AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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March 25, 2014

The Honorable Pete Higgins
Chairman, Alaska House Health and Social Services Committee
State Capitol
120 4th Street Juneau, AK 99801-1182

Dear Chairman Higgins:

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 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. One of the key goals of reclassifying hydrocodone-containing narcotics from schedule III to schedule II is to *restrict the overall number of providers* who can prescribe that medication, due to the high abuse potential. SB 162 plainly runs counter to the FDA's intent to restrict hydrocodone combination products. The US Department of Health Human Services has recently issued a letter supporting the rescheduling.

This legislation is also premature. The DEA is only now in the public comment period to determine whether rescheduling would be appropriate for these products. No regulations have been promulgated.

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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.

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. The vast majority of eye pain is treated with topical measures - ointments, drops, bandage contact lenses, patches... In a typical surgical ophthalmology practice, it is uncommon to use oral narcotics. Moreover, a question was raised before the Senate Health and Human Services Committee if any other effective medications for eye pain could be prescribed by optometrists instead of hydrocodone-containing painkillers. Other options do exist for medical providers in general - and optometrists in particular - to prescribe to patients with eye pain. There are at least two additional opioid narcotic painkillers that currently are available as schedule III drugs for optometrists to prescribe. These drugs are in the same drug class as hydrocodone and are prescribed for moderate to severe pain:

Tylenol #3 (Codeine, Tylenol)
Empirin (Codeine, aspirin)

In addition, *narcotic-like* pain relievers (synthetic opioids) are available that work in a similar way as hydrocodone, but without the strong euphoric effect. These pain relievers are prescribed for moderate to severe pain:

Ultram (tramadol hydrochloride)

A multitude of additional prescription, non-narcotic pain medications are listed below that are available for use. These may also be used in moderate to severe pain:

Diclofenac Indomethacin Nabumetone Sulindac
Etodolac Ketorolac Piroxicam Oxaprozin
Tolmetin sodium Fenoprofen calcium Meclofenamate sodium

In addition to the addiction risks, hydrocodone is often combined with acetaminophen which can amplify risks to patients. On January 14, 2014,

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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. ***Patient safety is paramount.***

Sincerely,

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

Scott A. Limstrom, MD
President
Alaska Society of Eye

CC:
The Honorable Wes Keller, Vice-Chair
The Honorable Benjamin Nageak
The Honorable Lance Pruitt
The Honorable Lora Reinbold
The Honorable Paul Seaton
The Honorable Geran Tarr

[redacted]