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VIA ELECTRONIC DELIVERY

June 2, 2017

Steven D. Pearson, MD, Msc, FRCP
President, Institute for Clinical and Economic Review
Two Liberty Square, Ninth Floor
Boston, Massachusetts 02109

RE: ICER Draft Evidence Report: “Abuse-Deterrent Formulation of Opioids in Pain Management: Effectiveness and Value”

Dear Dr. Pearson:

The Collaborative for Effective Prescription Opioid Policies (CEPOP; www.CEPOPonline.org) was formed nearly three years ago to advance comprehensive and balanced responses to the opioid abuse epidemic. Over 70 national organizations participate in our work. We are writing to express our concerns regarding the ICER Draft Evidence Report entitled “Abuse Deterrent Formulations of Opioids: Effectiveness and Value.”

In short, we believe that abuse deterrent formulations of opioids (ADFs) can interrupt the “abuse trajectory” for these medications by preventing manipulating for nasal and intravenous abuse. This is true whether the drug is obtained by prescription or is diverted to an unintended user. CEPOP supports expanding access to ADFs in order to reduce prescription drug abuse and its consequences.

Unfortunately, the Draft Report could significantly impede this access by encouraging health plans to undervalue the benefits of ADFs in terms of reducing patient harm and protecting society from the impact of diversion. We believe there are two central issues in your analysis.

- 1) First, because many of the more advanced ADFs are new to market, the ICER analysis relies largely on the impact of a primitive ADF technology to power the value equation. We believe that the more recently approved and future ADF technologies will yield substantially higher benefits over time unless they are thwarted by a premature analysis that encourages health plans to create barriers to access.
- 2) Second, the ICER decision to marginalize societal benefits from ADFs in reducing harms arising from prescription opioid diversion ignores this enormous dimension of the epidemic. A recent

[study](#)¹ published by the Canadian Health Policy Institute estimates that if all prescription opioids in Canada were abuse deterrent formulations, non-medical use of these drugs would be discouraged and would reduce associated societal costs by an estimated range of savings between \$140 million and \$4 billion annually. This benefit of ADFs must be included in evaluating their potential.

Given these concerns, we strongly urge ICER to either suspend this project until more definitive data can be developed for the new ADF medications or, at a minimum, to reconsider incorporating a fair assessment of the broader societal benefit of these technologies as was performed in Canada.

Thanks you for your careful consideration of these views. We must work together to bring all viable strategies forward to change the course of the opioid epidemic.

Sincerely,

Community Anti-Drug Coalitions of America, *CEPOP Steering Committee Member*
Kentucky Office of Drug Control Policy, *CEPOP Steering Committee Member*
National Association of Drug Diversion Investigators
The Honorable Mary Bono, *CEPOP Co-Founder Steering Committee Member*

¹ <http://www.canadianhealthpolicy.com/products/societal-cost-savings-from-abuse-deterrent-formulations-for-prescription-opioids-in-canada.html>