

PRACTICAL SOLUTIONS TO Address Opioid Abuse and Misuse

Today, our country is grappling with an epidemic that permeates every community in America and involves all corners of the supply chain. Many steps already have been taken to reverse the prevalence of abuse and misuse of opioids. In 2016, the Centers for Disease Control and Prevention issued guidelines that called on providers to voluntarily limit their first opioid prescriptions for acute pain to a three-day supply or less. Several states and major health organizations, including the Centers for Medicare & Medicaid Services, have since implemented opioid limits and dosing requirements aligned with these guidelines. Insurers, health systems and pharmacy benefit managers are combing their data to identify and educate prescribers whose prescribing practices lie outside current guidelines. Federal institutions, including the White House, the Food and Drug Administration, Congress, and the National Academies of Science, Engineering and Medicine, are focusing on this issue.

Recognizing that each player in our diverse healthcare system has a role, wholesale distributors have been committed to working collaboratively to tackle this complex national crisis. As logistics companies, wholesale distributors have invested heavily in information technology systems to help better identify suspicious orders based on their own individual customer experience and ordering patterns. They also employ team members to track and monitor pharmacy orders, and continue to support efforts designed to improve coordination and communication with the Drug Enforcement Administration (DEA) as well as other state and federal authorities.

Yet more must be done. In order to enhance and improve our collective response to addiction and abuse of opioids, HDA supports and encourages the following initiatives.

Educating Patients, Families and Caregivers

- **Increasing Patient Information About Safe Use of Opioids and Drug Disposal**

Distributors are committed to working with our pharmacy colleagues to provide education materials to patients. With [recent data](#) suggesting that more than 40 percent of those who misuse opioids first obtained them from a friend or relative, we believe we can have a meaningful impact by informing patients and caregivers about how to prevent misuse before it happens.

HDA supports national take-back days and other methods of appropriate disposal. It is also critical that patients, family members and caregivers know how to swiftly and properly dispose of unused opioid medications. Over the past several years, pharmacies and healthcare providers have begun to collect unwanted medications. While these programs have increased, and the DEA continues to hold nationwide drug take-back days in partnership with state and local law enforcement, many families still may not find an immediately convenient disposal site. Other strategies can help to fill this gap such as take back kiosks in pharmacies or law enforcement locations, drug take-back envelopes and drug deactivating pouches that can be used at home to neutralize drugs, making them unavailable for future use or misuse. By informing patients about all of their options for disposing of unwanted drugs, we can reduce the number of opioids available for abuse and misuse.

- **Increasing Patient Education Related to Partial Filling of Prescriptions**

HDA also endorses efforts of pharmacists to use professional judgement to “partial fill” opioid prescriptions and/or to inform patients about their

ability to request a “partial fill” of their opioid prescription. Partial fill provisions allow pharmacists to dispense part of the prescription on one day and, if the patient or prescriber asks, the remaining prescription in a few days. Partial fill provisions mitigate the likelihood that a patient would have more medication than he or she needs, but still can receive the entire amount if necessary. This also provides the pharmacist and patients with additional opportunities to interact, allowing the patient to ask any new questions and the pharmacist to provide advice and to detect signs of misuse.

Using Data and Technology to Prevent Diversion and Abuse

- **Improving Data Sharing with State Pharmacy Boards**

Many states are encouraging greater information exchange between states’ boards of pharmacy or analogous regulatory agencies and the DEA through the sharing of wholesale distributors’ “suspicious order reports.” When regulatory entities such as state boards of pharmacy are able to access the suspicious order reporting data that the DEA receives from wholesale distributors, they may be better able to coordinate with the DEA (which has ARCOS* data for comparison) in identifying bad actors. Distributors believe that this communication and data sharing, properly and effectively assessed, can be very helpful in identifying and preventing system-wide abuses. Further, HDA supports a uniform suspicious order system.

- **Enhancing Prescription Drug Monitoring Programs (PDMPs)**

All 50 states and the District of Columbia have authorized the operation of a Prescription Drug Monitoring Program (PDMP). Yet, a [2015 report from the Johns Hopkins Bloomberg School of Public Health](#) found that prescribers check PDMP data only 14 percent of the time before prescribing opioids. The most effective PDMPs are those that have

been incorporated into the regular prescribing and dispensing of doctors and pharmacists, respectively. HDA believes that more widespread adoption should be encouraged. To the extent that prescribers would benefit from continuing education in accessing, interpreting and applying PDMP data, HDA supports such training. Improvements in PDMPs that allow for easier interpretation of patient data, better alignment with electronic health records and streamlining of data updates also could increase usage and utility.

Distributors also support improving the connectivity of PDMP databases across state lines and between prescribing and dispensing locations. Increasingly connected and easily accessible information will immeasurably assist prescribers and pharmacists in identifying patients involved in drug abuse and misuse, even if they travel to different states to fill prescriptions, prevent those patients from attaining dangerous drugs and help move them into appropriate treatment programs. In addition, HDA supports efforts to provide pharmacists with tools to identify potential instances of fraud or opioid misuse to protect patient safety.

- **Facilitating Electronic Prescribing for Controlled Substances, Including Opioids**

Greater use of securely designed electronic prescribing protocols for controlled substances (EPCS) can help limit counterfeit prescriptions and can enhance PDMP data. Currently, nearly 90 percent of retail pharmacies are equipped to receive electronic prescriptions, but only 20 percent of prescribers can issue electronic prescriptions for controlled substances, meaning that the overwhelming majority of controlled substance prescriptions are still issued using paper prescription pads. EPCS can be an important tool in stemming opioid misuse and abuse by helping to reduce prescription fraud and protecting against “doctor shopping.”

* The Automation of Reports and Consolidated Orders System (ARCOS) is the automated system developed by the DEA to monitor selected controlled substances, including controlled opioids. ARCOS enables the government to maintain a current and historical record of inventories and transactions in those controlled substances from manufacture, through distribution, to the pharmacy or other practitioner that will dispense the drug to a patient.

Because EPCS is regulated by the DEA, HDA encourages the agency to take the steps necessary to address prescribers' concerns about the administrative burden and time constraints involved in using this secure electronic means of prescribing. By streamlining EPCS processes and addressing physician work-flow concerns, the DEA could encourage adoption of this technological method of reducing prescription opioid abuse.

Ensuring Access to Safe and Effective Treatments

- **Reviewing Production Quotas for Opioid Medicines**
HDA supports recent efforts by the DEA to gradually reduce production quotas for opioid medicines. The agency should work closely with healthcare providers and patient groups to assess and determine current needs and revisit annual production quotas accordingly.
- **Assessing Appropriate Prescribing Limits**
HDA supports appropriate guidelines and limitations of opioid prescribing to be determined by state medical boards and other entities that govern the practice of medicine.
- **Promoting Access to Naloxone**
Improving access to naloxone treatment can save lives and improve patients' health. As of May 2017, [each state has removed some of the legal barriers that had hindered the timely administration of naloxone](#). Distributors strongly support expanding access to and coverage of this lifesaving treatment, and encourage states to advance "overdose Good

Samaritan" provisions that allow bystanders to summon emergency responders without fear of arrest or other negative legal consequences.

- **Reducing Barriers to Effective Alternative Pain Treatments**

Despite coverage requirements under the Mental Health Parity and Addiction Equity Act, [many insurers may limit or restrict access to non-opioid treatments](#) like physical therapy and acupuncture by imposing step therapy ("fail first") or prior authorization requirements. If we are to adequately treat pain while also reducing opioid usage, patients must have equal access to effective alternative treatments. HDA encourages insurers to amend their coverage and encourages states to enforce coverage parity requirements.

- **Increasing Federal Funding for Treatment**

HDA encourages Congress to appropriate additional federal funding to expand the treatment options for those suffering from opioid-use disorders. Additional resources for first responders and the addiction treatment providers that are on the front lines of the opioid abuse crisis, like the resources allocated through the Comprehensive Addiction and Recovery Act (CARA) and the 21st Century Cures Act, are vital in allowing more patients to access treatment.

These practical solutions reflect a shared responsibility by all healthcare stakeholders to protect the health and safety of millions of Americans, marshal our collective resources, learn from the past, and look to the future to end this public health crisis.

About the Healthcare Distribution Alliance

The Healthcare Distribution Alliance (HDA) represents primary pharmaceutical distributors — the vital link between the nation's pharmaceutical manufacturers and more than 200,000 pharmacies, hospitals, long-term care facilities, clinics and others nationwide. Since 1876, HDA has helped members navigate regulations and innovations to get the right medicines to the right patients at the right time, safely and efficiently. The HDA Research Foundation, HDA's non-profit charitable foundation, serves the healthcare industry by providing research and education focused on priority healthcare supply chain issues. For more information, visit www.hda.org.