Hi Dane,

Thanks for reaching out and connecting with us about this. Since the changes to PA requirements a few years ago we have had to do significantly less PAs which has been very helpful. Currently, we would have to do a PA for a patient who requires over 16mg of medication daily (this is very few of our patients as research show that there is limited therapeutic benefit due to the 'ceiling effect') or patients who are recommended for the mono-product.

In speaking to the mono-product, often times it can be very cumbersome to get this initially approved as they often require multiple failed treatment attempts with combination products. This can be very challenging for someone early in recovery when the primary goal is stabilization. Additionally, if someone has some stability, this can be very dysregulating to have to do. Many of our treatment partners believe that the PA requirement should be reduced for the mono-product in general, not just for the initial phases of treatment.

One thing that we do encounter, especially early in treatment, is that there are often requirements about what is allowed to be prescribed to reach the daily dose. For example if someone is prescribed 8-2mg of Suboxone daily it is preferred that a patient gets (1) 8-2mg Suboxone film rather that (2) 4-1mg films or (4) 2-.5mg films. While we understand that part of this intent is to reduce the risk of diversion and the amount of medication available in the community, it does at times create barriers when we are working on inductions (we are working with someone on building up to the recommended dose) or for or patients who also have chronic pain (and we see more therapeutic benefit in managing both diagnoses when their dose is split verses 1x daily).

Lastly, more and more providers have been working on increasing the availability of Sublocade, an injectable Buprenorphine that lasts 30-days. We have heard feedback from within our community as well from other partners in the state that the PA process is incredibly challenging and time consuming, especially with private insurances. As we have seen with other medications, the PA requirements tend to reduce the longer the medication is available and when generic options become available, and hope that this will come with this medication as well.

From the information that was included, I understood it to say that this would be to help waive the PA requirements initially so someone. One question we had was if this would then require that PA later on which would potentially disrupt treatment?

Again thank you for including us and eliciting our feedback. Let me know if there is anything that we can do to help further.

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