



Abuse Deterrent Formulations of Opioids: Effectiveness and Value

Voting Questions for July 20, 2017 Public Meeting

These questions are intended for the deliberation of the New England CEPAC voting body at the public meeting.

1. For a patient being considered for a prescription of an immediate release opioid, is the evidence adequate to demonstrate a reduced risk of abuse for patients using RoxyBond versus non-ADF immediate release opioids?

Yes

No

2. For a patient being considered for a prescription of an extended release opioid, is the evidence adequate to demonstrate a reduced risk of abuse for patients using OxyContin versus non-ADF extended release opioids?

Yes

No

3. For a patient being considered for a prescription of an extended release opioid, is the evidence adequate to demonstrate a reduced risk of abuse for patients using any of the available ADF extended release opioids (excluding OxyContin) versus non-ADF extended release opioids?

Yes

No

4. Clinicians and policymakers are making efforts to reduce the numbers of patients started on opioids, limit the time course and refills for opioid prescriptions, and enhance monitoring for potential diversion and misuse of opioids. In addition, ADF-substitution policies are being considered to shift opioid prescriptions toward abuse-deterrent formulations.

Considering the broad potential impact of substitution policies on patients, diversion, and illicit opioid use, which of the following policies do you believe would produce the most overall health benefit?

- a. Allow physicians to determine whether to shift current patients to ADF opioids and whether to start new patients on ADF or non-ADF opioids
- b. Allow physicians to determine whether to shift current patients to ADF opioids; require all new opioid prescriptions to be written for an ADF opioid
- c. Require all current non-ADF prescriptions to be substituted with ADF and all new prescriptions to be written for an ADF opioid.