



Via Electronic Submission to: www.regulations.gov

February 1, 2021

Food and Drug Administration
Dockets Management Staff (HFA-305)
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Re: Docket No. FDA-2019-N-1845

Dear Sir or Madam:

The American Pharmacists Association (APhA) is pleased to submit our comments to the Food and Drug Administration (FDA) on Fixed-Quantity Unit-of-Use Blister Packaging for Certain Immediate-Release Opioid Analgesics for Treatment of Acute Pain; Establishment of a Public Docket; Request for Comments; Reopening of the Comment Period and Provision of Additional Information and Analysis, published in the Federal Register on December 1, 2020 (85 FR 77220). Founded in 1852, APhA represents pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

APhA supports legislative, regulatory, and private sector efforts to address our Nation's opioid epidemic as long as efforts to curb misuse are appropriately balanced with the legitimate needs of the millions of patients living with pain. APhA previously submitted comments to this docket on July 30, 2019, and we incorporate those comments by reference.

APhA appreciates FDA's additional analysis and slides presenting the agency's rationale in support of 5-, 10-, and 15-count blister packaging. However, **APhA fears that the unintended consequences of this proposal in terms of increased costs and burdens on pharmacies outweigh the benefits. We believe that before requiring that fixed-quantity unit-of-use blister packaging be made available for the seven opioid products detailed in the proposal, FDA should first study the effectiveness and intended and unintended consequences (including prescribing of alternative medications) of this type of packaging on prescribing, dispensing, and related patient care issues.**

We offer our specific comments on the reopened docket below:

Proposal: Fixed quantity, unit dose packaging available, in addition to current bulk packaging

APhA appreciates and supports FDA’s clarification that the proposed blister packaging configurations would not be required to be the only packaging option available for these products, and that current bulk packaging would continue to be available. We believe that the availability of bulk packaging is critical to patient care needs. While APhA recognizes FDA’s desire to move to “right-size” packaging, FDA should recognize that pharmacies have limited shelf space and may not be able to stock all fixed quantity packaging and bulk packaging. If a prescriber indicates a specific dose quantity on a prescription and the pharmacist does not have the fixed dose packaging in stock, state laws provide flexibility for pharmacists to dispense that quantity in different packaging. This flexibility is essential to ensure that the pharmacist can support the patient’s needs.

Comment on the specific IR opioid analgesic drug products for which it may be appropriate to require that blister packaging be made available

For new opioid prescriptions, APhA believes that FDA’s identification of the seven products prescribed 90% of the time for the treatment of acute pain¹ is reasonable:

- Hydrocodone 5 mg/APAP 325 mg
- Tramadol 50 mg
- Oxycodone 5 mg/APAP 325 mg
- Codeine 30 mg/APAP 300 mg
- Hydrocodone 7.5 mg/APAP 325 mg
- Hydrocodone 10 mg/APAP 325 mg
- Oxycodone 5 mg

The appropriateness of requiring -5, -10, and -15 count blister packaging for these products depends on the dosing and length of action of the product (i.e., how many days supply does the packaging configuration represent?) as well as the patient’s procedure for which the medication is being prescribed. APhA questions FDA’s choice of -5, -10, and -15 count blister packaging, since the seven opioid products are most often dosed every 4-6 hours, leading to the use of 4, 6, 8, or 12 pills per day, not 5, 10, or 15.

Potential Negative Impacts/Unintended Consequences

APhA’s July 30, 2019 comments detail the potential negative impacts and/or unintended consequences of the proposal on patient care, patient access, administrative burden, technology, pharmacy inventory, generics, and safety alerts. **We fear that the unintended consequences of this proposal in terms of increased costs and burdens on pharmacies outweigh the benefits,** and reiterate some of our concerns below:

¹ FDA PowerPoint presentation, *Fixed-Quantity Blister Packaging of Opioid Analgesics: Rationale to Support Specific Packaging Sizes*, Slide 9.

Pharmacy Inventory

As FDA is likely aware, DEA and states impose certain requirements regarding a pharmacy's inventory. Blister packaging of products will increase the amount of space needed to store such products and may make certain products stand out should the pharmacy conceal them by dispersal throughout their stock of noncontrolled substances.²

In addition, APhA notes that ordering and stocking multiple fixed-quantity unit-of-use packaging could be unduly burdensome for pharmacies, especially community pharmacies. For example, one APhA community pharmacist member reported that his pharmacy buys opioids from 15 different manufacturers. It would be extremely difficult and time-consuming for pharmacists to keep track of different types and sizes of blister packaging from multiple manufacturers.

It could also be difficult for pharmacies to predict demands for products in each packaging configuration. With lower reimbursement and the desire to stock minimal levels of opioids and turnover stock quickly, such packaging could make it difficult for pharmacies to meet patient care needs.

Perception that All Opioids in Packaging Must be Finished

As FDA notes, one of the potential unintended consequences of the proposal is the “perception that all opioids in packaging must be finished (e.g., Z-pak).”³ APhA shares this concern. If FDA chooses to move forward with this proposal, we recommend that the agency consider emphasizing components of labeling, such as “take as needed” for pain. APhA would be concerned with packaging that conveyed messaging to patients that is inconsistent with their prescription or suggestive that a patient is non-compliant if they do not use all opioids in the packaging. To further emphasize that it is not necessary to take all the medication if it is not needed for pain, the packaging could remind patients to safely dispose of the medication and provide the recommended process for disposal.

Cost of Blister Packaging

In its economic analysis, FDA states that blister packages were about 2.0-2.5 times more expensive than bottles. Blister packages cost \$0.30 per pill while medications packaged in bottles cost \$0.10 per pill.⁴ In considering whether to move forward with this proposal, APhA believes it is imperative for FDA to understand drug manufacturers', pharmacies', and payers' perspectives regarding the additional cost of this packaging and reimbursement for these costs. APhA would be concerned if increased costs for blister packaged products served as a barrier to access to treatment for patients with acute pain. In addition, packaging that is excessively costly or

² 21 CFR 1301.75 (b) “(b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.”

³ FDA PowerPoint presentation, *Fixed-Quantity Blister Packaging of Opioid Analgesics: Rationale to Support Specific Packaging Sizes*, Slide 20.

⁴ Id. at Slide 21.

available through a small subset of distributors would also pose a challenge for pharmacies in obtaining such products.

Conclusion

Thank you for the opportunity to provide comments in response to the reopening of the docket. APhA fears that the unintended consequences of this proposal in terms of increased costs and burdens on pharmacies outweigh the benefits. We believe that before requiring that fixed-quantity unit-of-use blister packaging be made available for the seven opioid products detailed in the proposal, FDA should first study the effectiveness and intended and unintended consequences of this type of packaging on prescribing, dispensing, and related patient care issues.

Thank you for your attention to our concerns. If you have any questions or require additional information, please contact Karin Bolte, Director, Health Policy, at kbolte@aphanet.org or by phone at (301) 648-0673.

Sincerely,

A handwritten signature in cursive script that reads "Ilisa BG Bernstein".

Ilisa BG Bernstein, PharmD, JD, FAPhA
Senior Vice President, Pharmacy Practice and Government Affairs