



March 16, 2018

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: Opioid Policy Steering Committee: Prescribing Intervention-Exploring a Strategy for Implementation; Public Hearing; Request for Comments (Docket Number: FDA-2017-N-6502)

Dear Sir/Madam:

The American Pharmacists Association (APhA) appreciates the Food & Drug Administration's (FDA) issuance of a Request for Comments ("RFC") to respond to the Opioid Policy Steering Committee's (hereinafter, "Steering Committee") public meeting regarding prescribing interventions. APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 64,000 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 encourages legislative, regulatory, and private sector efforts to address our Nation's opioid epidemic, as long as those efforts are appropriately balanced with the legitimate needs of the millions of patients living with pain. APhA supports FDA's efforts to identify strategies the agency may employ under its Risk Evaluation and Mitigation Strategy (REMS) authority to improve the safe use of opioid analgesics by curbing overprescribing to decrease the occurrence of new addictions and limit misuse and abuse of opioid analgesics. We offer the following comments to further the impact of FDA's efforts.

I. Prescriber Documentation

1. If a REMS were to specify threshold drug amounts for opioid analgesic prescriptions above which prescribers would be required to provide additional documentation of medical necessity, what should the amounts be and how should they be determined for various clinical indications? What data are there to support such amounts? What additional data would be useful?

APhA does not support FDA's use of the REMS program to recommend drug thresholds requiring prescribers to provide additional documentation of medical necessity. APhA believes such standardized, generalized thresholds could undermine or be inconsistent with practitioner judgment and the move towards personalized medicine or individualized care. In addition, APhA

believes such a process would be redundant with several payers' who have implemented prior authorization policies, which often require prescribers to justify prescribing decisions when certain thresholds or circumstances are identified. Instead, APhA recommends FDA, along with other federal agencies, facilitate and support research regarding the optimal timeframe for short-term opioid use.

i. Verification

APhA appreciates FDA's acknowledgement of the burdens REMS programs place on pharmacists. However, FDA's proposed solution to place verification requirements on sponsors could lead to prescribers justifying treatment decisions multiple times, to both payors, sponsors and pharmacists. These demands on prescribers could hamper the needed communication between prescribers and pharmacists regarding prescribing decisions, such as a patient's diagnosis. While sponsors' verification could be less burdensome if integrated into prescribers' workflow, payors and pharmacists will likely not have access to such data to preemptively address coverage issues, thus creating additional administrative burdens and possibly delays in treatment. In addition, without such clinical information, pharmacists may experience more difficulty fulfilling their corresponding responsibility to determine if a patient's controlled substance prescription is for a legitimate medical purpose.¹ As an alternative, APhA encourages FDA to consider how sponsors could help fund systems to improve communications between prescribers and pharmacists.

ii. Thresholds for Clinical Indications

FDA seeks feedback regarding how threshold amounts should be determined for various clinical indications. As noted in previous comments, APhA is amenable to the idea of FDA working with prescriber groups, including pharmacists, to develop guidelines informed by best evidence on the proper prescribing of opioid products by indication.² However, APhA strongly recommends any such guidelines need to contain statements regarding their clinical application, clearly articulating they should not be used to create coverage policies or as a basis for thresholds in regulations and laws. Recently, several states and payers have implemented broad policies relying on thresholds noted in a federal guideline, ignoring the guideline's accompanying language which defers to clinical judgment. Should FDA decide to create guidelines related to proper opioid prescribing, APhA strongly recommends including stakeholders representative of the care continuum, such as those involved in pain and palliative care, and patients, in their development.

¹ See 21 CFR §1306.04 Purposes of issue of prescription. Stating "(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act ([21 U.S.C. 829](#)) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances."

² See American Pharmacists Association, December 2017, Opioid Policy Steering Committee; Establishment of a Public Docket; Request for Comments (Docket ID: FDA-2017-N-5608-0001), available at: <https://www.pharmacist.com/sites/default/files/audience/Opioid%20Policy%20Steering%20Committee%20Comments%20-%202012%2028%2017.pdf>

2. If such measures were required, how should prescribers be made aware of them? Within the Agency's statutory REMS authority, how should the Agency require sponsors to ensure compliance with them? How should the Agency require sponsors to assess their effect in reducing misuse, abuse, and new addictions?

i. Awareness

If threshold measures and sponsor verification were required, APhA believes multiple efforts would need to be employed to increase awareness, including utilization of professional associations for outreach and education, among other efforts. APhA recommends convening stakeholders to identify communication strategies to coordinate awareness efforts.

ii. Electronic Prescribing

Any changes to the REMS program, including those impacting pharmacists' roles in verification, need to be based on the best-available research and accompanied with testing, education, and careful consideration regarding a feasible implementation period and the effect on patients. FDA's proposed policy relies on an "electronic system (e.g., electronic prescribing integrated into a prescriber's workflow)." However, APhA does not believe prescribers' uptake of electronic prescribing was contemplated in the proposed policy because as of January 2018, only 22.9% of prescribers were enabled for electronic prescribing of controlled substances and there remains significant variability between states.³ Consequently, implementation efforts will need to consider practitioners' readiness to comply with basic technology requirements and how to use such technology in a manner consistent with federal and state law, in addition to any new policy.

APhA also has concerns regarding direct and indirect implications, including costs, on pharmacists and pharmacies resulting from electronic prescribing.⁴ APhA encourages FDA to consider how sponsors can help mitigate financial losses pharmacies incur due to the proposed electronic prescribing requirement and other changes in REMS programs. APhA recommends FDA first consider the implications of electronic prescribing mandates before deciding to implement a policy that relies on electronic prescribing as part of REMS verification processes.

iii. Assessment

APhA is concerned with sponsors being responsible for assessing their own impact on reducing misuse, abuse and new addictions. APhA seeks additional information regarding FDA's expectations regarding sponsors' access to a patient's health information. Given the sensitivity of the information, APhA would likely have concerns with sponsors' access to such information and the appropriateness of sponsors' assessing such outcomes.

³ Surescripts, EPCS Readiness: Which States Lead the Charges (Data sourced January 2018), available at: <http://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-of-controlled-substances/>, last accessed: March 13, 2018.

⁴ Nanji, K.C., Rothschild, J.M., Boehne, J.J., Keohane, C.A., Ash, J.S. & Poon, E.G. (2014). Unrealized potential and residual consequences of electronic prescribing on pharmacy workflow in the outpatient pharmacy, *Journal of the American Medical Informatics Association*, 21(3), 481-486.

II. Additional REMS Approaches

3. The Steering Committee requests input from the public on whether, in addition to, or in conjunction with the above described prescriber intervention, and to the extent consistent with its statutory authority, the Agency should consider requiring sponsors to create a system that utilizes a nationwide prescription history database to facilitate safe use of opioid analgesics.

APhA supports nationwide integration of prescription drug monitoring programs that incorporate federal, state and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision-making when providing patient care services related to controlled substances. APhA recognizes workflow interruption and patient identification issues are among the problems with current systems and encourages enhancements. Any process to develop recommendations for changes to prescription drug monitoring programs (PDMPs) should include state boards of pharmacy, pharmacists, prescribers and other users. Additionally, such an undertaking should not be conducted independently by FDA. A separate system created in addition to state PDMPs could be redundant and place additional burdens on practitioners having to check multiple systems given state PDMP mandates and practice guidelines.

4. If this approach were adopted, how should the Agency require sponsors to assess the impact of such requirements?

As noted in the response to question 3, APhA has significant concerns with FDA and sponsors working independently to implement a nationwide prescription history database. With regard to how to assess the impact of these requirements, APhA questions whether sponsors are the appropriate entity to perform such an assessment, particularly because they have a vested interest. Assessment methods and stakeholders who should be involved will also need to be carefully considered, if such a policy advances.

III. Additional Considerations

5. The proposed Opioid Analgesics REMS includes a Medication Guide and a Patient Counseling Document to educate patients. It also includes a Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain that contains information on counseling patients and caregivers about the safe use of opioid analgesics. Consistent with its statutory authority, should FDA require sponsors to take additional measures to ensure that health care providers, their patients, and patient caregivers and family members are educated on safe storage and disposal and the risks of misuse, abuse, and addiction associated with opioid analgesics (e.g., a public health campaign targeted at these groups)?

While education is a critical component to REMS and other programs, it is important FDA is mindful of current requirements and the substantial work demands placed on health care professionals. Due to the number of federal, state, and payor requirements placed on providers, including pharmacists, any additional mandate's benefit needs be balanced against its cost. In addition, prior to implementing any new measure related to REMS, there should be more

evaluation of current requirements' impacts, and the identification of successful program practices. Furthermore, APhA encourages FDA to fulfill patient education and care needs by supporting programs and activities involving more in-depth, and reimbursed, services by providers, including pharmacists.

6. Should the Agency consider additional measures intended to improve the safety of patient storage and handling of opioid analgesics?

APhA reiterates our comments stated in Docket Number: FDA-2017-N-5897 regarding packaging, storage and disposal options to enhance opioid safety.⁵ Any such measures should be evidence-based to improve patient safety and outcomes, and also feasible to implement. Specific policy proposals should be made available for public comment.

7. How might use of unit-of-use packaging play a role in encouraging appropriate prescribing of opioid analgesics?

Specific to unit-of-use packaging, as stated in APhA's comments in Docket Number: FDA-2017-N-5897, APhA acknowledges it can be a tool to help improve adherence and prevent diversion, among other potential benefits.⁶ However, state scope of practice laws, product and patient needs may preclude the use of different packaging options. For example, several states limit pharmacists' authority to change a prescription quantity to align with unit of use packaging which creates a barrier for patients. APhA recognizes that different drug product packaging options may enhance patient care, but encourages FDA to work with stakeholders to establish policies, which support the pharmacists' ability to select appropriate drug product packaging.

As FDA considers alternative packaging, we also encourage the agency to consider factors such as cost and storage within a pharmacy. Pharmacies often operate at tight margins and have limited storage space. New and more technologically advanced vials may pose storage and cost issues to pharmacies which can limit a pharmacy's ability to purchase and stock such vials. Alternatively, pharmacies may use more sophisticated dispensing systems which may not be compatible with new vial designs or labeling. APhA encourages FDA to also evaluate the feasibility of pharmacies utilizing innovative packaging options.

8. Should the Agency require sponsors to create a mechanism by which patients could return unused pills, and if so, to whom?

Pharmacists play a key role in educating patients regarding disposal options and some pharmacies provide take back receptacles and other disposal options. While APhA recommends

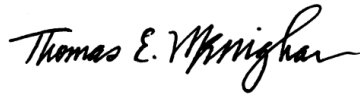
⁵ American Pharmacists Association, Packaging, Storage, and Disposal Options to Enhance Opioid Safety – Exploring the Path Forward, available at: <http://pharmacist.com/sites/default/files/audience/APhA%20Packaging%20Storage%20and%20Labeling%20Comments%20-%20Final.pdf>.

⁶ American Pharmacists Association, Packaging, Storage, and Disposal Options to Enhance Opioid Safety – Exploring the Path Forward, available at: <http://pharmacist.com/sites/default/files/audience/APhA%20Packaging%20Storage%20and%20Labeling%20Comments%20-%20Final.pdf>.

continuing the offering of medication take-back and disposal options and encourages pharmacists' involvement in the planning and coordination of disposal take-back programs, we are aware that disposal programs can be costly and regulations can be difficult for some pharmacies to satisfy. APhA notes there are many different kinds of disposal options patients utilize, such as take back days, mail back programs, and sewerage, among others, each providing different risks and benefits. APhA requests FDA promote different ways to dispose medications to help efforts to inform the public of their choices.

Thank you for the opportunity to provide comments in response to the Opioid Policy Steering Committee's RFC regarding prescribing interventions. APhA believes it is imperative that a proper balance be maintained between the need for appropriate pain management for the millions of patients with legitimate needs for opioids and taking steps to minimize and prevent misuse and abuse. As you move forward, please do not hesitate to use APhA as resource. If you have any questions or require additional information, please contact Jenna Ventresca, Director, Health Policy, at jventresca@aphanet.org or by phone at (202) 558-2727.

Sincerely,

A handwritten signature in black ink that reads "Thomas E. Menighan". The signature is written in a cursive, flowing style.

Thomas E. Menighan, BSPHarm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

cc: Stacie Maass, BSPHarm, JD, Senior Vice President, Pharmacy Practice and Government Affairs