

# Increasing Access to Non-Opioid Options for Veterans: Frequently Asked Questions

#### Q: How many Veterans receive care through the VA?

**A:** The Veterans Health Administration (VHA) provides care to over 9 million Veterans throughout 1,321 health care facilities, and most receive care at Veterans Affairs (VA) facilities. In 2020, 60% of enrollees reported using VA health care services at a VA facility, 23.1% reported using VA-paid health care at a non-VA facility, and 23.2% reported TRICARE as their health provider<sup>1</sup>.

### Q: Is opioid overprescribing still a problem? Hasn't there been a reduction in opioid prescribing rates within the VA?

**A:** Voices is pleased that the VA has reduced the number of Veterans being prescribed an opioid by 67%<sup>2</sup>. However, the majority of Veterans who receive opioid prescriptions from the VA get them for short-term (or acute) pain management, such as surgery or an injury<sup>3</sup>. It is widely reported in the literature that 1-in-10 patients exposed to opioids during a surgical intervention progress to long-term use, meaning they are still taking opioids 3 to 6 months after their procedure. This data, coupled with the opioid-based standard of care for acute pain management in the VA <u>continues</u> to unintentionally create a postsurgical gateway for the opioid epidemic.

#### Q: How prevalent is opioid prescribing [for postsurgical pain management?] at the VA?

**A:** The VA performs over 600,000 operations annually<sup>4</sup> and a significant number receive an opioid prescription following their surgery<sup>5</sup>. In 2023, nearly 300,000 Veterans received an opioid from the VA for all acute and chronic pain management following surgery<sup>6</sup>.

<sup>&</sup>lt;sup>1</sup> https://www.va.gov/VHASTRATEGY/SOE2021/2021 Enrollee Data Findings Report-508 Compliant.pdf

<sup>&</sup>lt;sup>2</sup> https://news.va.gov/press-room/va-reduces-opioids-by-67-since-

<sup>2012/#: &</sup>quot;:text=WASHINGTON%20%E2%80%94%20Today%2C%20the%20Department%20of,class%20pain%20management%20to%20Veterans.

<sup>&</sup>lt;sup>3</sup> https://news.va.gov/press-room/va-reduces-opioids-by-67-since-

 $<sup>\</sup>underline{2012/\#: \text{``:text=WASHINGTON\%20\%E2\%80\%94\%20Today\%2C\%20the\%20Department\%20of, class\%20pain\%20management\%20to\%20Veterans.}$ 

<sup>4</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7959859/

<sup>&</sup>lt;sup>5</sup>https://pubmed.ncbi.nlm.nih.gov/35181126/#:~:text=Background%3A%20More%20than%20100%20million,to%20the%20national%20opioid% 20epidemic.

<sup>&</sup>lt;sup>6</sup> https://news.va.gov/press-room/va-reduces-opioids-by-67-since-

 $<sup>\</sup>underline{2012/\#:^\sim:} text = WASHINGTON\%20\%E2\%80\%94\%20Today\%2C\%20the\%20Department\%20of, class\%20pain\%20management\%20to\%20Veterans.$ 

## Q: How many Veterans are dealing with a substance use disorder that originated from prescription opioid use?

**A:** Unfortunately, we do not have the data to answer that question. We do know that over half of combat-wounded Veterans have reported misusing prescription opioids<sup>7</sup> and that drug overdose mortality rates among Veterans have increased by 53% from 2010-2019<sup>8</sup>.

We also know that Veterans are at higher risk for inappropriate prescribing due to the complexity of overlapping health care systems where they receive care. As a result, medical providers are often left to make health care decisions without their patient's full medical history <sup>9</sup>. For example, in 2017, an OIG report<sup>10</sup> found that prescriptions written by external providers that were filled outside of the VA were rarely documented, despite the report recommending that providers submit opioid prescriptions directly to a VHA pharmacy for dispensing and recording in a patient's electronic health records (EHR)<sup>11</sup>. Six years later, the OIG report found that a patient's EHR is still not regularly updated<sup>12</sup>. Therefore, doctors may inadvertently expose a vulnerable patient to opioids, which could result in these patients misusing or abusing these prescriptions and potentially developing an opioid use disorder (OUD).

#### Q: What is the current status of non-opioids at the VA?

**A:** The VA offers a few non-opioid medications for Veterans to manage acute pain in a surgical setting, and trying to get additional, safe, and effective treatments on the VA formulary is an arduous process that can take anywhere from 30 days to 6 months.

Accessing a non-opioid option not currently listed on the VA formulary, requires significant legwork from an individual HCP:

- First, he or she must request the medication from the VA Pharmacy for a specific procedure.
- Once the request is submitted, a date is set for the HCP to present his or her case to the Pharmaceuticals and Therapeutics (P&T) Committee, and the P&T Committee shares their findings from their own literature review.
- After the exchange of information, the P&T Committee makes the final ruling.
- Even in the best case scenario, where a non-opioid is approved for the HCP's use, this approval is extremely narrow, applying only to a single VA medical center for a single, specific procedure.
- If the clinician or his/her colleague would like to use this non-opioid option in another procedure, or at another facility, the process starts over again.

Having to cut through so much red tape not only discourages clinicians from taking up this laborious formulary request/P+T process, but ultimately is preventing patients and providers from accessing all available safe and effective non-opioid therapies. We believe the VA should offer <u>all</u> FDA-approved non-opioid pain management approaches so the decision on how to manage pain is left up to the provider and the patient.

<sup>&</sup>lt;sup>7</sup> https://www.sciencedirect.com/science/article/abs/pii/S0306460318310141

<sup>&</sup>lt;sup>8</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/

<sup>9</sup> https://www.vaoig.gov/sites/default/files/reports//VAOIG-22-02017-224.pdf

<sup>10</sup> https://www.va.gov/oig/pubs/VAOIG-17-01846-316.pdf

<sup>11</sup> https://www.va.gov/oig/pubs/VAOIG-17-01846-316.pdf

<sup>12</sup> https://www.vaoig.gov/sites/default/files/reports/VAOIG-22-02017-224.pdf

#### Q: How are therapies added to the VA formulary?

**A:** Requests for changes to the VA National Formulary (VANF) status may be submitted to the pharmacy benefit manager (PBM) by a Veterans Integrated Services Networks (VISN) Formulary Committee. After reviewing the scientific data, if the committee feels the therapy should be added to the VANF, they can submit a formal application<sup>13</sup>.

<sup>&</sup>lt;sup>13</sup>https://www.pbm.va.gov/PBM/nationalformulary/VANationalFormularyFrequentlyAskedQuestions.pdf