



Academy of
Managed Care
Pharmacy®

January 28, 2016

Andrew Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: S. 1913 – “The Stopping Medication Abuse and Protecting Seniors Act”

Dear Acting Administrator Slavitt:

The Academy of Managed Care Pharmacy (AMCP) commends the Obama Administration and the Centers for Medicare and Medicaid Services (CMS) for its support of Senator Pat Toomey’s (R-PA) leadership in addressing the opioid epidemic and S. 1913 - “*The Stopping Medication Abuse and Protecting Seniors Act.*” AMCP supports a holistic, comprehensive, and multi-stakeholder approach among health care providers and patients that is necessary to truly address the opioid epidemic¹ and that Senator Toomey’s thoughtful leadership and introduction of S. 1913 are critical to combatting the epidemic.

AMCP is a professional association of pharmacists and other practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's 8,000 members develop and provide a diversified range of clinical, educational, medication and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

Senator’s Toomey’s proposed legislation would create a drug management program for at-risk beneficiaries also known as a “lock-in program.” Drug management programs, currently used in state Medicaid programs and commercial plans, allow patients identified at highest-risk for opioid overutilization to be restricted to a single pharmacy and a single provider. These drug management programs help mitigate the issues associated with doctor or pharmacy poly-shopping and may reduce the number of inappropriate controlled substance prescriptions for the patients identified as being in the top percentile of risk for opioid overutilization.

¹ Academy of Managed Care Pharmacy. Role of Managed Care Pharmacy in Managing Controlled Substances for Medicare Part D Beneficiaries. 2014. Available at: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=18556>. (Accessed January 13, 2015).

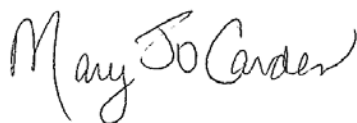
In 2009, the Oklahoma Medicaid department found that its drug management program reduced doctor shopping, utilization rates of controlled substances, and emergency room visits with an average savings of \$600 per person in costs.² A recent study evaluating the clinical outcomes of drug management programs for Medicaid patients found that the proportion of stable patients increased from 31% at 6 months to 78% at 36 months.³ In addition, a study evaluating the impact of a single-provider drug management program on health care utilizations and costs within a Medicaid Managed Care Organization in Maryland found that enrollment in a single-provider drug management program decreased opioid prescriptions and associated costs among health plan members who exhibited signs of opioid overuse.⁴ Therefore, AMCP strongly supports the ability for patients identified as at-risk for opioid overutilization to be entered into a drug management program to reduce incidence of doctor or pharmacy shopping.

As noted above, drug management programs have successfully been used by state Medicaid programs and commercial plans for years but are currently prohibited under Medicare Part D. Opioid misuse by elderly patients, the primary population covered by the Medicare Part D program, is a growing concern in the United States and it is unfortunate that drug management programs, along with other clinical and psychosocial interventions, may not be used to allow these individuals to receive the help they need. Furthermore, Medicare beneficiaries who are disabled and under 65 are at greatest risk for overutilization or inappropriate utilization of opioids thereby strengthening the need for drug management programs under Medicare Part D.

In addition, a recent consensus document released by the Johns Hopkins Bloomberg School of Public Health highlights the benefits of drug management programs and recommends expansion of the drug management programs to Medicare Part D beneficiaries.⁵ Given the success and experience using drug management programs, AMCP strongly supports S1913 - "*The Stopping Medication Abuse and Protecting Seniors Act*" that would allow for the expansion of drug management programs to Medicare Part D beneficiaries and allow these patients to benefit positively from these programs.

AMCP thanks CMS for its work in developing strategies to address the growing opioid epidemic in the United States and looks forward to continuing work on this issue with the agency. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-683-8416 or mcarden@amcp.org.

Sincerely,



Mary Jo Carden, RPh, JD
Vice President of Government and Pharmacy Affairs

cc: The Honorable Senator Pat Toomey (R-PA)

² Academy of Managed Care Pharmacy. Role of Managed Care Pharmacy in Managing Controlled Substances for Medicare Part D Beneficiaries. 2014. Available at: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=18556>. (Accessed January 13, 2015).

³ Theresa R. F. Dreyer, Thomas Michalski, and Brent C. Williams. Patient Outcomes in a Medicaid Managed Care Lock-In Program. *Journal of Managed Care & Specialty Pharmacy* 2015 21:11, 1006-1012

⁴ Sarah G. Kachur, Alyson B. Schuster, Yanyan Lu, Elizabeth Patton-LeNoach, Hugh Fatodu, Peter J. Fagan, and Chester W. Schmidt. *Impact of a Single-Provider Lock-In Program for Opiates in a Managed Medicaid Population*. Johns Hopkins University School of Medicine, Baltimore MD

⁵ Alexander GC, Frattaroli S, Gielen AC, eds. *The Prescription Opioid Epidemic: An Evidence-Based Approach*. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015