



Academy of
Managed Care
Pharmacy®

**Comments by the Academy of Managed Care Pharmacy
Appropriate Management of Controlled Substances by Managed Care Pharmacists**

**Briefing to Bipartisan HELP Prescription Drug Abuse Working Group
August 13, 2014**

Good afternoon, my name is Mary Jo Carden, and I am the Senior Director of Regulatory Affairs at the Academy of Managed Care Pharmacy (AMCP). AMCP's nearly 7,000 members develop and provide a range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit. Thank you for the opportunity to present remarks today. AMCP looks forward to continuing the conversation regarding effective strategies for ensuring appropriate controlled substance management and utilization.

As managed care pharmacists, AMCP members and the organizations where they work have well-established techniques designed to reduce the abuse or diversion of opiates or other controlled substances for patients who have a history or suspicion of inappropriate utilization, diversion, or abuse. AMCP supports the following initiatives and tools that government can put in place to further enhance private sector efforts and the regulators of government sponsored programs' seeking to ensure appropriate controlled substance utilization.

I. Reauthorize the *National All Schedules Prescription Electronic Reporting Act (S. 2529 and H.R. 3528)* to continue expand and establish state-based prescription drug monitoring programs & allow managed care plans to have access to PDMPs

This legislation would provide federal funding to enhance existing prescription drug monitoring programs, known as PDMPs, and implement new ones to allow for more effective interstate communication.

Many inappropriate controlled substance prescriptions are purchased through cash-based transactions and therefore, PBMs, PDPs, or MA-PDs may be unaware of certain controlled substance prescriptions for some individuals. Allowing access to the data by PBMs, PDPs, and MA-PDs could help to reduce inappropriate utilization or abuse by implementing systems to flag inappropriate utilization and provide other interventions to ensure appropriateness of prescriptions prior to dispensing.

II. Amend Medicare Part D to allow prescriber and pharmacy lock-in programs.

This practice, often applied in state Medicaid programs and commercial insurance has been shown to be effective in reducing doctor shopping, controlling utilization rates, and saving on costs associated with emergency room visits. Lock-in programs currently prohibited by the Medicare Part D program, have the support of HHS, CMS, DEA and are recommended by HHS-OIG as a means to curb abuse. Lock-in programs are effective tools when used with other techniques, including controlled substance use agreements and pre-screening of prescriptions by managed care plans, to encourage responsible prescribing by prescribers, dispensing by pharmacists, and use by consumers. To implement lock-in programs, Congress must enact a change to Medicare Part D provisions of the *Medicare Modernization Act*.

III. Encourage innovative medication therapy management strategies for targeted management of individuals who use opioids and other controlled substances

Currently, the MTM targeted criteria for Medicare Part D does not include the use and management of controlled substances. Individuals who use controlled substances could benefit from targeted MTM services. Legislation aimed at ensuring appropriate controlled substance utilization should recognize the important role of MTM and pharmacists in this area. Proposals should encourage, but not require, MTM programs as part of a comprehensive approach to controlled substances management strategies.

We also encourages federal funding initiatives through the Agency for Health Care Research and Quality and other federal agencies to provide education about the proper use, dispensing, and prescribing of controlled substances directed at pharmacists and other health care providers. This work has already begun but could be enhanced. Public and private partnerships could establish programs by entities accredited to provide education for prescribers and pharmacists, such as the Accreditation Council for Pharmacy Education.

Thank you again for the opportunity to comment and we look forward to the development of legislative proposals to ensure safe and effective controlled substance utilization in the United States. Additional information on AMCP's views is included in the materials distributed to you. If you have questions, please contact Lauren Fuller, JD, CFE, AMCP Vice President of Government Affairs by email, lfuller@amcp.org or by phone 703-684-2603.