February 1, 2021

Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Fixed-Quantity Unit-of-Use Blister Packaging for Certain Immediate Release Opioid Analgesics for Treatment of Acute Pain; FDA-2019-N-1845

Dear Sir or Madam:

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide comments in response to the Food and Drug Administration (FDA) notice on *Fixed-Quantity Unit-of-Use Blister Packaging for Certain Immediate-Release Opioid Analgesic for Treatment of Acute Pain* (notice).

NCPA represents America's community pharmacists, including over 21,000 independent community pharmacies. Almost half of all community pharmacies provide long-term care (LTC) services and play a critical role in ensuring patients have immediate access to medications in both community and LTC settings.[1] Together, our members represent a $74 billion healthcare marketplace, employ approximately 250,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers. To that end, NCPA submits these comments on behalf of both community and LTC independent pharmacies.

NCPA appreciates FDA's efforts in combating the opioid crisis and its focus on decreasing unnecessary exposure to prescription opioids as a way to prevent addiction through its authority provided in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.[2] However, **NCPA recommends FDA carefully consider the implications of requiring fixed-quantity unit-of-use blister packaging for certain immediate-release (IR) opioid analgesics under the Opioid Analgesic (OA) Risk Evaluation and Mitigation Strategy (REMS), especially for chronic pain patients and the LTC community.**

We urge FDA to allow for prescriber and pharmacist discretion to determine the necessity of unit-dose packaging for patients potentially at risk of opioid misuse, rather than require this format for all patients that are prescribed the specific opioids mentioned in the notice. NCPA asks that FDA

[1] National Community Pharmacists Association (2019). *2019 NCPA Digest*: *A Roadmap for Independent Community Pharmacists.*

[2] 21 U.S.C. 355-1(e)(4).

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recognize the importance for pharmacies to have the flexibility in dispensing for their patients who need these medications in an accessible and timely manner. Requiring unit-of-use packaging could raise unintended consequences of hindered patient access to medically necessary pain medications, as FDA acknowledges in its notice.

Unit-of-Use Packaging Will Likely Hinder Patient Access and Safety

Under Section 3032 of the SUPPORT Act, FDA may now require that a drug for which there is a serious risk of an adverse event occurring from abuse or overdose be made available for dispensing to certain patients in unit-dose packaging, packaging that provides a set duration, or another packaging system that FDA determines may mitigate such serious risk. Based on available data, the agency is suggesting 5-, 10-, or 15-count blister package configurations for certain commonly prescribed immediate-release opioid analgesics for acute pain to help prescribers more carefully consider the amount of opioid pain medication they prescribe.[3] While we recognize the importance of careful prescribing practices, we also raise concerns that unit-dose packaging could interfere with critical patient access to medically necessary treatment.

- **Fixed-quantity packaging could lead to prescription delays**: prescribers may default to prepackaged quantities, such as 5-, 10-, or 15-count blister packages. Predetermined quantities may not provide the appropriate care a chronic pain patient may need, as prescribers often determine a 28-day supply is most suitable for some of these patients. In that case, a pharmacist would then need to break blister packaging and repackage the opioid medication to appropriately fill that patient's prescription. Repackaging from a blister pack in this manner may cause unnecessary delays in fulfilling a prescription request, which ultimately could lead to difficulties for patients in getting the pain medication they need in a timely manner.
- **Unit-of-use packaging may cause overprescribing**: fixed-quantity packaging could also lead to overprescribing as prescribers may likely issue prescriptions by rounding up to the nearest packaging quantity to meet the patients' needs, thus perhaps providing the patient with more opioids than appropriate. This would cause unintended consequences of aggravating misuse, abuse, or diversion.
- **Blister packaging may cause difficulties for seniors with functional difficulties or create child safety concerns**: blister packs are often difficult to open, especially for senior patients who suffer from functional difficulties such as arthritis or poor eyesight. In this case, seniors are either unable to open the packaging or crush the tablet in the process. Therefore, patients will most likely need to obtain aid in opening their medication more frequently than they would with a traditional medication vial. Alternatively, unit-of-use packaging may not be child-resistant like medication vials are, therefore raising a risk of child exposure to these opioid medications. Because blister packs are often larger than medication vials, patients may opt to simply take a loose tablet with them rather than carrying the entire medication supply, which ultimately would lead to child safety concerns.
- **Diversion concerns**: from a diversion standpoint, safety concerns are also at play since blister packaging is more readily identifiable, especially if the opioid is labeled with a red cap or

[3] 84 Fed. Reg. at 25285.

patient warning, as required by some states, signifying that the package is an opioid. Lastly, many blister packages do not contain directions or appropriate labeling. There is a safety and legal concern for patients to have opioids without sufficient labeling in place. Pharmacists would need clear direction on the labeling of any unit-of-use opioid packages.

LTC Pharmacies Engage in Repackaging Activities as Required by Law

LTC pharmacies are licensed by state boards of pharmacy in their respective states. Some LTC pharmacies are closed door in that they serve no retail patients and only provide pharmacy services for residents of nursing and related facilities. Additionally, some LTC pharmacies serve both retail customers and nursing and related facilities. **NCPA has concerns that fixed-quantity unit-of-use blister packaging will inadvertently negatively impact these patients' critical access to medications.**

In the notice, FDA states the following: "[a]t the same time, we must help ensure appropriate access to opioid analgesics to address the medical needs of patients experiencing acute pain severe enough to require opioid analgesic treatment."[4] These patients often include the elderly who have special needs as they are admitted to LTC facilities for the management of multiple chronic conditions and require around-the-clock care. Heavy medication burdens are a concern as well as this population on average takes thirteen medications per day.[5]

To address the urgent needs of these critical care patients, NCPA LTC pharmacy members provide many of these facilities with medication cabinets or automated remote dispensing and first dose systems in addition to emergency kits or crash carts that could drastically be affected by any day supply limit. In addition, pharmacies that pre-package medication in unit-dose cards in advance of receipt of a patient specific prescription or chart order will be affected. As in hospitals, these technologies are essential to minimizing waste and decreasing wait times for urgently needed medications. These devices are loaded in advance of the pharmacy receiving a specific patient order and the notice would sharply hinder their use.

Included in the performance standards for nursing homes is the requirement to provide routine and emergency drugs and biologicals to its residents.[6] In addition, the Centers for Medicare & Medicaid Services (CMS) Medicare Prescription Drug Benefit Manual includes the following requirements for Medicare Part D plans related to pharmacy services to be provided to residents of LTC facilities:

- Special packaging: Network LTC Pharmacies (NLTCPs) have the capacity to provide specific drugs in unit-of-use packaging, bingo cards, cassettes, unit-dose or other special packaging

[4] 84 Fed. Reg. at 25284.

[5] Jokanovic, N., Tan, E., Dooley, M., Kirkpatrick, C., and Bell, J. (2015). Prevalence and factors associated with polypharmacy in long-term care facilities: a systematic review. *Journal of the American Medical Directors Association, 16(6),* e1-e12.

[6] 42 CFR §483.45.

commonly required by LTC facilities. [Pharmacies] must have access to, or arrangements with, a vendor to furnish supplies and equipment including, but not limited to labels, auxiliary labels, and packing machines for furnishing drugs in such special packaging required by the LTC setting.

- Compounding/alternative forms of drug composition: NLTCPs must be capable of providing specialized drug delivery formulations as required for some LTC residents. Specifically, residents unable to swallow or ingest medications through normal routes may require tablets split or crushed or provided in suspensions or gel forms, to facilitate effective drug delivery.
- Emergency boxes: NLTCPs must provide "emergency" supply of medications as required by the facility in compliance with State requirements.[7]

These repackaging activities serve to meet needs of the nursing home and related facilities that are regulated by state and federal laws and regulations. Nursing home standards are established within CMS and enforced by state agencies that conduct routine inspections. There are also many LTC pharmacies that are utilizing packaging machines in order to drive better compliance with drug regimens for their chronically ill patients. These patients typically receive 28- to 30-day regimens, and they are usually prepared for the patient well in advance of the next start date for that period of treatment. These drug regimens may be prepared in advance of getting the refill authorization approved by the prescriber. While the regimen does not leave the pharmacy in advance of that approval, the packaging process can already be done in anticipation of that occurring.

Because of the needs of the facilities that LTC pharmacies serve, it is common practice for LTC pharmacies to repackage medications, and in certain situations, distribute to the facilities the repackaged medications, in advance of receipt of a prescription or a chart order. The repackaging activities in which our members are engaged in to serve their facilities and patients are activities necessary to filling prescriptions. That is, the act of taking a finished drug product from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the drug. FDA currently considers this activity as part of the necessary steps in filling a prescription and has recognized the state's authority in regulating it.[8] It is important to note that the repackaged medications remain in possession and under the control of the pharmacy until they are dispensed pursuant to a prescription. **If the requirements in this notice are finalized, LTC pharmacies will face barriers making it extremely difficult, if not impossible, to continue these services while simultaneously adhering to these unit-of-use packaging regulations.**

[7] Centers for Medicare & Medicaid Services. (2011). Medicare Prescription Drug Benefit Manual – Chapter 5. Retrieved from https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MemoPDBManualChapter5_093011.pdf.

[8] Food and Drug Administration. (2017). Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities, Guidance for Industry. Retrieved from https://www.fda.gov/media/90978/download.

Manufacturer Bulk Packaging Should Not be Affected by Any Unit-of-Use Packaging Requirements

LTC pharmacies, hospitals, and other pharmacies dispense products in specific unit-dose packaging per regulation.[9] **NCPA asks FDA to clarify that any blister pack requirements will not replace nor affect pharmacies' ability to continue receiving product in bulk containers, so that these entities can continue their unit-dose packaging services.** If manufacturer bulk packaging is affected by novel blister pack requirements, it will interfere with pharmacies' workflow and practice as pharmacists will then have to punch out manufacturer bulk packaging to repackage the necessary medications into unique unit-dose dispensing packages to continue their repackaging services that they are required to do by law.[10] Therefore, **we ask that FDA explicitly exclude manufacturer bulk packaging from any unit-of-use packaging requirements.**

Requiring Unit-of-Use Packaging Will Likely Lead to Increased Burdens and Costs

In general, unit-of-use packaging costs more because of the materials needed to produce the medication packaging. Unit-of-use packaging has higher costs than traditional bulk packaging. According to a study of 50 prescriptions, unit-of-use packaging costs $6.00 more than bulk packaging.[11] Therefore, **requiring fixed-quantity unit-of-use packaging will likely lead to upfront increased costs for manufacturers, which could then be passed down to pharmacies and patients.**

In addition, unit-dose packaging occupies more space than traditional vials and containers, which would ultimately increase storage costs, requiring pharmacists to create new storage areas or expand their current space, in addition to needing more safes to secure opioid-specific packaging. Pharmacies will need to accommodate several package sizes due to different quantities and dosage amounts. **The increased cost and additional storage will especially lead to burdens on small independent pharmacies that normally have low profit margins.**

If pharmacies must punch out and repackage medications due to fixed-quantity unit-of-use packaging requirements, new issues that FDA aims to avoid would also arise. **Expanded use of unit-of-use packaging could create inventory difficulties for independent pharmacists, as pharmacists would have to alter their processes to accommodate for increased oversight in tracking medications and maintaining accountability of these medications.**

Workable Disposal Options Can Better Prevent Misuse, Abuse, and Diversion While Preserving Patient Access

NCPA suggests that FDA explore workable disposal options instead of modifying the IR opioid REMS to require fixed-quantity unit-of-use packaging for certain opioids that are commonly used to treat acute pain. This would help address the availability of unused opioids that end up being misused. **FDA should work with other federal agencies to further this effort. For example, the White House**

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[9] Food and Drug Administration. (2017). Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities, Guidance for Industry. Retrieved from https://www.fda.gov/media/90978/download.

[10] Ibid.

[11] Lipowski E., Campbell, D., Brushwood, D., and Wilson, D. (2002). Time savings associated with dispensing unit-of-use packages. *Journal of the American Pharmaceutical Association, 42(4)*, 577-581.

Office of National Drug Control Policy (ONDCP) 2019 National Drug Control Strategy included a recommendation to expand the Drug Enforcement Administration (DEA)'s twice-yearly drug Take-Back Day by allowing more registered collectors and disposal sites to support prevention efforts.[12] NCPA operates a prescription disposal program, Dispose My Meds™, a program where community pharmacists can help their patients safely dispose of unused and expired medications. NCPA believes there is an increased opportunity for collaboration between FDA, ONDCP, DEA, and community pharmacists to expand workable disposal options to better address opioid abuse, misuse, and diversion rather than requiring blister packaging for all patients even if it would not be medically appropriate for that patient.

In conclusion, **NCPA recommends that blister packaging be an option based on prescriber and pharmacist discretion for patients potentially at risk of opioid misuse, rather than a requirement for certain opioids specified in the notice. We urge FDA to acknowledge the need for pharmacies to have the flexibility in dispensing for their patients who need easily accessible products to ensure patient access to medically necessary treatment, and consider more direct solutions to address misuse, abuse, and diversion, such as expanding workable opioid disposal options.**

FDA should also address LTC pharmacy practice within the notice and clarify that manufacturer bulk packaging will not be affected by any unit-dose packaging requirements, at least in the LTC community. NCPA asks that FDA fully take chronic pain patients into consideration when finalizing the proposal to require fixed unit-of-use packaging for certain opioids.

NCPA welcomes this opportunity to share with you our comments and suggestions on FDA's notice on *Fixed-Quantity Unit-of-Use Blister Packaging for Certain Immediate-Release Opioid Analgesic for Treatment of Acute Pain.* We appreciate FDA's continued openness to considering and implementing feedback and encourages the agency to increase engagement with NCPA and other stakeholder groups. Community pharmacists are on the front lines, fighting against the opioid epidemic, working to safeguard against addiction, and the NCPA LTC Division has a deep understanding of the unique issues posed by opioid use in LTC settings. Please feel free to contact me with any further questions at ronna.hauser@ncpa.org.

Sincerely,

Ronna B. Hauser, PharmD
Vice President, Policy & Government Affairs Operations

[12] Office of National Drug Control Policy. (2019). National Drug Control Strategy.