HOPA Hematology/Oncology Pharmacy Association

February 16, 2018

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

The Hematology/Oncology Pharmacy Association (HOPA), is pleased to provide comment on the Senate Committee on Finance's ("the Committee") letter requesting feedback from stakeholders on efforts to address the opioid epidemic. We appreciate the Committee's attention to this critical issue and offer the following comments for consideration of policies on the safe use and appropriate prescribing of opioid therapies.

HOPA is a non-profit professional organization launched in 2004 to help hematology and oncology pharmacy practitioners and their associates provide the best possible cancer care. HOPA's membership includes not only oncology pharmacists, but also pharmacy interns, residents, technicians, researchers, and administrators that specialize in hematology/oncology practice. The roles of our membership span from direct patient care, to education, and research. HOPA represents more than 2,700 members that work in hundreds of hospitals, clinics, physician offices, community pharmacies, home health practices, and other healthcare settings.

Many of HOPA's members are on the forefront of providing pain management for terminally ill patients diagnosed with cancer. As a country, we are confronted with a devastating epidemic stemming from the over-use and availability of opioids. However, we as an invested clinical community want to be sure we are cautious to not revert to the times when opioids were difficult to access for this limited patient group. It is critical that our efforts to address the current crisis does not put in place barriers for patients in these circumstances. Steps must be taken to address misuse and abuse of prescription opioids, but a balance should be maintained between prevention and access to critical pain medications. In these efforts, we are aligned with the Oncology Nursing Society and the American Society of Clinical Oncology to ensure that the solution we reach as a society, does not cause undue harm for patients suffering with cancer pain.

In response to the Committee's questions as outlined in the letter, we offer the following comments:

> *1. What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid?*
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> The primary barrier to accessing non-pharmaceutical therapies for chronic pain is the lack of reimbursement from Medicare and Medicaid. Therefore, we encourage the Committee to work with stakeholders and the Centers for Medicare and Medicaid to provide reimbursement for these therapies

that will encourage their use, when appropriate, for managing patients who suffer from chronic pain conditions.

2. Are there changes to Medicare and Medicaid prescription drug program rules that can minimize the risk of developing OUD and SUDs while promoting efficient access to appropriate prescriptions?

While opioids are the most common drug class used to treat pain in cancer patients, cancer pain is often undertreated. Non-opioid therapies, which may be used in conjunction with opioids or alone, may be insufficient, cause unwanted side effects, or interact with cancer therapies. Because non-opioid therapies are not always an adequate treatment for cancer pain, we urge the Committee to consider policies that encourage greater education of providers and patients on the most appropriate form of treatment. Neither the side effects of opioids nor the fear of addiction should prevent the healthcare team from providing adequate pain control to patients when necessary.

While outside of the Committee's jurisdiction and policies likely under consideration, we want to note one example of a barrier to cancer patients being able to access appropriate pain medications was the Drug Enforcement Agency's (DEA) decision to change combination hydrocodone products, formerly Schedule III drugs, to Schedule II drugs. These products are used for both acute and chronic pain and are a very important component of the opioid medication arsenal for cancer patients – continued access to these medications is essential. HOPA opposed the DEAs decision change hydrocodone-containing combination products to Schedule II, because doing so requires cancer patients to visit their oncologist each time a refill is needed, to receive a hard copy prescription, since Schedule II drugs cannot be telephoned or faxed to a pharmacy. Until Schedule II drugs are eligible to be e-prescribed, cancer patients will be directly impacted.

3. How can Medicare or Medicaid better prevent, identify and educate health professionals who have high prescribing patterns of opioids?

We encourage the Committee to look to policies that will employ Oncology pharmacists and other clinical pharmacists in conducting utilization or over-utilization review to help identify patterns of high prescribing patterns of opioids. Their expertise in reviewing these practices can be helpful to determine also whether the prescribers identified should fall into a category of likely appropriate or problematic.

We thank the Committee for the opportunity to provide comments on these efforts to address the opioid epidemic. As you seek to maintain the balance between prevention and access to critical pain medications, we offer our members as a resource for you to engage on the potential impact of policies under consideration. Should you have any questions, please do not hesitate to contact our Health Policy Associate, Sarah Mills (202) 230-5182, sarah.mills@dbr.com).

Sincerely,

Susannah E. Koontz, PharmD BCOP FHOPA
President
Hematology/Oncology Pharmacy Association