AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

February 19, 2014

The Honorable Bert Stedman
Chairman, Alaska Senate Health and Social Services Committee
State Capitol
120 4th Street Juneau, AK 99801-1182

Dear Chairman Stedman:

On behalf of the American Academy of Ophthalmology and its worldwide membership of 31,531 medical eye physicians and surgeons, I am writing to ask you to oppose SB 162.

SB 162 would authorize optometrists to prescribe pharmaceutical agents containing hydrocodone, regardless of the schedule of the controlled substance.

In explaining our opposition, it is essential for the committee to know the context of this legislation. In 2009, the U.S. Drug Enforcement Administration (DEA) asked the U.S. Department of Health and Human Services (HHS) for a recommendation regarding whether to change the schedule for hydrocodone combination products, from Schedule III to Schedule II. A Schedule II classification increases the controls on these products. In October 2013, after extensive analysis, public comments, and public meetings, the Food and Drug Administration (FDA) determined that it would recommend to HHS that hydrocodone products be reclassified to Schedule II. In 2013, the American Optometric Association provided public testimony to the FDA Drug Safety and Risk Management Advisory Committee arguing that hydrocodone remain a Schedule III drug. That view held by the American Optometric Association (as well as other providers) did not prevail. After carefully evaluating and weighing the evidence, the FDA concluded that it was in the public interest to restrict access to frequently abused narcotics. SB 162 plainly runs counter to the FDA's intent to restrict hydrocodone combination products.

This legislation is also premature. No final decision on rescheduling has been made. The FDA announced that it would submit a formal recommendation package in December 2013 to HHS to reclassify hydrocodone combination products into Schedule II. Only after the National Institute on Drug Abuse (NIDA) makes its own recommendation will a process begin that will lead to a final decision by the DEA on the appropriate scheduling of these products. We have yet to see notification in the Federal Register of this process.

There are ample reasons to restrict hydrocodone combination products. As you know, narcotic overdose is a serious problem in Alaska. A recent data set published by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that opiates including prescription drugs were the second leading cause of substance abuse primary treatment admissions in Alaska in 2010. Restricting provider access will reduce community availability of these medicines in the recreational market.

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Consider this problem also in relation to the actual need to prescribe these drugs for eye care. Hydrocodone containing medicines are RARELY prescribed by ophthalmologists except after surgery or in the setting of severe trauma. Optometrists have access to other medicines to effectively treat acute pain, including Tylenol with Codeine amongst others. The vast majority of eye pain is treated with topical measures - ointments, drops, bandage contact lenses, patches... Oral acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) are also used. In a typical surgical ophthalmology practice, it is uncommon to use oral narcotics.

In addition to the addiction risks, hydrocodone is often combined with acetaminophen which can amplify risks to patients. On January 14, 2014, the FDA specifically issued a warning against prescribing analgesics containing more than 325 mg of acetaminophen due to the risk of liver injury. Some pharmaceuticals containing hydrocodone contain more than this 325 mg of acetaminophen. In the near future, the FDA intends to institute proceedings to withdraw approval of prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit that remain on the market. Moreover, according to the FDA, cases of severe liver injury with acetaminophen have occurred in patients who:

- took more than the prescribed dose of an acetaminophen-containing product in a 24-hour period;
- took more than one acetaminophen-containing product at the same time; or
- drank alcohol while taking acetaminophen products.

For all these reasons, the Alaska Society of Eye Physicians and Surgeons and the Academy ask you to oppose SB 162.

Sincerely,

Dan Briceland, MD
Secretary for State Affairs
American Academy of Ophthalmology

Scott A. Limstrom, MD
President
Alaska Society of Eye Physicians & Surgeons

CC:
VICE-CHAIR, Peter Micciche
Senator Kevin Meyer
Senator Pete Kelly
Senator Johnny Ellis

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