

Issue: Sections of H.728 relating to Prior Authorization (PA), formulation choice, and higher dosage limits are unnecessary and likely harmful.

Pharmacology 101

Bioavailability	BUP	Naloxone
Sub lingual (SL)	50%	negligible
Intravenously (IV)	100%	100%

	Intrinsic activity (strength)	Receptor affinity (stickiness)
Opioids	strongest	strong
BUP	strong	stronger
Naloxone	none	strongest

Public health

- National Survey on Drug Use and Health (NSDUH) 2020. 26.5 % people misused BUP Rx. Experience indicates misuse mono > combo
- Drug Injection Surveillance and Care Enhancement for Rural Northern New England (DISCERNNE) a Nat'l Institute of Drug Abuse (NIDA) study on IVU and HCV - 85% of participant used BUP to get high. (n=360 across 15 rural counties)
- Over prescribing contributes to diversion.
- Diversion contributes to new OUD.

Example, pregnant women

- Combo product recommended.
- Individual benefits – not changing medication, fetal safety, maternal safety
- Public health benefits – less diversion, lower health care costs (injection sequelae)

Availability of MOUD

- Only one site in VT has wait list
- Completely telehealth organizations critical oversight lacking (drug screens, medication counts, physical exam)

PA process is not onerous

- Hub medical directors agree some oversight necessary.
- 85% of doses of Buprenorphine are 16 mg or less
- Dose > 24 mg are ineffective, misinformed.
- No quantity limits on 2 mg films/tabs
- Average processing time 30 minutes.
- Removing PA loses VT \$17-35 million.