

# Statement for the Record: National Community Pharmacists Association (NCPA)

## Senate Committee on Finance

### “Examining the Opioid Epidemic: Challenges and Opportunities”

Tuesday, February 23, 2016

Chairman Hatch, Ranking Member Wyden, and Members of the Committee:

Thank you for conducting this hearing focusing both on the challenges and opportunities that may exist in the ongoing and pervasive opioid epidemic. In this statement, NCPA would like to present our thoughts and suggestions on strategies to curtail prescription drug abuse and address this public health issue. NCPA represents the pharmacist owners, managers and employees of nearly 23,000 independent community pharmacies across the United States. These pharmacies dispense approximately 40 percent of all community pharmacy prescriptions and are typically located in rural or very urban areas.

#### **Recommendations to Address Prescription Drug Abuse**

NCPA is committed to working collaboratively with the Department of Justice, DEA, other federal and state agencies, law enforcement personnel, policymakers, and other interested stakeholders in adopting viable solutions to prevent prescription drug abuse and diversion. We believe there are promising policies that could be scalable and have a positive impact on mitigating or preventing abuse, without compromising legitimate patient access to needed pain medications, such as:

- **Expanded Consumer Access to Naloxone.** This is a medication that is used to reverse the effects of opioids, especially in overdose. NCPA has begun work to support and advocate for pharmacists to participate in wider distribution of naloxone under protocols approved by state pharmacy and medical boards.
- **Enhanced Prescription Drug Monitoring Programs (PDMPs):** Creating interoperable and robust electronic databases to track all prescriptions for controlled substances could identify improper prescribing and dispensing behavior as well as individuals at high-risk of overutilization. Making certain that prescribers, pharmacists, and law enforcement personnel have timely access to this information would ensure that drug users and/or seekers could not manipulate the system.
- **Formation of a Prescription Drug Abuse Commission or Working Group:** Several lawmakers have proposed the formation of such a group to bring together the

perspectives of law enforcement, health care providers and community advocates to discuss challenges and potential solutions.

- **Increased Health Care Provider Education:** State medical licensing boards could require licensees to obtain continuing education certification on pain management and could also require that all licensees register with a state prescription drug monitoring program in order to obtain their initial license or renewal.
- **Increasing the appropriate use of Risk Evaluation and Mitigation Strategies (REMS).** A REMS is a specialized set of instructions intended for prescribers and dispensers designed to enable professionals to more effectively manage a known or potential serious risk associated with a drug. Increasing more effective use of REMS information can help to decrease abuse, misuse, addiction and overdose death from opioid abuse.

### **CMS Has Demonstrated Clear Success in Reducing Opioid Overutilization in Medicare Part D**

As part of a multifaceted response to address the growing problem of overuse and abuse of opioid analgesics (“opioids”) in the Part D program, the Centers for Medicare & Medicaid Services (CMS) adopted a policy in 2013 for Medicare Part D plan sponsors to implement enhanced drug utilization review. CMS is seeing real results from these efforts. From 2011 through 2014, there was a 26% decrease or 7,500 fewer Medicare Part D beneficiaries identified as potential opioid overutilizers. This represents a 39% decrease in the share of beneficiaries using opioids who are identified as potential opioid overutilizers.

In addition, in the recently released Part D “Call Letter”-- the annual document that provides guidance to all Part D plan sponsors for the next year-- CMS clarified that they will now require all Part D plans to implement “both soft and hard formulary-level cumulative morphine equivalent dose (MED) point of sale edits.” This means that Part D plans will have to have certain computer systems in place that will automatically send a message from the Part D plan (payor) to the dispensing pharmacy during the claim adjudication process in the event that a prescription associated with a particular patient or beneficiary would put that patient over a threshold safe dosage of an opioid. Depending on the threshold amount, these edits will in some cases prevent certain prescriptions from being filled or processed.

The success of CMS to date with regard to curbing opioid abuse in the Part D program clearly speaks to the suitability of CMS as the entity that should be tasked with the administration of any “lock-in” or other program designed to curb opioid abuse, given CMS’ experience and expertise on the matter.

## **Concerns with Proposed Medicare Part D “Lock-In” Proposal**

NCPA would also like to take this opportunity to share our concerns regarding S. 1913, a proposal that purports to address opioid overutilization in the elderly by requiring that “at-risk” individuals utilize a single prescriber and pharmacy for certain medications. NCPA would like to offer the following recommendations for changes to the proposal to improve oversight of such efforts and maximize beneficiary access to needed medical care and access to medications.

- **CMS, not Individual Part D Plan Sponsors, Should Administer Any “Lock-In” Program.** First, for the sake of consistency and to ensure that any such lock-in policy is being applied uniformly across all plan offerings, it is critical that CMS, the regulatory agency currently tasked with oversight of the Part D program, retains oversight over these efforts. In addition, CMS oversight would also ensure that one entity has access to all of the data generated by “at-risk” individuals and is able to assess the overall success of these efforts across the entire Part D population.

In addition, CMS oversight would eliminate concerns regarding potential PDP “conflicts of interest.” As NCPA has articulated in the past, there are multiple PDP sponsors that have existing commercial relationships with large retail pharmacy chains (i.e. Humana-Walmart). The current language of S. 1913 still only refers to the ability of an “at-risk” individual to indicate his or her “preferences” for the single pharmacy and prescriber. In the absence of clear patient “choice,” this language establishes the PDP sponsor as the ultimate arbiter of the chosen pharmacy and prescriber.

- **Beneficiaries Must Have the Ability to Choose Their In-Network Prescriber and Pharmacy**

It must be noted that in virtually all of the forty-six Medicaid “lock-in” programs, it is the beneficiary that has the clear ability to choose both the in-network prescriber and pharmacy. These programs all clearly use the word “choice” rather than “preference.” In comparison, the current language of S. 1913 would only allow the beneficiary the ability to indicate “preferences for which the beneficiary would prefer the PDP sponsor select.”

In addition, it should be noted that S. 1913 already includes language—that is similar to language that appears in many state Medicaid programs—that would allow the PDP sponsor to change the prescriber or pharmacy if it is determined that either entity is somehow contributing to the potential abuse or diversion. As long as this “fail safe” provision is in place, the beneficiary should be able to choose where and from whom they receive their in-network health care services.

## **Conclusion**

In closing, NCPA stands ready to work with other stakeholders to stem the growing tide of opioid abuse and overdose and strongly believes that there are a number of potential strategies that can be utilized such as increased access to naloxone and enhanced prescription drug monitoring programs to address the problem. Moving forward, we note the success that CMS has had to date in reducing opioid overutilization in the Medicare Part D program and believe that the current “lock-in” proposal would need a number of key edits to ensure that it would be a coordinated and even-handed program. We appreciate the opportunity to provide our thoughts and suggestions.