

September 18, 2017

The Honorable Chris Christie  
Chair  
President's Commission on Combating Drug Addiction and the Opioid Crisis  
c/o The Office of National Drug Control Policy (ONDCP)  
The White House  
Washington, DC 20502

**Re: President's Commission on Combating Drug Addiction and the Opioid Crisis; Draft Interim Report**

Dear Governor Christie:

On behalf of McKesson Corporation ("McKesson"), I am pleased to submit comments on the draft interim report of the President's Commission on Combating Drug Addiction and the Opioid Crisis ("Commission").

**About McKesson**

For 184 years, McKesson has led the industry in the delivery of medicines and healthcare products. McKesson is the nation's largest distributor of pharmaceuticals as well as the leading supplier of biotechnology and specialty pharmaceutical products and services for providers and patients.

**The Opioid Abuse Epidemic**

Our country is in the midst of a serious opioid abuse and misuse epidemic, which is affecting every community in America. The opioid epidemic is a multi-faceted problem that cannot be solved by focusing on individual parts of the healthcare system. It must be addressed through a comprehensive approach that includes the doctors who write the prescriptions, the pharmacists who fill them, the distributors who fill and deliver pharmacies' orders, the manufacturers who make and promote the products, and the regulators who license the above activities and determine supply. McKesson is fully committed to working with all stakeholders to protect the supply chain and help prevent diversion while ensuring appropriate treatments are available to patients.

**McKesson's White Paper on Combating the Opioid Epidemic**

With a 360-degree view of healthcare and customers across industry and government, McKesson is uniquely positioned to advocate for a comprehensive set of policy and business solutions that will harness the power of technology to promote improved prescribing, dispensing, and patient safety. The implementation of these policy and business solutions could significantly slow the abuse and diversion of opioids, to the benefit of patients and their families.

In March 2017, McKesson released a white paper titled, "Combating the Opioid Abuse Epidemic: A Shared Responsibility that Requires Innovative Solutions." The white paper details McKesson's recommendations to improve prescribing and dispensing practices towards our country's shared goal: to eliminate the detrimental impact of the opioid abuse and misuse epidemic. Our recommendations include the following:

- Require all payers and providers to use opioid management programs
- Require e-prescribing for all controlled substances nationally
- Harness the Food and Drug Administration’s Risk Evaluation and Mitigation Strategies (REMS) Program
- Fully leverage data analytics to identify patients most at risk and integrate a National Patient Safety System into the pharmacy dispensing process (including cash prescriptions) and prescriber e-prescribing process
- Improve information sharing among Prescription Drug Monitoring Programs (PDMPs)
- Permit partial refills to reduce risks associated with an excess of unused pills

The white paper also highlights McKesson’s efforts to promote a secure supply chain and educate and equip our customers, prescribers and pharmacists. The white paper is available at:

[www.mckesson.com/opioidpaper](http://www.mckesson.com/opioidpaper).

### **McKesson Comments on the Draft Interim Report**

McKesson applauds the Administration for the establishment of the Commission and for the thoughtful efforts that went into the draft interim report. We believe the creation of the Commission and the publication of the draft interim report are an important catalyst to furthering the national conversation about public policy changes that are needed to address our nation’s opioid crisis. McKesson commends the Commission for its recognition of the need to address inappropriate overprescribing, enhance interstate data sharing needed to track the prescribing and dispensing of opioids, and promote access to Medication-Assisted Treatment (MAT).

We appreciate the opportunity to comment on the draft interim report and offer the following recommendations:

- Prioritize a National Patient Safety System for Safe Dispensing and Prescribing of Opioids
- Leverage Pharmacists to Address the Opioid Epidemic

### **Prioritize a National Patient Safety System for Safe Dispensing and Prescribing of Opioids**

McKesson applauds the Commission for its focus on enhancement of prevention efforts. We support improvements in both formal and continuing medical education to address inappropriate overprescribing and to better inform clinical practice in pain management.

Education alone, however, is insufficient to fully address the opioid crisis. To make the most informed dispensing decisions, pharmacists need access to robust, real-time information that can access and analyze data across all 50 states. This tool, a National Patient Safety System (“System”), as envisioned by the National Council for Prescription Drug Programs (NCPDP), a standards development organization providing healthcare solutions, would identify "red flags" and alert dispensers whenever patient safety issues are identified. For example, in instances where there may be non-medical use of opioids, the System would notify the pharmacist who could *voluntarily* check the prescription drug monitoring program (PDMP) before dispensing. According to an IMS Health study of the scope of the opioid misuse issue from a patient perspective, seven percent of patients were considered high risk to the point that a clinical decision should have been made by a doctor or a pharmacist to not prescribe or dispense a controlled substance.<sup>1</sup>

The System would complement PDMPs in two significant ways by: (1) providing alerts to dispensing pharmacists that are based on real-time, comprehensive prescription history data for all patients, regardless of location or setting of care, and (2) promoting more effective use of PDMP information since pharmacists would know when to consult the PDMP rather than having to check it for all patients. This tool is necessary because under the current system, pharmacists must leave their workstations to check a PDMP.<sup>2</sup> Unsurprisingly, research indicates that pharmacists do not always consult PDMPs. For example, a survey of pharmacists in

Maine found that, in 2014, only 56 percent were using the state's PDMP.<sup>3</sup> Delivering alerts through the very same system that pharmacists use as part of their dispensing process would save significant time and, most importantly, would increase the likelihood that pharmacists consult their PDMPs.

The System could also benefit physicians, who according to two surveys (2014 and 2015) cited the time-consuming nature of retrieving data from PDMPs as a barrier to their use.<sup>4,5</sup> The 2014 survey found that while doctors prescribed opioids for an average of 35 patients a month, they retrieved data from a PDMP for an average of only eight patients a month.<sup>6</sup> The NCPDP solution proposes that all electronic prescriptions, as well as all pharmacy dispensing activity, are evaluated against the System.

We urge the Commission to recommend that the Administration use all existing authority to prioritize a National Patient Safety System, as defined by NCPDP. This will help to bolster ongoing provider medical education and data sharing efforts and ultimately help to meaningfully address our country's shared goal of reducing the impact of opioid abuse and misuse.

### **Leverage Pharmacists to Address the Opioid Epidemic**

Pharmacists can help address our nation's opioid abuse and misuse epidemic by leveraging their relationship with patients. Pharmacists are uniquely positioned to have a comprehensive view to a patient's health status. They see the prescriptions and diagnoses of multiple physicians. This vantage point allows pharmacists to detect potential problems of drug interactions with opioids, potential misuse and/or signs of potential abuse. Additionally, pharmacists provide counseling and education to patients, and are viewed as a trusted resource for information.

Under federal law, patients diagnosed with opioid use disorder who are being treated in an opioid addiction program must receive medical attention and various counseling services in addition to prescribed medication. Pharmacists can provide this Medication-Assisted Treatment (MAT) which combines the use of medication with counseling and behavioral therapies to treat substance use disorders. Pharmacists can also administer Naloxone, a drug that reverses an opioid overdose, without a prescription where allowed by state law using a statewide protocol.

Our country's opioid epidemic is the public health crisis of our time. Therefore, we must make it a priority to harness the full breadth of all of our clinical capabilities. Given our country's impending physician shortage and the availability of highly skilled, medically-trained pharmacists, we encourage the Commission to consider policies that make it easier for pharmacists to provide MAT and other clinical services to individuals suffering from opioid addiction.

### **Conclusion**

Absent thoughtful and innovative solutions, the disturbing impact of opioid abuse and misuse will continue unabated. Meaningful solutions require the partnership of a variety of stakeholders, including physicians and all prescribers, pharmacists, distributors, manufacturers, payers, policymakers, and regulators. We believe the recommendations and solutions presented above offer a practical and unique approach to addressing our nation's opioid epidemic. We would welcome the opportunity to further share our perspective and experiences with the Commission and to discuss details of how such solutions could address the opioid crisis, prior to the release of the final report. Should you have any questions, please contact Matt Shiraki, Director of Public Policy, at [Matt.Shiraki@McKesson.com](mailto:Matt.Shiraki@McKesson.com) or (415) 866-8654.

Sincerely,



Pete Slone

## References

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<sup>1</sup> "IMS Health Study on Controlled Substance Misuse Underscores Importance of Clinical Intervention at Point of Prescribing," NCPDP Foundation Study, Source: CS Ratings, QuintilesIMS, time period reflects 12 months ending February 2016. Available at: <http://ncpdpfoundation.org/news-events.aspx>

<sup>2</sup> "NCPDP's Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances." Paper. National Council for Prescription Drug Programs. November, 2016. Available at: [http://www.ncdp.org/NCPDP/media/pdf/wp/NCPDP\\_PDMP\\_WhitePaper\\_201611-\(2\).pdf](http://www.ncdp.org/NCPDP/media/pdf/wp/NCPDP_PDMP_WhitePaper_201611-(2).pdf)

<sup>3</sup> Piper, Brian J., Clare E. Desrosiers, John W. Lipovsky, Matthew A. Rodney, Robert P. Baker, Kenneth L. Mccall, Stephanie D. Nichols, and Sarah L. Martin. "Use and Misuse of Opioids in Maine: Results From Pharmacists, the Prescription Monitoring, and the Diversion Alert Programs." *Journal of Studies on Alcohol and Drugs* 77, no. 4 (2016): 556-65

<sup>4</sup> Lainie Rutkow, Lydia Turner, Eleanor Lucas, Catherine Hwang and G. Caleb Alexander. Most Primary Care Physicians Are Aware Of Prescription Drug Monitoring Programs, But Many Find The Data Difficult To Access. *Health Affairs* 34, no.3 (2015):484-492

<sup>5</sup> Gillian J. Leichtling, Jessica M. Irvine, Christi Hildebran, Deborah J. Cohen, Sara E. Hallvik, Richard A. Deyo, Clinicians' Use of Prescription Drug Monitoring Programs in Clinical Practice and Decision-Making: Table 1, *Pain Medicine*, 2016, pnw251

<sup>6</sup> Ibid.