McKesson Corporation
One Post Street
San Francisco, CA 94104

www.mckesson.com

Pete Slone
Senior Vice President, Public Affairs

MCKESSON

Transmitted via Email to opioids@finance.senate.gov

February 16, 2018

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
104 Hart Senate Office Building
Washington, DC 20510

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

Re: Comments on the Opioid Input Solicitation Letter

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of McKesson Corporation ("McKesson"), I am pleased to submit policy recommendations to the Senate Finance Committee's Opioid Input Solicitation Letter.

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. Our diverse business portfolio provides a unique lens of the healthcare ecosystem and vantage point for solution ideation. We work with health care organizations of all types to strengthen the health of their business, helping them control costs, develop efficiencies and improve quality. We build essential connections that make health care smarter, creating intelligent networks that expand access, reduce waste, and bring people and information closer together. We supply the industry with the resources, support and technology to create new standards and a world of better health.

One-third of all pharmaceuticals in North America are delivered by McKesson. Our Health Mart® franchise, with more than 4,800 independent pharmacies is the fourth largest pharmacy chain in the United States. Our US Oncology Network serves more than 900,000 patients and 160,000 new cancer patients annually across 400 sites of service and 25 states. Our McKesson Specialty Health business supports more than 1800 physicians that participate Medicare's Quality Payment Program, including almost half that participate in the Centers for Medicare and Medicaid Innovation (CMMI) Oncology Care Model (OCM).

We appreciate the Committee's interest in seeking policy recommendations across the care continuum that seek to prevent opioid use disorder (OUD) and other substance use disorders (SUDs).

McKesson's White Paper on Combating the Opioid Epidemic
As the epidemic worsened in recent years, we wanted to help the healthcare system look at holistic ways to combat the problem. That's why three years ago, we created an internal task force of experts, including clinicians and public policy experts. Last year, the group released its policy paper, "Combating the Opioid Abuse Epidemic: A Shared Responsibility that Requires Innovative Solutions," which includes policy recommendations that we believe will help curb the opioid epidemic. The implementation of these policy and private sector-led solutions could significantly slow the abuse and diversion of opioids, to the benefit of patients and their families. The policy paper details McKesson's recommendations to improve

prescribing and dispensing practices towards our country's shared goal: to combat and ultimately end the opioid abuse and misuse epidemic.

The policy paper also highlights McKesson's efforts to promote a secure supply chain and educate and help our customers, prescribers and pharmacists all do their part in remediation of this great public health crisis. The policy paper is available at: www.mckesson.com/opioidpaper.

We continue to advocate for a comprehensive set of policy and private sector-led solutions that seek to harness the power of technology to promote improved prescribing and dispensing. In response to the Committee's input solicitation letter, we have identified specific areas for Committee consideration and would welcome the opportunity to discuss these recommendations at your earliest convenience.

These recommendations include:

- Implementation of a **patient-centric nationwide clinical alert system** that provides pharmacies real-time alerts to identify patients at risk for opioid overuse, abuse, addiction or misuse;
- **Adoption of pharmacist-led opioid care management models** that leverage the unique role pharmacists play in the healthcare ecosystem and the value of the non-dispensing clinical services their scope of services include; and
- **Safeguards to ensure patient access is not compromised or disrupted**, particularly for cancer patients and terminally-ill patients in treatment, remission or in hospice.

While we appreciate that the Committee is seeking comments within its jurisdiction, we ask that you consider solutions that can address the opioid crisis holistically – solutions that can be implemented not only within Medicare and Medicaid, but also by commercial payers. Consistency in managing this crisis is critical in ensuing the adoption of best-in-class practices that ensure patients are treated consistently, regardless of their payer status.

A Patient-Centric Nationwide Clinical Alert System

There has been much attention on giving both prescribers and pharmacists access to patient prescription data through prescription drug monitoring programs (PDMPs), so they can assess whether a patient is at risk for abuse. We support these efforts, and were pleased that the Comprehensive Addiction and Recovery Act (CARA) and subsequent appropriations measures have included funding to support state PDMPs.

PDMPs are a valuable tool to help avoid potential opioid misuse and abuse. We strongly support these efforts, but we believe that in order to make more meaningful progress in ending the epidemic, we must take advantage of existing connectivity that can harness information in the near term to help prescribers and pharmacists make the best clinical decisions in consultation with their patients. Some of the limits to current PDMPs include: latency of data, information that is not accessible in workflow, the need for solutions that are real-time and interoperable, and finally, the inability to capture cash pay patients.

McKesson, along with other stakeholders, including the National Council for Prescription Drug Programs (NCPDP), strongly supports the creation of a solution aimed at establishing alerts to improve clinical treatment decisions by providing better information at the points of prescribing and dispensing.

Under the current system, the burden is on prescribers and pharmacists to leave their workstations and check a PDMP website.[i] Unsurprisingly, research indicates that prescribers and pharmacists do not always, and often infrequently, consult PDMPs.

We believe delivering alerts in real-time through the very same system that pharmacists use for their dispensing process and prescribers use to write e-prescriptions would save considerable time, and most importantly, would increase the likelihood that these healthcare professionals consult their PDMPs and thus exercise their professional judgment.

This solution, the Rx Safety-Alert System (RxSAS or System), would send an alert to prescribers and dispensers when patient safety issues are identified. For example, in instances where a patient's prescription history suggests they may be at risk for abuse, the System would notify the pharmacist who could *then* take additional steps before dispensing, including talking with the patient and/or the prescriber and/or consulting the state's PDMP.

The System would complement PDMPs in two significant ways by: (1) providing real-time alerts to prescribers and dispensing pharmacists that are based on patient prescription history that is not limited by state boundaries and (2) promoting more effective use of PDMP information since prescribers and pharmacists would know when to consult the PDMP rather than having to check it for all patients.

It is possible to implement such an interoperable system in the near term leveraging existing workflow. This system would further support the shared responsibility of prescribers and pharmacists by providing greater visibility. Pharmacists serve as a critical line of defense for patient safety. Such a prescription safety alert system will further inform clinical decisions, enhance use of PDMPs, facilitate greater coordination with the prescribing clinician, and support patient counseling regarding safe use of their opioid medications.

We believe the System, described above, offers a unique, practical, near term approach to improve prescribing and dispensing practices. We urge the Committee to further explore and prioritize the RxSAS to ensure that all stakeholders who have been impacted by opioid abuse, especially patients and their loved ones – can benefit from this promising solution. We would welcome the opportunity to provide further details to the Committee.

Pharmacist-Led Opioid Care Management Models

Pharmacists can help address our nation's opioid epidemic by leveraging their relationship with patients. Pharmacists are uniquely positioned to have a comprehensive view of 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 potenial abuse. Additionally, pharmacists provide counseling and education to patients, and are viewed as a trusted resource for information.

Given our country's impending physician shortage crisis and the availability of highly skilled, medically-trained pharmacists that are ready and able to help now, we must make it a priority to harness the full breadth of all of our clinical capabilities. McKesson encourages the Committee to prioritize pharmacist-led opioid care management models that harness the expertise of pharmacists to identify at-risk patients, provide appropriate clinical interventions, patient and caregiver education, and coordination of care with prescribers.

McKesson appreciates the Committee's interest in payment incentives and models to provide evidence-based care for Medicare and Medicaid beneficiaries who are battling OUD and other SUDs. We note that in the President's FY 2019 budget request, the Administration "proposes to test and expand nationwide [for Medicare] a bundled payment for community-based medication assisted treatment, including Medicare reimbursement for methadone treatment for the first time." We support this and other proposals to expand community-based medication assisted treatment; however, we strongly urge the Committee to

advocate for pharmacists to be considered eligible to provide and be reimbursed for medication assisted treatment services in any nationwide pilot and expansion.

Safeguards to Ensure Patient Access

The opioid abuse epidemic is affecting every community in America, and we must continue to advance thoughtful solutions to help end the epidemic. The right solutions will include effective patient safety measures while ensuring access to care for patients in need. We encourage the Committee to ensure that proper safeguards are in place to ensure that cancer patients and terminally-ill patients do not experience disruptions in their ability to access needed pain medications. It is important that every opioid management program and policy has proper exemptions in place for cancer patients and terminally-ill patients, since it is estimated that pain occurs in up to 70 percent of patients with advanced cancer.[ii]

Conclusion

McKesson appreciates the opportunity to offer these recommendations, and we thank the Committee for its leadership on this important topic. We look forward to working together to address and ultimately end the opioid epidemic. Should you have questions or need further information, please contact Joe Ganley, Vice President of Federal Government Affairs, at (202) 469-6294 or Joe.Ganley@McKesson.com.

Sincerely,

Pete Slone

References

[i] "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. http://www.ncpdp.org/NCPDP/media/pdf/wp/NCPDP_PDMP_WhitePaper_201611-(2).pdf

[ii] Colvin L, Forbes K, Fallon M; Difficult pain. BMJ. 2006 May 6;332(7549):1081-3