NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

November 14, 2018

Texas Health and Human Services Commission
Vendor Drug Program
Via email: VDPPharmacyOperations@hhsc.state.tx.us

Re: Draft Opioid Outpatient Drug Policy for Vendor Drug Program

To Whom It May Concern:

On behalf of our members operating pharmacies in the state of Texas, the National Association of Chain Drug Stores (NACDS) thanks the Texas Health and Human Services Commission (HHSC) for the opportunity to comment on the draft opioid outpatient drug policy for the Vendor Drug Program (VDP). NACDS generally supports HHSC's draft policy to limit opioid prescriptions to a maximum of seven days for opioid naïve clients across all Medicaid (including traditional fee-for-service and managed care), and we commend HHSC for pursuing this course of action.

The draft opioid outpatient drug policy for the Vendor Drug Program is supported by the *Guideline for Prescribing Opioids for Chronic Pain* developed by the Centers for Disease Control and Prevention (CDC) and will serve to reduce the incidence of misuse, abuse, and overdose of these drugs. A clinical evidence review performed by the CDC revealed that a greater amount of early opioid exposure is associated with a greater risk for long-term use and addiction.[1] Notably, the average day supply per opioid prescription has increased in recent years, growing from 13.3 to 18.1 days per prescription between 2006 and 2016.[2] Considering this trend and the risk of early exposure to higher amounts of opioids, it is imperative that policies be implemented to promote careful prescribing practices for prescription opioids.

At present time, over 30 states have adopted laws or other policies limiting the maximum day supply that can be authorized on an initial opioid prescription for acute pain. To promote consistent patient care and implementation across states, it is important that these policies be standardized across state lines as this promotes consistent patient care and implementation. In this vein, NACDS members support policies that would establish the following:

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[1] Centers for Disease Control and Prevention, *CDC Guideline for Prescribing Opioids for Chronic Pain.* CDC.gov. https://www.cdc.gov/drugoverdose/prescribing/guideline.html

[2] Centers for Disease Control and Prevention, *Annual Surveillance Report of Drug-Related Risks and Outcomes.* United States, 2017. https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf

- Limits initial opioid prescriptions for acute pain to no more than a 7-day supply. Such limits should apply only to prescriptions issued after the initial consultation for treatment of acute pain. If pain continues, the prescriber may issue any appropriate new prescription for the opioid or any other medication upon any subsequent consultations for the same pain.

- Accommodates appropriate exemptions to limits, including prescriptions for chronic pain; pain being treated as a part of cancer care, hospice, or other end-of-life care; pain being treated as part of palliative care practices; and prescriptions issued for medications used to treat opioid addiction.

- Establishes that it is the responsibility of the prescribing practitioner to comply with the prescribing limit, and that pharmacists and/or pharmacies are not required to enforce practitioner prescribing limits. As an example, we encourage HHSC to look to guidance issued in the *New York State Medicaid Update Special Edition – July 2016 Volume 32 – Number 7*, which specifies that "[a]lthough pharmacists should continue to use all of the tools at their disposal when dispensing opioid prescriptions, pharmacists are not required to verify with the prescriber whether an opioid prescription written for greater than a 7-day supply is in accordance with ... statutory requirements. Pharmacists may continue to dispense opioids as prescribed, consistent with current laws, regulations, and Medicaid policies."

- Given that HHSC intends to enforce compliance with the policy using a prior authorization process, it is important that the prescriber be responsible for completing any required prior authorization requirements and must utilize health plan processes to complete any required prior authorization prior to issuing the prescription.

Finally, with respect to how the draft policy defines an opioid naïve patient, we encourage HHSC to revise that definition so that it includes "members who have taken opioids for a duration less than or equal to seven days in the prior 60-day period." This standard is consistent with the lookback period that most private plans have implemented and is still stricter than the 60-day to 108-day lookback period recommended by Centers for Medicare & Medicaid Services (CMS) for prescriptions covered under Medicare.[3,4]

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[3] Chapter 6 section 30.4.3 of the Medicare Prescription Drug Benefits Manual includes language specifying that a 108 day lookback is needed "to adequately document ongoing therapy."
[4] The *Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter* dated April 2, 2018 (pp. 237-238) recommends at least a 60-day lookback to determine if a patient is opioid naïve.

NACDS thanks HHSC for considering our comments on this matter. We welcome the opportunity to partner with HHSC and other stakeholders to work to implement strategies curb prescription opioid abuse and diversion in the Vendor Drug Program. Please do not hesitate to contact me at sguckian@nacds.org or 703-837-4195 if you have any questions or if I can be of any further assistance.

Sincerely,

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