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Sent: Friday, September 9, 2022 4:46 AM

To: Pharmacy Services <rxinfo@dncfp.nv.gov>

Cc: Liberty Lind <Liberty.Lind@alkermes.com>

Subject: NV Medicaid P&T Meeting 9/22/22 - removing prior authorization for MAT medications - public comment

Good morning –

As a physician in the state of Nevada for the past 14 years, I have seen firsthand how addiction has affected so many of my fellow Nevadans. I have worked in numerous hospitals in the state (Las Vegas, Reno, and Ely); as well as addiction treatment centers (Las Vegas), and in our jails (Clark County, Las Vegas, North Las Vegas, Henderson, and Washoe County). To my knowledge, there is no area of our state that is not touched by addiction.

Removing prior authorization for MAT medications in our state should help give healthcare providers and the patients we serve better access to one part of treatment for substance use disorder. With the barrier of a prior authorization removed, patients hopefully will have increased access to these medications; and reduce the risk of death (both from overdose, and all-cause mortality) :

[Methadone and buprenorphine reduce risk of death after opioid overdose | National Institutes of Health \(NIH\)](#) (attached to this email, from 2018)

A National Institutes of Health-funded study found that treatment of opioid use disorder with either methadone or buprenorphine following a nonfatal opioid overdose is associated with significant reductions in opioid related mortality.

[Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies | The BMJ](#) (attached to this email, from 2017)

Retention in methadone and buprenorphine treatment is associated with substantial reductions in the risk for all cause and overdose mortality in people dependent on opioids. The induction phase onto methadone treatment and the time immediately after leaving treatment with both drugs are periods of particularly increased mortality risk, which should be dealt with by both public health and clinical strategies to mitigate such risk. These findings are potentially important, but further research must be conducted to properly account for potential confounding and selection bias in comparisons of mortality risk between opioid substitution treatments, as well as throughout periods in and out of each treatment.

[Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis | Addiction Medicine | JAMA Psychiatry | JAMA Network](#) (attached to this email; from June 2021)

Conclusions and Relevance *This systematic review and meta-analysis found that OAT was associated with lower rates of mortality. However, access to OAT remains limited, and coverage of OAT remains low. Work to improve access globally may have important population-level benefits.*

We will still have a lot of work to do (identify patients, reduce the stigma of substance use disorder, access to all levels of care, etc.); but removing the barrier of prior authorization of MAT medications can go a long way to helping improve and save lives of our fellow Nevadans.

Thank you.

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