

May 9, 2016

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RE: May 20 P&T Meeting (Analgesics, Narcotic Long-Acting)

Dear Tami,

On behalf of thousands of Idahoans who live with life-altering and debilitating pain, we urge you to protect and enhance access to safe medications. It is critical that Idaho Medicaid cover the full range of treatments available for pain in the safest possible way which includes covering "Abuse-Deterrent Opioid" (ADO) formulations.

When it comes to the misuse of prescription medications, size definitely does not matter. Idaho, which ranks 39th in the country for population, ranks 4th when it comes to the non-medical use of prescription painkillers among individuals aged 12 years or older. Other statistics include:

- 20 percent of Idaho high school students have used a prescription drug without actually having a doctor's prescription.
- According to a 2013 report, *Prescription Drug Abuse: Strategies to Stop the Epidemic*, Idaho suffers eight drug overdose fatalities per 100,000 people. This is double the rate in 1999.
- The *Idaho Press* reports that the Substance Abuse and Mental Health Services Administration estimates that illicit, over-the-counter, or prescription drug abuse kills an Idaho resident every 45 hours.

When prescribed and monitored appropriately, most patients do extremely well on these types of medications, and experience improvements in pain, function and quality of life. There are instances, however, where medications are used inappropriately. The disastrous consequences of inappropriate use can lead up to and include death. In fact, over 16,000 of roughly 22,000 prescription drug overdose deaths annually are associated with opioids.

The path to opioid overdoses, in many cases, begins with the misuse of prescription pain killers. These pills are most frequently passed along by family or friends or sold on the street and then crushed, melted or otherwise altered to get a more powerful effect. Over 70% of abusers of prescription pain relievers got them from friends or relatives. The slow release over time that occurs when the pill is swallowed whole – can be felt at once when the pill is altered for snorting or injection. A useful pain killer is thereby instantly turned into a potentially lethal narcotic.

While it is not possible to entirely eliminate this occurrence, It is our belief that ADO's should be part of a multi-faceted approach to decrease abuse. Although ADOs do not prevent users from simply consuming too much of a medication, they may help reduce the public health burden of prescription opioid abuse in Idaho by making it harder to abuse in other ways.

The consequences of opioid abuse, including emergency room episodes, treatment admissions and overdose deaths are staggering and it is a behavior that is starting in adolescence.

- 1 in 4 teens reports having misused or abused a prescription drug at least once in their lifetime.

- Nearly two-thirds of American teens who abuse pain relievers say they got it from family members and friends.
- This behavior has deadly consequences: overdose deaths involving prescription opioids quadrupled over a decade from 4,030 deaths in 1999 to 16,651 in 2010.
- Due to the increase in prescription drug abuse, drug overdoses now exceed car crashes as the number one cause of accidental death in the United States.

The Food and Drug Administration (FDA) wrote in a 2013 ADP guidance for drug makers that the "FDA considers the development of these products a high public health priority." In fact, in February 2016 the FDA announced that they will now mandate that any new opioid go before an outside committee of experts, unless the product has abuse-deterrent properties.

Additionally, a study published in the Journal of Pain Medicine found that the first ADP formulation of oxycodone was associated with a \$430 million reduction in medical costs, an almost \$100 million reduction in criminal justice costs and a \$476 million increase in workplace productivity. Results such as these have prompted five governors, 29 attorneys general and 22 members of Congress to oppose the production of opioids without the use of abuse deterrent properties.

Idaho does not have ADO formulations available on their formulary even though 42 states currently do. A Medicaid patient must try and fail on an opioid without abuse-deterrent properties before they can get an abuse-deterrent medication, even if their physician feels that an ADO medication is best for the situation.

We believe in the sacred doctor patient relationship and request that Idaho have an ADP available for each class of medication. It is our hope that these issues be taken into consideration when Idaho's P&T Committee meets on May 20. Should you have any questions please contact the International Pain Foundation at 480-882-1342.

Sincerely,



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President
International Pain Foundation



James Lee
Policy Director
Neuropathy Action Foundation



Marcia Lee Taylor
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Thomas W. LaGrelus, M.D. FAAFP
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