

Given the concern with the current opioid crisis and risks associated with prescribing opioids, I believe we need to have access to better long acting opioid options. I am sure you are all aware of this said crisis and CDC guidelines that were published. As healthcare providers we need to do all we can to turn around this crisis. As a local pain management provider I want to prescribe what is best and safest for my patient (and society). I feel the burden to do right for our patients/society but with current insurance restrictions I cannot. I have serious concerns with the current long acting opioid option (only one) that is preferred by Medicaid. Please consider adding more abuse resistant/deterrent medication options (specifically Xtampza) along with the Butrans patch. We (health care providers) need to reduce the amount high risk medications (those that are commonly abused) that are being prescribed.

I would like to see Butrans Patch added as a preferred drug. I really like Butrans patch as compliance among patients is good (change the patch weekly) and overuse/abuse of the medication minimal....No pain pills to overuse/abuse. Current Medicaid step protocol to get this drug covered is inappropriate and dangerous in certain instances. For instance - If I want to start a Butrans 5 mcq patch Medicaid requires me to trial and fail Methadone, Fentanyl Patch, and Morphine. In this instance Methadone is a very high risk medication which I will not prescribe (not many providers will use this drug anymore) ...and Fentanyl Patch at 12mcq (lowest dose) would be an overdose strength to trial...and Preferred Morphine at lowest dose would also be an overdose strength. So this step process is very risky and I believe dangerous. I will not submit my patients to this risk. Please reconsider adding Butrans as a preferred agent.

I would also like to see other options for oral abuse deterrent medications. Right now only Embeda (morphine based) is preferred. Not all patients tolerate morphine (my clinical experience is that it has a higher incidence of nausea and constipation). Also if a patient tolerates short acting oxycodone it makes clinical sense to change them to a long acting form of oxycodone (Xtampza) verses changing to a whole different medication (morphine). We need more/safer options for our patients.

Thank you for your time and consideration in this matter.