

February 15, 2018

The Honorable Orrin Hatch
Chairman
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Ron Wyden
Ranking Member
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

Our organization writes in response to your request for feedback to inform the Committee's deliberations in regards to the opioid epidemic. The National Community Pharmacists Association (NCPA) appreciates the opportunity to offer recommendations that should be considered to respond to the nation's opioid crisis.

NCPA represents America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together, they represent an \$81.5 billion health care marketplace and employ more than 250,000 individuals on a full or part-time basis. By volume, 52% of the total prescriptions our members fill is covered by Medicaid or Medicare Part D.

Independent community pharmacies play a critical role in ensuring patients have immediate access to medications. Our members have extensive knowledge and experience in caring for patients with chronic pain as well as those in their communities with substance use disorders.

Attached to this letter are examples of local independent pharmacists responding to the opioid epidemic.

NCPA is committed to working collaboratively with Members of Congress, the Administration, and other stakeholders in adopting viable solutions to prevent drug abuse and diversion. We believe there are efforts in the marketplace that are currently making a difference in the battle against opioid abuse and are scalable and can be applied to Medicare and Medicaid beneficiaries. Among our recommendations for solutions that are within your jurisdiction:

Establish Limits on Maximum Day Supply for Certain Controlled Substances: Federal or state-based policies to limit initial fills of opioids should be standardized for consistent implementation, taking into consideration certain patient populations, such as hospice patients and those residing in skilled nursing facilities. Any policy to limit initial fills of opioids should include a list of circumstances in which a prescriber be allowed to deviate from the mandate. This is best accomplished by CMS creating a consistent policy and appropriate exemptions.

Expand Electronic Prescribing of Controlled Substances: NCPA supports expanding electronic prescribing of controlled substances via requiring prescriptions for controlled substances to be electronically prescribed where feasible. This is best accomplished by CMS creating a consistent policy and appropriate exemptions.

Pass H.R. 592/ S. 109 – Pharmacy and Medically Underserved Areas Enhancement Act: The *Pharmacy and Medically Underserved Areas Enhancement Act* (H.R. 592/S.109) increases medically underserved Medicare Part B beneficiaries' access to health care through pharmacists' services. In relation to the opioid epidemic, with provider status, pharmacists will be able to offer a higher level of attention to the treatments best tailored to those taking opioid medications. Pharmacists are currently involved in pain management programs, mainly working under collaborative practice agreements initiating, monitoring, modifying, and discontinuing medication therapy as well as ordering and interpreting laboratory tests. These services can be expanded if H.R. 592/S. 109 were to become law.

Increase Use and Access to Medication Assisted Treatment: NCPA supports expanding practitioner eligibility for DATA waivers, including pharmacists. Advancement of the pharmacist's role in MAT for opioid use disorders can help improve access and outcomes, while reducing the risk of relapse. Pharmacists are already partnering with physicians to provide MAT. When such relationships form, pharmacists have taken the lead in developing treatment plans, communicating with patients, improving adherence, monitoring patients, identifying treatment options and performing tasks to alleviate the physicians' burden. Thus, pharmacists have both the knowledge and experience to provide MAT but treatment is limited because of regulatory barriers. NCPA recommends Senators Hatch and Wyden advance the *Expanded Access to Opioids Abuse Treatment Act of 2017* (H.R. 3991) or modify the *Addiction Treatment Access Improvement Act of 2017* (H.R. 3692/S.2317) such that pharmacists can increase patients' access to MAT by obtaining a DATA-waiver.

Increase Health Care Provider Education: Increasing health care provider education should be a priority. For any required prescriber education program, a verification infrastructure with minimal administrative burden should be considered. For example, automatic checks related to prescriber status on completion of educational requirements prior to transmission of impacted prescriptions and mechanisms for pharmacists to be informed about the requirements of the program must be considered. We would offer the Transmucosal Immediate Release Fentanyl (TIRF) REMS program as an example. The pharmacist's role is to provide continuity of education and monitoring.

Conclusion

NCPA greatly appreciates the opportunity to share our recommendations on ways to respond to the nation's opioid crisis. NCPA stands ready to work with all stakeholders to stem the growing tide of opioid abuse and overdose.

Sincerely,



Karry K. La Violette
Vice President, Government Affairs and Advocacy



Ronna B. Hauser, Pharm.D.
Vice President, Pharmacy Affairs

Local Solutions in Action: Independent Community Pharmacists Describe Responding to the Opioid Epidemic

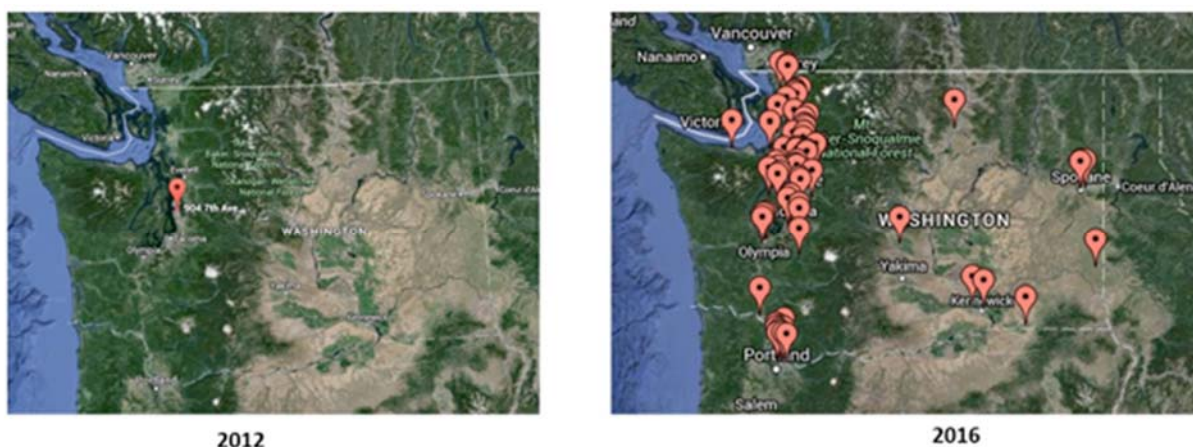
Ryan Oftebro:

Kelley-Ross Pharmacy Group (KRPg) is an independent pharmacy practice in Seattle, WA. KRPg consists of four unique pharmacies as well as our Clinical Pharmacy Institute (our innovation lab) and the Kelley-Ross Foundation. The individual pharmacies include a clinic base community pharmacy, PCAB accredited compounding pharmacy, Long-Term Care and a contract home delivery pharmacy.

They have been recognized at the state and national level for our innovative practice, and they serve the greater Seattle community which includes a diverse population, but with focus on underserved populations.

Since August of 2012, Kelley-Ross has been working under a collaborative practice agreement to provide naloxone to anyone at risk of witnessing an overdose, the first such agreement in Washington State. The pharmacy works closely with multiple community organizations on this issue, most notably the University of Washington Alcohol and Drug Abuse Institute (UW ADAI), Science and Management of Addiction (SAMA), King County, and the Washington State Pharmacy Association (WSPA). In partnership with these organizations, Kelley-Ross has not only been able to provide education and naloxone for multiple people and organizations, but it has also helped multiple pharmacists (directly and indirectly) across the state and country develop their own programs (Figure 4).

Figure 4 – Take Home Naloxone programs in Washington State from 2012 to 2016



Results of this program to-date are provided in Table 5. **Anecdotally, of the roughly 150 kits dispensed, there are 16 confirmed uses – that’s potentially 16 lives saved.**

The program continues to expand with a confirmed a contract with King County to provide take home naloxone to the roughly 17,000 clients actively enrolled in opiate treatment centers throughout the county. Furthermore, additional kits have been provided to rural counties and centers throughout the state to help support access to naloxone in areas that do not yet have access through local clinics or pharmacies.

To date, we have dispensed nearly 4,000 naloxone kits to individuals as well as entities such as homeless shelters, housing programs and behavioral health organizations. **We have delivered nearly 50 group trainings** to thousands of individuals. **We have received reports of dozens of rescues from naloxone distributed through our program.**

The work will continue to focus not just on providing naloxone, but also on the opiate epidemic itself. Kelley-Ross CEO, Ryan Oftebro, is a member of the King County Opiate Overdose task force that is focusing on the overdose epidemic, helping with issues such the access to safe houses, Medication Assisted Treatment (MAT) support, and public awareness and education of how to respond to opiate overdoses.

Kelley-Ross pharmacists also help to support physician MAT, including Jennifer Bacci, the University of Washington shared faculty fellow, who works with thought leaders in the area to determine ways pharmacists in the community can help increase access to MAT, support patients' needs, and decrease physician burden to perform these services.

Mimi Hart:

I own Hart Pharmacy in Cincinnati. It was started by my father in 1960. We serve the lower, east and west Price Hill areas on the west side of the city. It is a very diverse socioeconomic area, but many of our residents are lower income and the heroin/opioid epidemic has hit our area hard.

In September of 2006 I was approached by The Center for Addiction Treatment (CAT) to be their consultant pharmacist and supply medications for the facility. In the ensuing years, I helped institute MAT as the standard of care, oversaw the establishment of a Medication Assisted Treatment (MAT) intensive outpatient clinic and currently overseeing the pharmacy component of the facility expansion. While the facility pays for the medications, I do not charge for my time and expertise.

We were the first pharmacy in the state to sign up for naloxone dispensing per collaborative agreement. We supplied Hamilton, Butler and Clermont counties with the first doses of naloxone to hit the streets. At that time a syringe cost \$10 and the nasal aspirated was very difficult to obtain. We couldn't get paid for the aspirators and gave a lot of them away. We have held classes on proper use and participate in neighborhood walks where we pass out kits and information on rehab resources. We were involved in the first Project Dawn project with CAT and UC Health to distribute naloxone kits and track the effectiveness.

In February 2015, I took a similar (unpaid) position with First Step Homes, which participates with Project Hope in treating pregnant women and mothers with children.

My daughter graduated from UC College of Pharmacy in 2016 and has taken over many of my hours at the store, but I continue to take care of the rehab facilities. I consider taking care of my neighborhoods, and especially providing a nonjudgmental environment where patients can come for their medication needs, to be a top priority. My pharmacy stocks naloxone injection, tablets, MAT medications and Vivitrol so our patients are always taken care of. Our staff is always available for questions from patients and families and we supply lists of available programs for anyone who show interest.

I have received many local commendations for my work, but also the 2012 Bowl of Hygeia from APhA and was an Enquirer Class of 2014 Women of the Year.

Our pharmacy is very proud all the work we do in our community. The loss of independent pharmacy is devastating to communities and every step should be taken to make sure it doesn't continue.

Emily Blaiklock:

St. Matthews Community Pharmacy is located in Louisville, KY and opened in November 2013 with a service-based pharmacy focus rather than a volume-based model like so many of our larger chain pharmacies. St Matthews offers a multitude of unique patient services including a medication management program and concierge service targeted to the elderly in order to keep them independently living as long as possible, a program for the blind, hormone replacement therapy management, and most recently a long-acting opioid addiction service.

The community in Louisville as well as in Indiana have been hit hard by the opioid crisis. In fact, one of our pharmacists attended the DEA360 “train the trainer” initiative last year which choose Louisville as one of its three targeted cities to pilot the program due to the high rates of opioid abuse and opioid overdose rates.

Prevention-St Matthews Community Pharmacy was the first pharmacy in Louisville to have pharmacists complete training and an active physician signed protocol to be able to distribute naloxone. We held community classes to help educate loved ones on the signs/symptoms of opioid use/overdose and how to administer naloxone to those in need.

St Matthews Community Pharmacy also began filling and administering Vivitrol, the only non-opioid medication-treatment-option (MAT) for opioid addition. **Last August we filled and administered eight injections to patients, which has grown to filling/administering over 100 injections in the month of July.** Our pharmacists have completed training through programs which reimburse pharmacists for administration of long-acting injectables, as well as provide counseling and appointment reminders in order to improve treatment compliance which is essential for a patient population highly prone to relapse when non-compliant. In fact, our model of patient adherence has been so successful the manufacturer of Vivitrol is interested in collecting further data on our patient adherence rates/outcomes and we are working with the University of Kentucky on a \$100,000 federal grant to duplicate our community pharmacist based treatment model in order to improve access to treatment and patient outcomes over the next year.

Another important aspect to opioid treatment success is the seamless transition of patients from inpatient detox or treatment facilities back to their community. This was a place that St Matthews Community Pharmacy Identified was were many patients were relapsing. **St Matthews Community Pharmacy now takes between five to ten calls a day from patients who are looking for a Vivitrol provider or interested in getting clean, and are providing these patients with referral options for their specific needs based on their insurance providers.**

This services has simply spread by word-of-mouth, but is a service we continue to offer patients in our community in order to help navigate the insurance/healthcare system to be able to get treatment as soon as they are ready to do so.

We began our naloxone dispensing protocol in February 2015. Since then we have added narcan and evzio to our protocol as well and are now able to help patients choose the most affordable option based on their specific insurance policy. We began administering Vivitrol two years ago, but really focused on the program's growth over the last year.

In our community, everyone knows someone who has struggled with opioid, opiate, or heroin addiction. As independent community pharmacists, it is important for us to be invested in the communities we live in. Once we discovered an issue affecting so many of our patients it was important to us to find new and innovative ways to play our role in helping to end this devastating crisis. Therefore, we have decided to attack the problem both from a prevention and treatment standpoint through our naloxone and Vivitrol treatment programs.

Since implementing our naloxone protocol many other pharmacies in Louisville have followed suit. Louisville has a very active harm reduction coalition which also distributes naloxone to those in need on a regular basis regardless of the patients' ability to pay. The Vivitrol Program has grown 10-fold since August of last year, with St Matthews filling/administering over 1,000 Vivitrol injections within the last year. **Our pharmacists are constantly asked to give CE presentations at state and local conferences on the logistics of setting up a similar opioid addiction treatment clinic and are happy to do so.** St Matthews Pharmacy encourages other community pharmacists to step up and help provide treatment facilities within the community for patients who are willing and ready to get treatment to do so by minimizing any barriers for them to receive care.