

May 26, 2016

The Honorable Michael J. Madigan
Speaker of the House
Illinois House of Representatives
300 State House
Springfield, IL 62706

RE: House Bill 2743

Dear Speaker Madigan:

The Academy of Managed Care Pharmacy (AMCP) supports the use of abuse deterrent opioid analgesic drug products; however, we are opposed to House Bill 2743 because it mandates coverage for these drug products, mandates preferred drug coverage status on formularies and sets arbitrary limits on copayments, deductibles or coinsurance that may result in increased costs to patients and public and private payers.

AMCP is a national professional association of pharmacists and other health care practitioners including 453 members in Illinois who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's nearly 8,000 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 analgesics 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 both about 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. Managed care pharmacists have a responsibility to work with patients and other health care professionals to ensure the appropriate use of opioids and to ensure that prescriptions are dispensed and utilized for legitimate medical needs.

Managed care organizations must carefully balance the unique and varied needs of patients who are taking these medications against the probability of abuse and diversion. Therefore, AMCP supports the ability of health plans 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.

Abuse deterrent formulations are designed to make it more difficult for abusers to crush, chew, snort or inject the products, which has previously been common practice by abusers. 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 the potential these products have in reducing 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. However, because these products may vary in their clinical effectiveness and ability to limit abuse potential, AMCP supports expanding the ability of managed care organizations to manage these products rather than mandating the use of any particular form of opioid products.

House Bill 2743, specifically sec. 3562.23 §§ (b)(1-4), (c), and (d), would replace a health benefit plan’s ability to determine the appropriate placement of these drugs on a formulary and mandate coverage for these products. Further, it allows the government to limit the health plan’s ability to use managed care tools to effectively determine their use. Mandating coverage will deter the effective use of these drugs, which would be detrimental to 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;
- the overall cost to patients and payers of these new formulations could be ten times the cost of generic drugs;
- early studies suggest that a subset of the population at greater at risk for abuse¹ may benefit from these formulations; however not every patient prescribed an opioid needs an abuse-deterrent formulation. This legislation does not address the need to educate patients and prescribers on issues surrounding opioid abuse.

Post-marketing studies have not yet determined whether opioids with abuse-deterrent properties effectively curb the misuse or abuse of opioids. Mandating coverage 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 minimal benefit for at-risk patients. Thus, AMCP suggests that the better course of action at this time is to allow health plans to continue to work with patients and providers to determine the appropriate opioid or other agent for the patient’s condition. Legislation similar to this bill has been vetoed by New Jersey Governor Chris Christie and New York Governor Andrew Cuomo. In their veto messages, both Governors cited the uncertain benefits and high cost of these drugs.

We respectfully urge you to vote against passage of this legislation. We appreciate the opportunity to share our views on House Bill 2743. If you have any questions, you may contact AMCP’s Illinois advocacy leader, Denise Kehoe, BSPHarm, MBA, at (847) 412-8283 or denisethepharmacist@gmail.com or AMCP’s Director of Legislative Affairs, Reginia Benjamin, at (703) 683-8416 or rbenjamin@amcp.org.

Sincerely,



Susan A. Cantrell, RPh, CAE
Chief Executive Officer

¹ Addressing the Evolution of the Epidemic. National Prescription Drug Abuse Prevention Strategy. March 26, 2015
http://aspe.hhs.gov/sp/reports/2015/OpioidInitiative/ib_OpioidInitiative.pdf