HOPA
Hematology/Oncology Pharmacy Association

Pharmacists Optimizing Cancer Care®

Pain Management Issue Brief

Pain affects an individual's personality, ability to function, and quality of life. The International Association for the Study of Pain defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage." In cancer patients, pain can be associated with a tumor, treatment, or not related to either. Increasing evidence suggests that palliative care, which often includes pain management, extends survival of cancer patients.[1]

Chronic pain in cancer patients is classified by two categories: persistent pain or breakthrough pain. Persistent pain is continuous and may last all day whereas breakthrough pain is a brief episode of severe pain that occurs even while the patient is regularly taking pain medication. A wide range of pain management therapies are available, and most pain associated with cancer can be controlled. Barriers preventing cancer patients from accessing pain medication often prevent achieving optimal pain control. The role of the hematology/oncology pharmacist is to ensure that the cancer patient has a minimal amount of pain and thus improved function, comfort, and quality of life.

Scope of the Problem

According to the National Cancer Institute, an estimated 18.6 million Americans have a history of cancer, and it was anticipated that approximately 2.0 million new cases would be diagnosed in 2025.[2] The 2016 American Society of Clinical Oncology Clinical Practice Guideline – Management of Chronic Pain in Survivors of Adult Cancers estimates nearly 40% of cancer survivors have reported continuing pain from cancer and its treatments.[3] This number does not even include the individuals who have been recently diagnosed and are currently undergoing cancer treatment. Pain occurs in approximately one quarter of patients with newly diagnosed cancer, 55% of those undergoing treatment, and greater than 66% of patients with advanced cancer.[4,5] Opioids are the most common drug class used to treat pain in cancer patients, and, according to the 2020 joint publication by the American Society of Clinical Oncology and National Comprehensive Cancer Center Network, can be a highly effective treatment for curbing cancer patients' pain.[6] Cancer pain can be directly related to the cancer (e.g., tumor progression, nerve damage), the result of surgical interventions and other invasive diagnostic or therapeutic procedures, from the toxicities of chemotherapy and radiation (e.g., ulcerations, nerve damage), from infection, or other complications related to the disease.

Management of pain in cancer patients is complex and depends on individual patient factors. Often the management of pain uses several different types of pain treatments, such as:

- Pain medication (over-the-counter and prescription-strength pain relievers, opioids, adjunctive (non-opioid prescription) pain relievers [medications used to complement other pain medications]);
- Removal or reduction of the source of the pain (surgery, radiation, chemotherapy); or,
- Specialized treatment (nerve blocks, physical therapy).

The misunderstanding about addiction creates unique challenges for healthcare providers when treating cancer pain. Non-opioid therapies, which may be used in conjunction with opioids or alone, may be insufficient, cause unwanted side effects, or interact with cancer therapies. Neither the side effects of opioids nor the fear of addiction should prevent the healthcare team from providing adequate pain control to patients. In fact, data demonstrates that death from opioids as the primary cause as documented in death certificates is 10 times less likely to occur in cancer survivors versus the general population.[7] However, to combat the opioid epidemic, guidelines as well as restrictions from payers have created additional barriers for cancer patients.

Patient and Provider Information and Education

Cancer pain is often undertreated. Understanding the issues surrounding cancer pain and appropriate education of patients and providers will lead to better patient care decisions. The main issues related to the diagnosis and control of pain includes:

- Reluctance of healthcare providers to ask about pain or offer treatments due to a misunderstanding about cancer pain, fear of misuse, or a fear of legal repercussions;
- Reluctance of patients to speak up about pain because of a fear of an advancing disease, side effects, cost, or addiction; and
- Barriers for patients to access pain medications.

Current Regulatory and Legislative Framework

The use of, and access to, medications for cancer pain are regulated through three principle laws: the Federal Controlled Substances Act (CSA), the Federal Food, Drug and Cosmetic Act (FFDCA), and the Food and Drug Administration Amendments Act of 2007 (FDAA). Under the FFDCA, many drugs have been accepted as safe and effective for human use pursuant to a physician's prescription, including opioids. The CSA classifies substances with the potential for abuse, such as opioids, into 5 Schedules (I-V), with Schedule I having the highest potential for abuse. Most opioids utilized for cancer pain are Schedule II medications.

Over 30 states have enacted prescription drug monitoring programs, and all 50 states have now approved electronic controlled substance prescribing (ECSP). Some states require ECSP for all Schedule II medications. The SUPPORT Act (passed in 2018) requires ECSP for Medicare Part D beneficiaries.

REMS

Risk Evaluation and Mitigation Strategies (REMS) are plans designed to manage the known risks and potential harm associated with certain types of drugs. Since 2008, the Food and Drug Administration (FDA) has had the authority to require drug makers to implement REMS for certain categories of drugs to ensure that the benefits of the drug outweigh the risks of the product. Through the REMS process, the FDA is better able to monitor the effectiveness and appropriate use of certain drugs once they are on the market. While the burden for developing REMS falls on the manufacturer, REMS can have a significant impact on healthcare professionals who prescribe and dispense medications with mandated REMS programs.

One provision of the REMS requirement known as "elements to assure safe use" (ETASU) allows the FDA to require a medication manufacturer to: develop education and training certifications for prescribers or dispensers; set limitations on where medications can be dispensed (e.g. hospital setting only; enroll patients into a registry); or include dispensing restrictions (e.g., require laboratory tests or a consent form acknowledging risks and benefits). These requirements can cause interruptions or delays in care, decrease access to care, or cause a shift in prescribing away from the opioid-based regimen (which may be most effective) to one that is less cumbersome to prescribe and dispense. Such a shift may inadvertently increase the cost of care due to the consequences often seen with suboptimal pain management, such as increased physician and emergency room visits.

Recommendations

HOPA recognizes that steps need to be taken to address misuse and abuse of prescription medications, but a balance should be maintained between prevention and access to critical pain medications. HOPA makes the following recommendations to ensure that patients who need pain medications can adequately receive them and to avoid misuse and abuse of these medications:

- Encourage appropriate patient education about the importance of treating pain and addressing fears of side effects and addiction
- Encourage appropriate training of healthcare professionals to optimally manage pain and to recognize opioid misuse
- Develop systems to monitor patients for adherence, efficacy, and misuse
- Encourage initiatives needed to develop pain treatments without abuse potential. Further, generating high-quality evidence that can guide clinicians and patients in making informed decisions about safe and effective pain management is imperative
- Encourage REMS be evaluated in a timely manner to address barriers to access
- Encourage oncologists to include cancer indication on prescription to prevent barriers with filling prescriptions
- Encourage a nation-wide tracking system to view opioid refill records
- Encourage all outpatient oncology infusion centers stock naloxone kits for opioid reversal and have standard operating procedures for when and how they should be administered
- Encourage dispensing of naloxone along with opioid prescriptions for all patients
- Encourage insurance providers to not automatically require prior authorizations for all opioid prescriptions over 7 days, if prescribed for a cancer indication
- Encourage opioid manufacturers to offer their product as a reasonable price to prevent financial toxicity for patients
- In the event of drug shortages, access to other opioids and alternatives should be permitted by insurers without delay or requiring new prior authorization

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