August 27, 2015

The Honorable Anne Gonzales  
Chair  
Committee on Health and Aging  
Ohio House of Representatives  
77 S. High Street, 13th Floor  
Columbus, OH  43215 

RE:  House Bill 248

Dear Representative Gonzales:

The Academy of Managed Care Pharmacy (AMCP) believes that abuse deterrent opioid analgesic drug products should be used in a clinically appropriate manner; however, we are opposed to House Bill 248 because it mandates coverage for these drug products without regard to the balance between the unique and varied needs of individual patients.

AMCP is a national professional association of pharmacists and other health care practitioners including 263 members in Ohio who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy’s nearly 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

Opioid analgesic drug products have proven to be very effective in controlling short and long-term pain due to a large number of causes. These drugs are also the most commonly abused medications in the United States, reaching epidemic levels. AMCP is deeply concerned about both the proper management of patients suffering from uncontrolled pain, as well as limiting abuse and diversion of opioids because the improper use of opioids carries enormous costs to our society that go beyond traditional health care costs.

On a daily basis, managed care pharmacists work with patients and other health care professionals to ensure the appropriate use of opioids and that these drugs are dispensed and utilized for legitimate medical needs. Therefore, AMCP supports the ability of health plans, managed care organizations (MCOs), and pharmacy benefit managers (PBMs) to use managed care tools to effectively manage the use of opioids in a clinically appropriate manner.

Promising advancements in technology have resulted in the further development of “tamper resistant” or “abuse deterrent” formulations of certain opioids. This has served as another strategy in combating
abuse and diversion. These formulations are designed to make it more difficult for abusers to crush, chew, snort or inject the products, a common practice by individuals who abuse these products. It is important to note that while there is no such thing as a tamper-proof product, there is a limited, but increasing, field of research suggesting that these products have the potential to reduce the overall rates of abuse and diversion. There is also empirical data indicating these products have a “reduced street value” due to the difficulty of converting them into an abusable product. Despite these promising advancements, abuse deterrent formulations cannot eliminate all risks of abuse; in fact, the most common method of abuse is swallowing.

House Bill 248 would mandate coverage of these drugs and limit the MCO’s and PBM’s ability to use managed care tools such as prior authorization and cost sharing with scant data regarding actual benefit in reducing abuse and misuse. Unfortunately, mandating coverage will deter the effective use of these drugs to the detriment of patients and health benefit programs for the following reasons:

- current data on the public health impact of abuse deterrent formulations is limited because of their newness in the marketplace;
- these new formulations are priced up to 10 times the cost of generic drugs;
- early studies have shown that there is a subset of the population that is more likely at risk for abuse who may benefit from these formulations; however not every patient prescribed an opioid needs an abuse deterrent formulation; and
- this legislation does not address the need to educate patients and prescribers on the issues surrounding opioid abuse.

Post-marketing studies have not yet determined whether opioids with abuse deterrent properties effectively curb misuse or abuse of opioids. Mandating coverage and payment requirements may not result in lowering the incidence of misuse or abuse of opioids and could potentially result in higher overall medication costs for public and private payers with no benefit for at-risk patients. Thus, the better course of action at this time is to allow health plans to work with patients and providers to determine the appropriate opioid or other agent for the patient’s condition.

We respectfully urge you to vote against passage of this legislation. We appreciate the opportunity to share our views on House Bill 248. If you have any additional questions, you may contact AMCP’s local advocacy leader, Mark Hopman, RPh, MBA at (513)659-8158 or hopman_mark@hotmail.com, or you may contact AMCP’s Director of Legislative Affairs, Reginia Benjamin, at (703)683-8416 or rbenjamin@amcp.org.

Sincerely,

Edith A. Rosato, R.Ph., IOM
Chief Executive Officer

cc: Members of the House Committee on Health and Aging