrexone, and methadone comprise the primary MOUD. These three medications are used to treat dependence on opioids such as heroin, morphine, codeine, oxycodone, and hydrocodone.²⁴ There are differences in the way that patients access or obtain MOUD. Patients often obtain buprenorphine-containing medications and naltrexone in the outpatient setting from an office-based prescriber with the medication dispensed through the pharmacy system.²⁵ In contrast, methadone for opioid dependence can only be dispensed through Substance Abuse and Mental Health Services Administration (SAMHSA)-certified opioid treatment programs (OTPs), and patients must receive methadone under the supervision of an OTP practitioner.²⁶

²³ U.S. Food and Drug Administration, Information about Medication-Assisted Treatment (MAT). May 23, 2023
<https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>

²⁴ Substance Abuse and Mental Health Services Administration. October 23, 2023
<https://www.samhsa.gov/medications-substance-use-disorders>

²⁵ Priest KC, King CA, Englander H, et al. Differences in the Delivery of Medications for Opioid Use Disorder During Hospitalization by Racial Categories: A Retrospective Cohort Analysis. *Subst Abuse*. 2022; 43(1):1251-1259.

²⁶ Substance Abuse and Mental Health Services Administration. September 18, 2023
<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone>

Because of the differences in the delivery methods for MOUD, Louisiana Medicaid expenditures for buprenorphine (including buprenorphine/naloxone) and naltrexone will be considered separately from methadone. Louisiana Medicaid claims with dates of service during SFY 2023 were analyzed to determine the cost of MOUD. The methodology section provides information on the specifications used to identify the medications.

Buprenorphine (Including buprenorphine/naloxone) and Naltrexone: The SFY 2023 Louisiana Medicaid expenditure for buprenorphine (including buprenorphine/naloxone) and naltrexone medical and pharmacy claims totaled \$78,415,392. Recall, two points: (1) These medications are indicated for opioid dependence in general (including both prescription and illicit opioids) and (2) For this report, potential rebate amounts that may be applied to Louisiana Medicaid claims are not reflected in the reimbursement amounts provided. The largest portion of the total SFY 2023 Louisiana Medicaid expenditure for these medications was attributed to buprenorphine/naloxone (\$56,419,319). It is important to note that there are preferred buprenorphine/naloxone products on the Louisiana Medicaid Preferred Drug List. This listing means that, by contract with the state, the manufacturers will rebate to the state a specified portion of Medicaid's expenditures for this medication.^{27, 28} The total Louisiana Medicaid expenditures reported for buprenorphine and naltrexone are for medication-only expenditures and do not include expenditures for counseling or other behavioral health services provided to recipients who are receiving these medications.

Methadone: Because methadone must be provided to patients through a SAMHSA-certified OTP, the reimbursement method for it differs from other MOUD. Louisiana Medicaid utilizes a bundled rate to reimburse OTPs for methadone.²⁹ Not only does the bundled rate include the cost of the methadone but also includes associated services provided by the OTP. Along with the medication, these services may include counseling, behavioral health therapy, and other services.³⁰ The SFY 2023 Louisiana Medicaid expenditure for methadone-related bundled services (methadone administration and/or other services) was \$16,899,705. As with buprenorphine-containing medications and naltrexone, methadone is indicated for unspecified opioid dependence (including both prescription and illicit opioids).

Although the cost of MOUD is substantial, the benefit to society outweighs the expense. Treating OUD not only enhances individual lives but also contributes significantly to societal well-being. Addressing OUD leads to improved physical and mental health for these individuals, fostering a sense of stability and control over their lives. According to SAMHSA, treatment for substance use disorders, which includes OUD, has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, increase patients' ability to gain and maintain employment, improve birth outcomes among women who have substance use disorders and are pregnant, and contribute to lowering a person's risk of contracting HIV or hepatitis C.³¹

²⁷ Louisiana Department of Health, Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL). <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

²⁸ Kaiser Family Foundation, Understanding the Medicaid Prescription Drug Rebate Program. November 12, 2019 <https://www.kff.org/medicaid/issue-brief/understanding-the-medicaid-prescription-drug-rebate-program/>

²⁹ Louisiana Medicaid, Specialized Behavioral Health Fee Schedule. Effective July 24, 2023 https://www.lamedicaid.com/provweb1/fee_schedules/SBH_Fee.htm

³⁰ Substance Abuse and Mental Health Services Administration. September 18, 2023 <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone>

³¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Medications for Substance Use Disorders. October 3, 2023. <https://www.samhsa.gov/medications-substance-use-disorders>

There are economic benefits to treating OUD as well. Treating OUD reduces the strain on healthcare resources by diminishing emergency room visits and hospitalizations associated with opioid-related issues. Patients who experience opioid overdoses are estimated to cost U.S. hospitals \$11 billion annually.³² Treatment for OUD is associated with lifetime savings of up to \$105,000 per person compared to no treatment.³³

The costs for all SFY 2023 Louisiana Medicaid claims for recipients with OUD were calculated and categorized by claim type (Table 2). The top three claim type categories by cost were pharmacy, professional, and inpatient. Please note that the costs presented in Table 2 include all costs for recipients with OUD and are not limited only to the costs of claims with an OUD diagnosis.

Table 2. SFY 2023 Total and Average Cost for Louisiana Medicaid Recipients with Opioid Use Disorder by Claim Type Category

Claim Type Category	Total Costs for Recipients with OUD	Average Cost per Recipient with OUD
Inpatient	\$165,782,833	\$4,744
Long Term Care	\$5,914,021	\$169
Outpatient	\$57,042,981	\$1,632
Professional	\$190,033,308	\$5,438
Transportation	\$28,506,058	\$816
Durable Medical Equipment	\$3,173,034	\$91
Pharmacy	\$196,386,059	\$5,620
Dental	\$1,717,893	\$49
Other (e.g., Medicare Crossover, Home Health)	\$2,846,232	\$82
Total	\$651,402,419	\$18,641
Unduplicated Count of OUD Recipients		34,945
Notes:		
1. Includes all costs for recipients with OUD and is not limited to claims that contain a diagnosis of OUD.		
2. Any potential rebate amounts that may be applied to Louisiana Medicaid pharmacy claims are not reflected in the reimbursement amounts provided in this report.		

The Louisiana Medicaid costs for selected chronic conditions for the 34,945 recipients with OUD were calculated for SFY 2023 (Table 3). It is important to note that Table 3 only includes the costs of medical claims containing a diagnosis code for one of the selected chronic conditions. Therefore, pharmacy claims were excluded since diagnosis codes are not required for reimbursement in most cases. Of these selected chronic conditions listed in Table 3, the ones with the highest average cost per OUD recipient were congestive heart failure, diabetes, and coronary heart disease.

³² Premier, Inc., Opioid Overdoses Costing U.S. Hospitals an Estimated \$11 Billion Annually. January 3, 2019.

<https://www.premierinc.com/newsroom/press-releases/opioid-overdoses-costing-u-s-hospitals-an-estimated-11-billion-annually>

³³ Fairley M, Humphreys K, Joyce VR, et al. Cost-Effectiveness of Treatments for Opioid Use Disorder. *JAMA Psychiatry*. 2021;78(7):767–777.

Table 3. SFY 2023 Medical Costs of Selected Chronic Conditions for Louisiana Medicaid Recipients with Opioid Use Disorder

Selected Chronic Conditions	Unduplicated Count of OUD Recipients with Selected Chronic Condition	Total Medical Cost of Selected Chronic Condition	Average Cost Per OUD Recipient with Selected Chronic Condition
Diabetes	2,788	\$22,024,626	\$7,900
Hypertension	11,875	\$76,514,187	\$6,443
Asthma	2,614	\$11,964,647	\$4,577
Congestive Heart Failure	1,163	\$14,962,055	\$12,865
COPD	2,375	\$13,192,588	\$5,555
Coronary Heart Disease	1,295	\$9,764,828	\$7,540
Notes:			
1. OUD recipients and their associated chronic condition costs may be included in more than one chronic condition; therefore, the total recipients and costs cannot be summed.			
2. Costs for chronic conditions are limited to paid medical claims with a diagnosis code for the selected chronic condition.			

The Effectiveness and Availability of Nonopioid Pain Medications

Effectiveness of Nonopioid Pain Medications

The CDC commissioned the Agency for Healthcare Research and Quality (AHRQ) to conduct five systematic reviews of the best available evidence on the benefits and risks of prescription opioids, nonopioid pharmacologic treatments, and nonpharmacologic treatments. The information gleaned from these reviews was utilized in developing the CDC Pain Guideline. Further, these reviews provided new evidence related to the treatment of pain. The clinical evidence reviews used to update the CDC Pain Guideline found that, among other treatments, several nonopioid medications are associated with improvements in pain, function, or both, that appear comparable to improvements associated with opioid use. Nonopioid drugs are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.³⁴

As previously mentioned, two of the 12 recommendations included in the updated CDC Pain Guideline specifically pertain to the use of nonopioids in acute, subacute, and chronic pain. Among other information, evidence from published studies identified through the AHRQ systematic reviews was used by the guideline authors to establish these recommendations. For this report in response to HR 269, the selected evidence from these studies is also useful in providing information on the effectiveness of nonopioid pain medications.

The following information about the effectiveness of nonopioids was directly compiled from the CDC Pain Guideline:³⁵

³⁴ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022.71(No. RR-3):1–95.

³⁵ Ibid.

CDC Recommendation One: Nonopioid therapies are at least as effective as opioids for many common types of acute pain.³⁶

- Many acute pain conditions often can be managed most effectively with nonopioid medications.
 - Topical NSAIDs provided the greatest benefit-harm ratio, followed by oral NSAIDs or acetaminophen with or without diclofenac for musculoskeletal injuries like sprains, whiplash, and muscle strains. Opioids did not provide greater benefits than NSAIDs in these injuries, and opioid use caused the most harm.³⁷
 - NSAIDs are more effective than opioids for kidney stone pain and surgical dental pain, and similarly effective to opioids for low back pain.³⁸
 - For episodic migraine, triptans, NSAIDs, and migraine pain agents are associated with improved pain and function.³⁹ The American Academy of Neurology recommends against using opioids or butalbital-containing medications for migraine, except as a last resort.⁴⁰
- The American College of Physicians (ACP) recommends NSAIDs or skeletal muscle relaxants for acute low back pain and states that there is insufficient evidence regarding the effectiveness of opioids for acute low back pain.⁴¹
- The ACP and the American Academy of Family Physicians (AAFP) recommend topical NSAIDs as first-line therapy and suggest oral NSAIDs or acetaminophen for musculoskeletal injuries, other than low back pain, and recommend against using opioids (including tramadol) for these injuries.⁴²
- The American Dental Association recommends NSAIDs as first-line therapy for acute dental pain management.⁴³

CDC Recommendation Two: Nonopioid therapies are preferred for subacute and chronic pain.⁴⁴

- For osteoarthritis,
 - NSAIDs including topical NSAIDs and serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant duloxetine have small to moderate benefits for pain and function at short-term assessment (3–6 months);⁴⁵
 - Evidence exists for small to moderate benefits for certain medications (celecoxib and duloxetine) at intermediate-term assessment (6–12 months);⁴⁶

³⁶ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

³⁷ Busse JW, Sadeghirad B, Oparin Y, et al., Management of Acute Pain From Non-Low Back, Musculoskeletal Injuries: A Systematic Review and Network Meta-analysis of Randomized Trials. *Annals of Internal Medicine*. 2020;173(9):730–738.

³⁸ Chou R, Wagner J, Ahmed AY, et al., Treatments for Acute Pain: A Systematic Review. 2020.

³⁹ Halker Singh RB, VanderPluym JH, Morrow AS, et al., Acute Treatments for Episodic Migraine. 2020.

⁴⁰ Langer-Gould AM, Anderson WE, Armstrong MJ, et al., The American Academy of Neurology's Top Five Choosing Wisely Recommendations. *Neurology*. 2013;81(11):1004–1011.

⁴¹ 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. *Annals of Internal Medicine*. 2017;166(7):514–530.

⁴² Qaseem A, McLean RM, O'Gurek D, et al., Nonpharmacologic and Pharmacologic Management of Acute Pain From Non-Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline From the American College of Physicians and American Academy of Family Physicians. *Annals of Internal Medicine*. 2020;173(9):739–748.

⁴³ American Dental Association (ADA), Statement on the Use of Opioids in the Treatment of Dental Pain. 2016.

⁴⁴ Dowell D, Ragan KR, Jones CM, et al., CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95.

⁴⁵ McDonagh M, Selph S, Buckley D, et al., Nonopioid Pharmacologic Treatments for Chronic Pain Comparative Effectiveness Review No. 228. Agency for Healthcare Research and Quality; 2020.

⁴⁶ Ibid.

- Duloxetine appears to be more effective in older (>65 years) rather than younger patients and in patients with knee osteoarthritis;⁴⁷
- Acetaminophen has limited evidence for effectiveness⁴⁸ and is no longer considered a first-line treatment for osteoarthritis;⁴⁹
- If patients have an insufficient response to nonpharmacologic interventions (e.g., exercise for arthritis pain) and if a single or a few joint(s) near the surface of the skin (e.g., knee) are affected by osteoarthritis, then the use of topical NSAIDs is recommended;⁵⁰ and
- Systemic NSAIDs or duloxetine can be used in patients impacted with pain in multiple joints or incompletely controlled pain with topical NSAIDs.⁵¹
- Moderate-quality evidence demonstrates small improvements in chronic low back pain with NSAIDs⁵² and duloxetine.⁵³
- For temporomandibular disorder pain that is not sufficiently improved with nonpharmacologic interventions, NSAIDs can be effective.^{54,55}
- Tricyclic, tetracyclic, and SNRI antidepressants; selected anticonvulsants; and capsaicin and lidocaine patches are recommended for neuropathic pain.⁵⁶ Evidence on topical lidocaine and capsaicin is limited for neuropathic pain.⁵⁷
- In patients with fibromyalgia, multiple medications are associated with small to moderate improvements in pain, function, and quality of life, including SNRI antidepressants (duloxetine and milnacipran), NSAIDs (topical diclofenac), and specific anticonvulsants (pregabalin and gabapentin).⁵⁸
- Because patients with chronic pain might experience concurrent depression⁵⁹ and depression can exacerbate physical symptoms including pain,⁶⁰ patients with co-occurring pain and depression might benefit from antidepressant medication.

To further support the effectiveness of nonopioids in the treatment of pain, information regarding three noteworthy studies is detailed in the following paragraphs.

Study One: Limited studies have been conducted on long-term outcomes of opioids compared with nonopioid medications for chronic pain. However, there was one long-term study conducted on Veterans Affairs (VA) patients that provides initial evidence against the routine use of opioids

⁴⁷ McDonagh M, Selph S, Buckley D, et al., Nonopioid Pharmacologic Treatments for Chronic Pain Comparative Effectiveness Review No. 228. Agency for Healthcare Research and Quality; 2020.

⁴⁸ Ibid.

⁴⁹ Bannuru RR, Osani MC, Vaysbrot EE, et al., OARSJ Guidelines for the Non-Surgical Management of Knee, Hip, and Polyarticular Osteoarthritis. *Osteoarthritis and Cartilage*. 2019;27:1578–89.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² 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;166:514–30.

⁵³ McDonagh M, Selph S, Buckley D, et al., Nonopioid Pharmacologic Treatments for Chronic Pain Comparative Effectiveness Review No. 228. Agency for Healthcare Research and Quality; 2020.

⁵⁴ Mujakperuo HR, Watson M, Morrison R, et al., Pharmacological Interventions for Pain in Patients with Temporomandibular Disorders. *Cochrane Database Syst Rev* 2010;(10):CD004715.

⁵⁵ Kulkarni S, Thambar S, Arora H, Evaluating the Effectiveness of Nonsteroidal Anti-Inflammatory Drug(s) for Relief of Pain Associated with Temporomandibular Joint Disorders: A Systematic Review. *Clin Exp Dent Res* 2020;6:134–46.

⁵⁶ Hegmann KT, Feinberg SD, Aronoff GM, et al., American College of Occupational and Environmental Medicine. Chronic Pain Guideline. 2017.

⁵⁷ McDonagh M, Selph S, Buckley D, et al., Nonopioid Pharmacologic Treatments for Chronic Pain Comparative Effectiveness Review No. 228. Agency for Healthcare Research and Quality; 2020.

⁵⁸ Ibid.

⁵⁹ Howe CQ, Sullivan MD, The Missing ‘P’ in Pain Management: How the Current Opioid Epidemic Highlights the Need for Psychiatric Services in Chronic Pain Care. *Gen Hosp Psychiatry*. 2014;36:99–104.

⁶⁰ Sullivan MD, Edlund MJ, Zhang L, et al., Association Between Mental Health Disorders, Problem Drug Use, and Regular Prescription Opioid Use. *Arch Intern Med*. 2006;166:2087–93.

for chronic musculoskeletal pain. The Strategies for Prescribing Analgesics Comparative Effectiveness (SPACE) trial was a pragmatic randomized trial that compared opioid versus nonopioid medication therapy over 12 months for primary care patients with chronic back pain or hip or knee osteoarthritis pain of at least moderate severity despite analgesic use. Note that this study excluded patients with current long-term opioid therapy. At 12 months, overall pain was similar in each group, except for a lower pain intensity in the nonopioid group and increased adverse effects in the opioid group. Treatment with opioids was not superior to treatment with nonopioid medications for improving pain-related function over 12 months. Therefore, the results of this study do not support the initiation of long-term opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain despite analgesic use. Results do support active nonopioid medication management in patients with moderate to severe pain despite analgesic use.⁶¹

Study Two: Although there have been multiple trials and systematic reviews assessing opioid therapy for chronic back and neck pain, there have been few controlled trials of opioids in acute and subacute back and neck pain. The first placebo-controlled trial of opioids in acute low back and neck pain was conducted by researchers at the University of Sydney in Australia. The OPAL (OPioids for acute SpinAL pain) trial revealed three primary findings. At six weeks, the patients who received opioids did not have better pain relief than those given the placebo. Also, at long-term follow-up, quality of life and pain outcomes were better in the placebo group. Finally, patients who received opioids were at a small but significantly higher risk of opioid misuse 12 months after their short course of medication. The OPAL research team stated that opioids should not be recommended at all for back and neck pain, although current guidelines recommend opioids as a last resort if all other pharmacological options have failed.⁶²

Study Three: Opioids are commonly prescribed for dental pain. However, recent research conducted at the School of Dental Medicine at Case Western Reserve University found that for adults, a combination of 400 milligrams of ibuprofen and 1,000 milligrams of acetaminophen is better at easing dental pain than any opioid-containing medications. In addition, the study also found that opioids or drug combinations that included opioids accounted for the most adverse side effects.⁶³

Availability of Nonopioid Pain Medications in Louisiana Medicaid

Section 1927 of the Social Security Act mandates that all state Medicaid programs must cover all FDA-approved prescription medications where the manufacturer has signed a rebate agreement with the CMS.⁶⁴ Louisiana Medicaid covers a wide range of prescription nonopioid medications for the treatment of pain. Therefore, medications recommended by current pain-related clinical guidelines are available to clinicians in the care of their patients. In SFY 2023, over two million pharmacy claims in Louisiana Medicaid were paid for prescription nonopioid pain medications. Additionally, Louisiana Medicaid MCOs may cover over-the-counter medications like acetaminophen, ibuprofen, and naproxen as a value-added benefit.

⁶¹ Krebs EE, Gravely A, Nugent S, et al., Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients with Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial. *JAMA*, 2018;319(9), 872–882; Also see seminar slides at https://www.hsrp.research.va.gov/for_researchers/cyber_seminars/archives/3634-notes.pdf

⁶² Jones C MP, Day RO, Koes BW, et al., Opioid Analgesia for Acute Low Back Pain and Neck Pain (the OPAL trial): A Randomized Placebo-Controlled Trial. *Lancet*. 2023;402(10398):304–312.

⁶³ Moore PA, Ziegler KM, Lipman RD, et al., Benefits and Harms Associated with Analgesic Medications Used in the Management of Acute Dental Pain: An Overview of Systematic Reviews. *Journal of the American Dental Association*, 2018;149(4):256-265.e3.

⁶⁴ SSA, ordp. "Payment for Covered Outpatient Drugs." Act §1927. www.ssa.gov/OP_Home/ssact/title19/1927.htm

Opportunities to Increase the Availability of Prescription Nonopioid Medications

In Louisiana Medicaid, utilization of prescription nonopioid medications is significant with more than 2 million pharmacy claims paid in SFY 2023. However, the impact of OUD is well known and is consequential for individuals, families, health systems, and society; therefore, consideration of opportunities to increase the availability of nonopioid medications as alternatives to opioids, if clinically appropriate, is worthy of thought.

1. Enhance clinician education about pain and the use of nonopioid medications in the treatment of subacute pain, chronic pain, and many forms of acute pain. Healthcare payors can be encouraged to offer educational opportunities such as continuing education focused on the CDC Pain Guideline. Research has shown that clinician education and outreach can successfully change prescribing practices.⁶⁵
2. Investigate opportunities to consider using academic detailing to educate clinicians on the use of opioids and nonopioids in the treatment of pain. Academic detailing is interactive educational outreach to clinicians by specially trained clinical pharmacists or physician counselors who provide unbiased, non-commercial, evidence-based information about medications and other therapeutic decisions, to improve patient care.⁶⁶ Research has shown that academic detailing visits are associated with a reduction in inappropriate prescribing of a broad range of medications, including the use of contraindicated antibiotics; ineffective drugs for geriatric patients with peripheral vascular disease or senility; potentially addictive analgesics; and psychoactive medications.⁶⁷
3. Determine the impact of increasing the number of preferred nonopioid medications, especially for classes of nonopioids where the proportion of specific nonopioid medications is limited. There are nonopioid medications that are preferred and accessible without prior authorization.
4. Encourage reimbursement mechanisms for nonopioid pharmacological treatment options that are classified as over-the-counter (OTC) nonprescription medications. Even though this opportunity is outside the scope of this report, OTC nonprescription medications are useful in the self-management of pain.

Conclusion

Nonopioids are effective medications and are recommended as alternatives to opioids in the treatment of subacute pain, chronic pain, and many forms of acute pain. Not only is the use of nonopioids feasible but these medications are also accessible options for clinicians to consider as they provide patient care. The SFY 2023 expenditures (reimbursement) and utilization for nonopioids in the Louisiana Medicaid population are greater than the expenditures and utilization for opioids, indicating that prescribers may be aware of the importance of prescribing nonopioids when clinically appropriate. While the SFY 2023 Louisiana Medicaid expenditure for MOUD was significant, the use of MOUD is necessary and has impactful benefits to patients and society. Possible opportunities exist to increase the availability of nonopioids at a system level.

⁶⁵ Kunstler BE, Lennox A, Bragge P. Changing Prescribing Behaviors with Educational Outreach: An Overview of Evidence and Practice. *BMC Medical Education*. 2019;19, Article number 311.

⁶⁶ National Resource Center for Academic Detailing. Introductory Guide to Academic Detailing. https://www.narcad.org/uploads/5/7/9/5/57955981/introductory_guide_to_ad.pdf

⁶⁷ Soumerai SB, McLaughlin TJ, Avorn J. Improving Drug Prescribing in Primary Care: A Critical Analysis of the Experimental Literature. *Milbank Q*. 2005;83(4):1-48.

Appendix – List of Nonopioid Pain Medications

NONOPIOID CATEGORY	GENERIC NAME
MIGRAINE PAIN AGENTS	ALMOTRIPTAN MALATE
MIGRAINE PAIN AGENTS	CELECOXIB ORAL SOLUTION
MIGRAINE PAIN AGENTS	DICLOFENAC POTASSIUM
MIGRAINE PAIN AGENTS	DIHYDROERGOTAMINE MESYLATE
MIGRAINE PAIN AGENTS	ELETRIPTAN HYDROBROMIDE
MIGRAINE PAIN AGENTS	ERGOTAMINE TARTRATE
MIGRAINE PAIN AGENTS	ERGOTAMINE TARTRATE/CAFFEINE
MIGRAINE PAIN AGENTS	FROVATRIPTAN SUCCINATE
MIGRAINE PAIN AGENTS	GALCANEZUMAB-GNLM
MIGRAINE PAIN AGENTS	LASMIDITAN SUCCINATE
MIGRAINE PAIN AGENTS	NARATRIPTAN HCL
MIGRAINE PAIN AGENTS	RIMEGEPANT SULFATE
MIGRAINE PAIN AGENTS	RIZATRIPTAN BENZOATE
MIGRAINE PAIN AGENTS	SUMATRIPTAN
MIGRAINE PAIN AGENTS	UBROGEPANT
MIGRAINE PAIN AGENTS	ZAVEGEPANT HCL
MIGRAINE PAIN AGENTS	ZOLMITRIPTAN
NEUROPATHIC PAIN AGENTS	CAPSAICIN/SKIN CLEANSER
NEUROPATHIC PAIN AGENTS	DULOXETINE HCL
NEUROPATHIC PAIN AGENTS	GABAPENTIN
NEUROPATHIC PAIN AGENTS	LIDOCAINE
NEUROPATHIC PAIN AGENTS	MILNACIPRAN HCL
NEUROPATHIC PAIN AGENTS	PREGABALIN
NEUROPATHIC PAIN AGENTS	PREGABALIN ER
NSAIDs	CELECOXIB
NSAIDs	DICLOFENAC
NSAIDs	DICLOFENAC SODIUM/MISOPROSTOL
NSAIDs	DIFLUNISAL
NSAIDs	ETODOLAC
NSAIDs	FENOPROFEN CALCIUM
NSAIDs	FLURBIPROFEN
NSAIDs	IBUPROFEN
NSAIDs	IBUPROFEN/FAMOTIDINE
NSAIDs	INDOMETHACIN
NSAIDs	KETOPROFEN
NSAIDs	KETOROLAC TROMETHAMINE
NSAIDs	MECLOFENAMATE SODIUM
NSAIDs	MEFENAMIC ACID
NSAIDs	MELOXICAM
NSAIDs	NABUMETONE
NSAIDs	NAPROXEN SODIUM

NONOPIOID CATEGORY	GENERIC NAME
NSAIDs	NAPROXEN/ESOMEPRAZOLE
NSAIDs	OXAPROZIN
NSAIDs	PIROXICAM
NSAIDs	SULINDAC
NSAIDs	TOLMETIN SODIUM
SKELETAL MUSCLE RELAXANTS	BACLOFEN
SKELETAL MUSCLE RELAXANTS	CARISOPRODOL
SKELETAL MUSCLE RELAXANTS	CARISOPRODOL/ASPIRIN
SKELETAL MUSCLE RELAXANTS	CHLORZOXAZONE
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL
SKELETAL MUSCLE RELAXANTS	DANTROLENE SODIUM
SKELETAL MUSCLE RELAXANTS	METAXALONE
SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL
SKELETAL MUSCLE RELAXANTS	ORPHENADRINE CITRATE
SKELETAL MUSCLE RELAXANTS	ORPHENADRINE/ASPIRIN/CAFFEINE
SKELETAL MUSCLE RELAXANTS	TIZANIDINE HCL

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