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Unintended Consequences in Patient Suffering Reported During First 100 Days of Hydrocodone Rescheduling

March 19, 2015, NATIONAL HARBOR, Md. – An online survey indicates that moving the opioid pain medication hydrocodone to a stricter regulatory schedule has caused interruptions in care for thousands of patients who suffer from chronic pain. Problems in filling prescriptions, higher costs and greater stigma are some of the unintended consequences reported in a scientific poster today at the 31st Annual Meeting of the American Academy of Pain Medicine.

“These survey results point to the fact that when hydrocodone rescheduling laws were put into effect, federal agencies did not adequately predict the negative consequences these regulations would have on people suffering with chronic pain,” said Jan Chambers, president and founder of the National Fibromyalgia & Chronic Pain Association (NFMCPA). The NFMCPA partnered with healthcare professionals in creating the survey to track the rescheduling consequences on patients’ lives during the first 100 days.

Hydrocodone has been the most widely prescribed medication in the United States with 130 million prescriptions written annually. Hydrocodone in combination with other medications, such as acetaminophen or ibuprofen, is frequently prescribed following dental and other surgeries and for other pain conditions such as broken bones, peripheral neuropathy and arthritic conditions.

With the move on October 6, 2014, by the Drug Enforcement Administration (DEA) from Schedule III to Schedule II, patients became limited to an initial 90-day supply and must see a doctor for each new refill. Prescriptions can no longer be phoned or faxed in by prescribers. Further, some states now allow only 30-day prescriptions, and insurance payers are using the ruling to limit coverage for prescriptions to 30 days, meaning patients must visit a doctor monthly for a new prescription. In the Final Rule, published in the Federal Register (Federal Register Volume 79, Number 163; 21 CFR Part 1308), the DEA cites increased problems with abuse, addiction and overdose deaths as reasons for the move to the stricter schedule. Most other opioid medications, including oxycodone, are also Schedule II.

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Unfortunately, Chambers said, no support or programs to help patients deal with the changes were created to compensate for foreseeable denials of prescription hydrocodone or changes to less effective medications.

“Inadequate attention seems to have been paid to how patients would cope with higher expenditures, inconvenience or dealing with being treated as criminals, inadequate pain relief or withdrawal symptoms,” Chambers said.

The NFMCPA is a nonprofit patient advocacy organization with a wide reach and strong online presence, claiming more than 100,000 constituents and 111,000 Facebook fans. Survey participants were recruited through the NFMCPA newsletters, emails, website and social media, and through similar efforts by other patient organizations, including the U.S. Pain Foundation. The survey, which was administered using SurveyMonkey in a cross sectional, anonymous, blinded design, had more than 3,000 participants within 72 hours. Most responders reported multiple pain diagnoses with the most common complaints being fibromyalgia (91 percent), low back pain (62 percent) and neck pain (44 percent).

Approximately two-thirds of survey responders reported being unable to access hydrocodone-combination prescriptions. More than 15 percent of the responders reported negative impacts to doctor-patient relationships. People who had been getting the same medication at the same dose for many years reported being told that their doctors will no longer prescribe hydrocodone medications. Others were denied hydrocodone prescriptions at pharmacies they had frequented for years with no prior issues.

People also cited higher expenses from more frequent doctor’s visits, changes to other prescription medications, higher medication co-pays, greater transportation expenses for extra doctor visits and lost work revenue related to unrelenting pain. Some had to travel to several pharmacies to fill a prescription or were notified that pharmacies would no longer allow relatives to pick up prescriptions, causing hardship to people who are less mobile because of pain.

Chambers and her colleagues are hopeful for a dialogue with the medical community and government agencies to consider chronic pain patients’ rights to adequate treatment.

She said, “Programs are needed to help make sure that efforts to curb abuse do not limit access to medications for those law-abiding citizens who need them.”

Visit the NFMCPA website for information (www.fmcpaware.org).

*Poster LB002 –Hydrocodone Rescheduling: The First 100 Days Survey*

**About AAPM**
The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with over 2,500 members. Now in its 32nd year of service, the Academy’s mission is to optimize the health of patients in pain and eliminate pain as a major public health problem by advancing the practice and specialty of pain medicine through education, training, advocacy and research. Information is available on the Academy’s website at www.painmed.org.

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