

**Testimony**  
**Center for Rural Pennsylvania Public Hearing**  
**Heroin Crisis Facing Pennsylvania**  
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**Pennsylvania Pharmacists Association**

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Good Morning Chairman Yaw, Vice Chairman Wozniak, members of the Center for Rural Pennsylvania board and guests.

My name is David Cippel and I am the President of Klingensmith's Drugstores, Inc., a regional chain operating eight community pharmacies and one closed-door pharmacy across three counties in Western Pennsylvania. I graduated from the University of Pittsburgh School of Pharmacy in 1986 and currently spend a fair amount of time working as a pharmacist at the company's stores. Thank you for the opportunity to present testimony today on the overall need to combat the proliferation of opioid prescription drug abuse and illegal heroin activity. I would like to highlight the many ways pharmacists can assist in helping to prevent overdoses that have become an epidemic not only in Pennsylvania - but across our country.

The Pennsylvania Pharmacists Association (PPA) is strongly committed to partnering with the Commonwealth, lawmakers, law enforcement agencies, the public and others to work on viable strategies to prevent opioid prescription drug diversion and abuse. We believe that there are a variety of ways pharmacists can help curb opioid prescription drug diversion and abuse, which are outlined throughout my testimony. Preventing addiction and abuse first and foremost is important in stemming the movement to stronger and more dangerous illegal drugs such as heroin.

### **Establishing a Prescription Monitoring Program (PMP)**

PPA believes that an effective PMP is an essential and beneficial tool for prescribers, pharmacists, law enforcement, and the citizens of the Commonwealth of Pennsylvania, to assist in achieving a balance between appropriate clinical use of controlled substances for acute and chronic pain management and related diagnoses and preventing inappropriate use, diversion or abuse.

Almost all states have a PMP or are in the process of establishing one. Our current passive system of submitting Schedule II drugs every 30 days is almost a joke. PPA

has for several years supported a stronger system and there is no better time to adopt a stronger system than now. PPA supports legislative initiatives underway in the form of Senate Bill 1180 and House Bill 1694 to enhance our current system and believes all Schedule II-V drugs dispensed and prescribed within Pennsylvania should be reported to the database. There is diversion across the spectrum, from Oxycodone, a Schedule II drug, to promethazine with codeine, a Schedule V drug; and we believe excluding any schedule of drugs hinders the goal of reducing drug diversion and abuse. Establishing an interactive PMP where prescribers and pharmacists can routinely monitor is a key factor. One of the reasons we believe there has been an uptake in Pennsylvania is because many of our neighboring states already have such a system in place.

Once a PMP is established, Pennsylvania needs to connect to the interstate system, PMP Interconnect, to facilitate the access to this data across state lines by authorized users. This would allow participating states across the country to be linked, providing a more effective means of combating drug diversion and abuse.

### **Utilizing Medication Therapy Management (MTM) and Collaborative Drug Therapy Management (CDTM)**

Medication therapy management, also referred to as MTM, is a term used to describe a broad range of health care services provided by pharmacists. MTM is a service or group of services that optimize therapeutic outcomes for individual patients. MTM services include medication therapy reviews, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs and many other clinical services. Pharmacists provide MTM to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems and promoting adherence.

To ensure appropriate medication use and positive outcomes, several states have adopted MTM programs successfully within their Medicaid and other state programs. We believe it is time to implement an MTM program in Pennsylvania

within Medicaid, PACE and the Pennsylvania Employee Benefit Trust Fund (PEBTF), and to encourage private insurance to do the same.

In addition, PPA created and is developing the Pennsylvania Pharmaceutical Care Network (PPCN), a network of pharmacists prepared to deliver patient care and medication management. PPA is actively working to grow this network of licensed pharmacists interested in providing these clinical services and being part of a new patient care team offering MTM services.

Going a step further, pharmacists and physicians may soon be able to work together through collaborative agreements to adjust drug regimens in the medication management of their patients. We eagerly await the finalization of these regulations, targeted for this fall, as we believe they will provide a great opportunity for pharmacists to assist physicians in managing their patient's care.

We believe this collaborative approach may be especially useful in effective pain management as pharmacists can help monitor and adjust doses under a physician's guidance, thus helping chronic pain patients alleviate some of their suffering but also carefully watching for issues of addiction. CDTM is a very practical tool in helping manage this delicate balance.

### **Expanding Pharmacist Drug Take-Backs**

PPA supports Governor Corbett's drug take-back initiatives through his *HealthyPA* initiative. Drug take-back programs provide patients with the means to safely and securely dispose of their unused prescription drugs. These programs have proven effective in the proper disposing of medications - which decreases the likelihood that these medications fall into the wrong hands.

Some pharmacies would be voluntarily willing to act as a collection point for unused medications if the process and cost were not burdensome. This happens in many other states. However, under current Pennsylvania law, unused or expired medications from a patient's home, but delivered to another source, become Household Hazardous Waste and must be disposed of accordingly.

Anyone collecting or transporting Household Hazardous Waste must be registered with the Department of Environmental Protection (DEP). In order to apply to do this, pharmacies need to find a registered hauler to remove the collected medications. This can be unusually difficult and costly.

The Drug Enforcement Administration (DEA) is considering regulations which would allow pharmacies to also collect controlled substances through approved take-back programs. Under Pennsylvania law, however, pharmacies still could not participate unless they complied with the hazardous waste ruling. We strongly believe that a DEA-approved take-back program in Pennsylvania would help to assist in taking some very dangerous drugs out of medicine cabinets, off the streets and out of the hands of abusers.

### **Involving Pharmacists in Appropriate Dispensing of Controlled Substance Prescriptions**

Pharmacists should be encouraged rather than discouraged to use professional judgment in dispensing partial quantities of controlled substances.

Unfortunately, the opposite frequently occurs. Third-party payers when auditing a pharmacy often deny claims and recoup money thus punishing a pharmacy for the partial-filling of a prescription. Pharmacists' discretion is very appropriate and should be allowed especially on an initial prescription and when a well-documented history of response to a medication is not available. Often times, a prescription is written for a larger than necessary quantity, either out of a prescriber's desire not to inconvenience a patient or because a patient's insurance incentivizes the patient to receive a 30-day or greater supply. Many health conditions (such as simple sprains and injuries) may only necessitate a small supply of a pain medication, however, pharmacies are often required to fill prescriptions for 30, 60 or 90 days of opioids. When this happens, patients may only use a small quantity of a medication and then "save" the remainder for use at another time or may share the medication with someone else. Neither of which is recommended. Individuals should neither save medications and use at another time without consulting their physician or pharmacist nor should they pass a medication on to someone else. Additionally, if the medication is not stored in a

safe manner, a family member, friend or visitor may have access to the medication and this is exactly how teenagers, young children, and others obtain some of these medications.

### **Enacting Good Samaritan and Naloxone Administration Laws**

PPA supports and encourages the General Assembly to pass Senate Bill 1164, sponsored by Senator Dominic Pileggi, which would provide for drug overdose immunity and would permit a law enforcement agency or fire department to enter into agreements with emergency medical services agencies to obtain the drug overdose medication naloxone. It also offers immunity for its prescription by health care providers and provides for training programs.

Twenty-five states have amended their laws to make it easier for medical professionals to prescribe and dispense Naloxone and for the public to use it without fear of repercussions. Sixteen states have some form of Good Samaritan laws on their books in the event of an overdose.

Enacting Senate Bill 1164 in Pennsylvania will save lives by encouraging the use of naloxone by third-party individuals and encouraging timely seeking of medical intervention with the intended effect of reducing opioid overdose deaths.

It is our opinion though that this legislation could have gone further and we hope that in the future pharmacists will be granted additional roles in the prescribing, dispensing and administering of naloxone. For example, New Mexico is the first state to authorize pharmacists to prescribe naloxone. All pharmacists registered and practicing within New Mexico may prescribe naloxone, under a protocol developed by the New Mexico Board of Pharmacy, after successfully completing an approved course of training in the area of naloxone and opioid overdose drug therapy.

Thank you again for the opportunity to provide pharmacy's perspective on this issue. We commend the board for their efforts to bring attention to the public health problem of heroin and opioid prescription drug diversion and abuse. The

Pennsylvania Pharmacists Association, through the expertise of our members, would be pleased to partner with you in a variety of ways to combat this issue. Please look to us as a valuable resource. I am happy to answer any questions you may have.