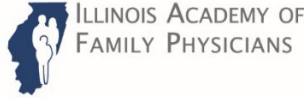




Illinois
State
Medical
Society



Illinois Society of
Addiction Medicine
A Chapter of the American Society of Addiction Medicine



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS

SUPPORT SENATE BILL 3741 EFFORTS TO HELP THOSE SUFFERING FROM SUBSTANCE USE DISORDERS

Currently, Illinois' Medicaid program requires prior authorization for any prescription of opioid agonists prescribed above a threshold of 24mg per day for non-pregnant persons. The required prior authorization is based on FDA guidelines for buprenorphine maintenance dosing that was established on the basis of research trials conducted before 2002¹.

This does not accurately reflect the magnitude of the present-day fentanyl-driven opioid crisis. The opioids driving the current epidemic are orders of magnitude greater in potency than those for which the research base of the FDA labeling was established.²

SB 3741 removes those limitations and allows patients suffering from opioid use disorder to access the treatments they need to fully recover.

A study of the national drug overdose death rates increased during 2022 compared to the prior year and national data from 2022 demonstrates that 74.6% of all drug overdose deaths involved illicitly manufactured fentanyl or fentanyl analogs.³

National guidelines from the American Society of Addiction Medicine (ASAM) recommend individualized maintenance buprenorphine dosing for long-term management of opioid use disorders sufficient enough to alleviate cravings and withdrawal symptoms as well as discontinue illicit opioid use.⁴

ASAM acknowledges that the need for daily buprenorphine dosing up to 32mg per day for some patients has been a recognized clinical reality since 2004 and that 32mg per day may be necessary for sufficient treatment of patients with opioid use disorders exposed to high potency opioids like fentanyl or fentanyl analogs.⁵

Removing prior authorization for all appropriate treatments of opioid use disorders will reduce the deaths caused by overdoses. Please vote yes on SB 3741.

¹Coyle DT. CITIZEN PETITION ON BUPRENORPHINE LABELING RECOMMENDATIONS. masam.org. August 9, 2022. Accessed January 6, 2024. https://masam.org/assets/docs/Attachment1_Buprenorphine_Citizen_Petition_-_9AUG2022_-_Final.221130859.pdf.

²Products - data briefs - number 457 - December 2022. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/products/databriefs/db457.htm#:~:text=In%202021%2C%20106%2C699%20drug%20overdose,rates%20from%202020%20through%202021>. Published December 21, 2022. Accessed January 7, 2024.

³Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Atlanta, GA:US Department of Health and Human Services, CDC; December 23, 2023. Access at: <https://www.cdc.gov/drugoverdose/fatal/dashboard>. Accessed January 7, 2024.

⁴The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. *J Addict Med.* 2020;14(2S Suppl 1):1-91.

⁵Weimer, Melissa B. DO, MCR, DFASAM; Herring, Andrew A. MD; Kawasaki, Sarah S. MD, FASAM; Meyer, Marjorie MD; Kleykamp, Betha A. PhD; Ramsey, Kelly S. MD, MPH, MA, FACP, DFASAM. ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids. *Journal of Addiction Medicine* 17(6):p 632-639, 11/12 2023. | DOI: 10.1097/ADM.0000000000001202