



American Pharmacists Association[®]

Improving medication use. Advancing patient care.

June 3, 2016

Division of Dockets Management
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

[Submitted electronically to www.regulations.gov]

Re: Drug Safety and Risk Management Advisory Committee and the Anesthetic and Analgesic Drug Products Advisory Committee (FDA-2016-N-0820)

Dear Sir/Madam:

APhA is pleased to submit these comments to the Food and Drug Administration (“FDA”) regarding the joint meeting held May 3-4, 2016 by the Drug Safety and Risk Management Advisory Committee and the Anesthetic and Analgesic Drug Products Advisory Committee (“Joint Meeting”). During the Joint Meeting, panelists discussed possible modifications to the extended release/ long acting (“ER/LA”) opioid analgesics Risk Evaluation and Mitigation Strategies (“REMS”). Founded in 1852 as the American Pharmaceutical Association, APhA represents more than 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician office practices, managed care organizations, hospice settings, and the uniformed services.

APhA appreciates FDA’s ongoing efforts to gather input from stakeholders on issues related to REMS and to operationalize that feedback. We were particularly pleased to hear FDA’s October 2015 announcement of a priority project intended to integrate REMS in Structured Product Label (SPL) format, a recommendation which APhA has consistently made to FDA. We believe such projects will help with the adoption of these documents into pharmacy integrated technology (IT) systems. We support FDA’s ongoing efforts to develop and implement methods to streamline and enhance the REMS program, including the ER/LA Opioid Analgesics REMS. We offer additional recommendations and suggestions to maximize program efficacy, minimize systemic and clinician burden, and help curb prescription drug abuse. As work continues, APhA would like to serve as a resource for FDA and manufacturers as they further refine and enhance REMS programs to meet the needs of patients and the health care system.

I. Modification of the ER/LA opioid analgesics REMS

APhA supports FDA's general interest in reconsidering the REMS programs for ER/LA opioid analgesics, consistent with FDA's Opioid Action Plan's goals.¹ We believe that viable solutions to curb opioid abuse will require everyone working together, including health care professionals, patients, and federal, state and local governments. Robust education is an essential component to ongoing and lasting improvements and will help stakeholders adjust to the shift that is taking place regarding the prescribing and use of opioids. APhA views the REMS program as one component of the many educational efforts underway. We recommend that FDA work with other local, state and federal entities, including the Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, and Drug Enforcement Agency to make education available, beyond the REMS program, that is both comprehensive and targeted to address the knowledge gaps of relevant stakeholders.

In addition to multi-stakeholder efforts, we support approaches that are evidence-based. Given the difficulty of evaluating the effectiveness of REMS as an intervention, APhA suggests that FDA consider pilot projects to better understand the effectiveness of the REMS program. Like FDA's SPL demonstration project, innovative REMS program elements should be evaluated in pilot programs, with front-line providers troubleshooting technical and/or logistical issues and offering suggestions for improvement. Successful approaches can then be rolled out with sufficient time for providers to prepare for, and adapt to, changes. Doing so will provide evidence to help guide future decisions regarding components of REMS programs, in addition to specific information about the ER/LA opioid analgesics REMS program.

Mandatory education was a component discussed at length during the Joint Meeting. Should training eventually be required for prescribers, APhA suggests that FDA work with stakeholders, such as pharmacists and technology vendors, to ensure the verification process is seamlessly integrated into pharmacists' workflow. As more attention is paid to prescription drug abuse, health care practitioners are taking on more responsibilities resulting in changes to common practices. Thus, any modifications to the ER/LA Opioid Analgesics REMS that FDA considers should carefully contemplate the burden placed on practitioners in context of other new demands and workflow changes.

II. Immediate release (IR) opioid analgesics REMS

Several members of the advisory panel favored expanding the REMS program to include immediate release opioids. We believe that if an IR opioid REMS program is developed and required, then it should be harmonized with the ER/LA Opioid Analgesics REMS programs' format and content and key health care professionals, such as pharmacists, should be included early in development discussions. Such outreach is particularly vital if an IR REMS program tasks providers with intervention, registration, or verification elements which would impact their workflow. Leveraging clinician knowledge to pinpoint potential problems offers sponsors the opportunity to fix them proactively, rather undertaking disruptive remedial modifications post-implementation. As with any REMS program, content should be meaningful and evaluated regularly.

¹ See, Food and Drug Administration, Fact Sheet – FDA Opioids Action Plan, available at: <http://www.fda.gov/NewsEvents/Newsroom/FactSheets/ucm484714.htm>, last accessed: June 1, 2016.

III. Standardization of REMS

APhA continues to recommend that FDA standardize REMS program elements to potentially yield result in stronger, less burdensome REMS programs. Currently, there are hundreds of REMS programs, each with its own unique administrative nuances and components. This variability can make compliance daunting for health care professionals and patients. Although flexibility in program design is necessary and even desirable, introducing some level of consistency around the REMS elements would reduce compliance burdens without compromising program effectiveness. APhA suggests that FDA organize REMS programs based on tiers or levels (*e.g.*, like the schedules for controlled substances). A similar approach has worked well for Transmucosal Immediate Release Fentanyl (“TIRF”) drugs, and we believe that it could be extended successfully to other medications such as ER/LA opioid analgesics. Each level could include a standard set of components to be applied based on the level of risk associated with the medication. Such an approach would allow manufacturers reasonable latitude in REMS construction, while introducing baseline consistency and predictability. Not only would this ease prescriber and pharmacist burden associated with REMS management, it would also ease the integration of REMS programs into existing workflows and systems.

IV. Integration of REMS into clinician workflows

APhA has consistently advocated for the incorporation of REMS programs into existing prescriber and pharmacist patient care work flows to the greatest extent possible. As clinician practices are coming under greater scrutiny in response to the opioid epidemic, leveraging existing electronic technologies and infrastructures, including electronic health records (“EHR”) systems, e-prescribing systems, pharmacy management systems, prescription drug monitoring programs and claims communications technologies creates the possibility of interoperability and enhances information-sharing among providers without the necessity of expensive new information technology (“IT”). Additions or modifications to REMS programs for opioid products will need to consider the regulatory and legislative changes impacting these products and pharmacy practice, including workflow.

APhA encourages FDA to enhance existing resources, such as the REMS@FDA site, to create a “one stop shop” or clearinghouse for all REMS program information which could help improve practitioner utilization. Information on training and patient and provider registration could be added to the educational material currently available. Centralizing information reduces burden by routing providers to any sponsor’s tools and information quickly, saving time that would otherwise be spent searching for various REMS websites. This site could also potentially serve as a foundation for future add-on functionality, including the integration of the claims transaction process and the patient registration process. Continuing with the current fragmented, siloed system that centers on the REMS sponsor rather than the patient wastes an opportunity to take advantage of technological solutions that can improve compliance and increase system efficiencies. Given the attention being paid to opioids, this could serve as an opportunity for FDA to prioritize development of new resources that have broad applications but would be particularly useful to opioid prescribing and dispensing practices.

V. Assessment and enhancement of ER/LA Opioid Analgesics REMS

APhA believes that the ongoing reassessment of the ER/LA Opioid Analgesics REMS program and tools is vital to both patients and providers. From a patient safety standpoint,

assessment measures should be designed to create an iterative feedback loop. Using the same efficacy assessment tools year after year may not provide substantive, actionable insight into poor outcomes and/or adverse events. This is consistent with the discussion at the Joint Meeting where panelists discussed the difficulty in evaluating the effectiveness of REMS as an intervention. Therefore, we urge the FDA to require assessment tools that generate usable data and build on information gleaned from previous assessments. Further, each REMS program's assessment process should involve input and guidance from prescribers, pharmacists, and patients and assessment results should be shared with clinicians. To provide manufacturers with the flexibility to create these assessment tools and to respond appropriately to findings, we recommend FDA streamline the process for making changes to REMS tools when such changes are prompted by assessment data.

In closing, we thank the FDA for dedicating time and resources to this important effort. While FDA does not regulate the practice of pharmacy, FDA's decisions impact the profession daily. If appropriate time and resources are invested, pharmacists can further improve public health and education regarding REMS medications. APhA continues to advocate for a standardized, systems-based approach that utilizes existing technology and infrastructure to implement and evaluate REMS programs. We look forward to working with the FDA, manufacturers, prescribers, and other stakeholders to identify innovative approaches to streamlining and enhancing ER/LA Opioid Analgesics REMS program. If you have any questions or require additional information, please contact Jenna Ventresca, JD, Associate Director of Health Policy, at jventresca@aphanet.org or by phone at (202) 558-2727.

Sincerely,



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Executive Vice President and CEO

cc: Stacie S. Maass, RPh, JD, Senior Vice President, Pharmacy Practice and Government Affairs