

Public Testimony Registration

1 message

PSWebteam@magellanhealth.com <PSWebteam@magellanhealth.com> To: AHCCCSPharmacyDept@azahcccs.gov, douikih@magellanhealth.com Cc: benglandaz@gmail.com

Requestor Name: Bob England, MD, MPH Requestor Company: None / semi-retired public health physician consultant Requestor Address1: 237 W Portland St Requestor Address2: **Requestor City: Phoenix** Requestor State: AZ Requestor ZipCode: 85003-Requestor Email Address: benglandaz@gmail.com Requestor Telephone #: 602.920.6561 Requestor Fax #: .. Confirm by Address? Confirm by E-mail? Yes Confirm by Fax? **Representing Other?** Representative of: Non-affiliated/private? Yes Statement of No Conflicts: Yes Disclosures: Organization1/Role1: / Organization2/Role2: / Organization3/Role3: / Organization4/Role4: /

Summary of Testimony: RE: Medication Assisted Treatment Preferred Drug List I am a public health physician and former Director of the Maricopa County Department of Public Health. Thank you for this opportunity to provide input to the Pharmacy & Therapeutics Committee regarding the Preferred Drug List (PDL) for Medication-Assisted Treatment (MAT) of opioid use disorder. I recognize that there are reasons for prioritizing the use of combination therapy when using buprenorphine (i.e., combining it with naloxone), to attempt to help prevent diversion of the drug to illicit use. I further understand that this is the purpose behind prioritizing sublingual or buccal administration of this dual formulation. I also appreciate the use of film over tablets to attempt to prevent accidental child ingestion. Having acknowledged all of the above, however, there are instances where other formulations are preferred by the clinician and patient. One advantage you have in determining the formulary for MAT is the relatively limited number of providers in this field of practice. Those providing MAT tend to have significant expertise in this area, minimizing the need to guide practice by limiting drug choice. Recognizing the need to individualize MAT, the FDA has taken steps within the past year to encourage development of even more treatment options. Meanwhile, society has come together over the opioid issue as it has over few political issues within recent years, including the recognition by our Governor and Legislature in the creation of the Arizona Opioid Epidemic Act. In order to give AHCCCS members the best possible odds of recovery, providers should be empowered to work with their patients to determine appropriate medication. Multiple other states have already enacted full or partial open access to Medication-Assisted Treatment, including California, Colorado, Nevada, Texas, Florida, and Oregon. Nationally, the President's Opioid Commission, the Kennedy Forum, American Society of Addiction Medicine and American Medical Association have each endorsed expanding access and removing barriers so that Medicaid enrollees may access all FDA-approved buprenorphine medications. Given all of the above, I encourage the Committee to open the Preferred Drug List to all FDA-approved medications for MAT, including generic medications. Thank you for your consideration. Sincerely, Bob England, MD, MPH Former Director (2006-2018), Maricopa County Department of Public Health

Drug/Product: All buprenorphine-containing products for Medication-Assisted Treatment of opioid use disorder. Therapeutic Drug Class: Buprenorphine-containing products for Medication-Assisted Treatment of opioid use disorder.

Fri, May 3, 2019 at 1:54 AM