GREG WALDEN, OREGON
CHAIRMAN

FRANK PALLONE, JR., NEW JERSEY
RANKING MEMBER

ONE HUNDRED FIFTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6115
Majority (202) 225–2927
Minority (202) 225–3641

November 17, 2017

The Honorable Scott Gottlieb
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Dear Dr. Gottlieb:

Thank you for appearing before the Committee on Energy and Commerce on October 25, 2017, to testify at the hearing entitled "Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on December 5, 2017. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,

Greg Walden
Chairman

cc: The Honorable Frank Pallone, Jr., Ranking Member

Attachment

Attachment — Additional Questions for the Record

The Honorable Michael C. Burgess

1. As we continue to treat those addicted to opioids, we must also prevent new patients from abusing pain medication, which often leads to addiction. Opioids with abuse-deterrent formulations (ADFs) help deter opioid misuse. Do you agree that abuse-deterrent technology has a role to play in addressing the opioid crisis?

2. The FDA's Opioid Action Plan calls for accelerating prescribers' uptake of opioids with abuse-deterrent formulations. Impediments such as prior authorization, formulary placement, non-medical switching and "fail first" policies can prevent patients from accessing abuse-deterrent formulations and are counterproductive to addressing opioid abuse prevention. Several states such as West Virginia, Massachusetts, Florida, Maryland, and Maine, have recognized the benefits of abuse-deterrent opioids and passed laws to remove formulary barriers to these drugs.

    a. What is the federal government doing to ensure that providers have access to abuse-deterrent products when appropriate?

    b. Should all patients have access to abuse-deterrent technology at parity with other opioids?

The Honorable Joe Barton

1. The techniques for managing acute pain are different from the techniques for managing chronic pain. In fact, some specialties, like dentistry, rarely (if ever) have to treat patients for chronic pain. Even the types of opioids that would be prescribed—long acting versus short acting—are different. The CDC guideline and the current FDA REMS strategy have both focused on managing chronic pain, but what are you doing to help promote more judicious prescribing among those who are not in the business of managing chronic pain?

2. What are you doing to promote the delivery of preventive services that help to control acute pain and stop such pain from becoming chronic?

The Honorable Gus Bilirakis

1. Many patients who suffer from opioid addiction also have other co-morbidities that require the use of other medications and medical devices. As a result, care coordination can play a major role in helping stem drug abuse but also promote basic medical safety.

    a. In what ways is data currently being used to advance this end?

    b. In what role can interoperability of medical devices and the systems to which they report play in increasing safety and efficiency in patient care?

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3. Last August, FDA authored a blog post titled: "FDA Supports Greater Access to Naloxone to Help Reduce Opioid Overdose Deaths." Can you provide this Committee with an update on the development of an over-the-counter version of naloxone?

The Honorable Chris Collins

1. The opioid epidemic is a serious public health crisis, but the FDA has not prioritized non-opioid pain medications in the same way as antibiotics to treat drug-resistant bacteria. The Generating Antibiotic Incentives Now (GAIN) Act passed in 2012 to spur the development of new antibiotics to fight drug-resistant bacteria in hospitals and communities gave the FDA a path to qualify infectious disease products for Fast Track Designation and Priority Review. In 2013, the CDC estimated that 23,000 die each year due to resistant infections. In 2015, a total of 33,091 persons in the United States died from drug overdoses involving opioids and yet similar actions have not been taken.

    a. Has the agency considered taking the same approach with the opioid epidemic?

2. The opioid epidemic is a serious public health crisis, but the FDA has not prioritized non-opioid pain medications in the same way as antibiotics to treat drug-resistant bacteria. The Generating Antibiotic Incentives Now (GAIN) Act passed in 2012 to spur the development of new antibiotics to fight drug-resistant bacteria in hospitals and communities gave the FDA a path to qualify infectious disease products for Fast Track Designation and Priority Review. In 2013, the CDC estimated that 23,000 die each year due to resistant infections. In 2015, a total of 33,091 persons in the United States died from drug overdoses involving opioids and yet similar actions have not been taken. Has the agency considered taking the same approach with the opioid epidemic?

The Honorable David McKinley

1. Police, fire fighters, and other emergency personnel are the first to arrive on an opioids-related scene. These professionals are there to protect us, but they are at risk of being exposed to potent opioids and their synthetic analogues, such as fentanyl and carfentanyl. What's being done to protect these first responders, what more can be done, and what do you need from Congress?

2. Dr. Gottlieb, your testimony describes significant efforts by the FDA to address the opioid crisis in the US, including encouraging use of non-addictive forms of pain management. Yet, the FDA announced in a press release dated January 14, 2014 that the

agency would take regulatory action to restrict access to OTC acetaminophen to prevent inadvertent overdose, despite the fact that half of Americans are contraindicated for non-steroidal anti-inflammatory drugs (NSAIDs) and may only take acetaminophen. Given the need to respond to the opioid crisis with non-addictive treatment options for patients, does FDA still intend to take regulatory action limiting access to OTC acetaminophen?

3. Dr. Gottlieb, as you know, over-the-counter (OTC) pain relievers taken as directed provide a safe and non-addictive alternative to the use of opioids. Advocates for patients that can only take acetaminophen to manage pain and for whom non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated are aware of the importance of balancing the need for OTC pain relief options with education on safe use of these medications and awareness of all pharmacologic and nonpharmacologic pain relief options as part of their pain management plan. What is the FDA currently doing to educate both providers and patients living with pain about the safe use of OTC pain relief options, as well as other safe and effective pain management options, and to make these materials easily accessible and interpretable by these populations?

4. As you know, over-the-counter (OTC) pain relievers can serve as safe and non-addictive alternatives to opioids. It's important that patients are aware of all options as part of their pain management plan. What is the FDA currently doing to educate both providers and patients about the safe use of OTC pain relief options, as well as other safe and effective pain management options, and to make these materials easily accessible and interpretable by these populations?

5. Your testimony describes significant efforts by the FDA to address the opioid crisis in the US, including encouraging use of non-addictive forms of pain management. Yet, the FDA announced in a press release dated January 14, 2014 that the agency would take regulatory action to restrict access to OTC acetaminophen to prevent inadvertent overdose, despite the fact that half of Americans are contraindicated for non-steroidal anti-inflammatory drugs (NSAIDs) and may only take acetaminophen. Given the need to respond to the opioid crisis with non-addictive treatment options for patients, does FDA still intend to take regulatory action limiting access to OTC acetaminophen?

The Honorable Buddy Carter

On June 13th, the FDA put out a release titled "Statement from FDA Commissioner Scott Gottlieb, M.D. – FDA is taking new steps to help assess opioid drugs with abuse-deterrent properties." This is part of their commitment to take actions on opioids.

1. The FDA released a statement in June focusing on ways to deter opioid abuse and in that announcement. What are you doing to pursue those actions and combat opioid abuse?

2. You announced that you would be engaging with "external thought leaders." What were the results of that meeting?

The Honorable Ryan Costello

1. What effect will increased patient access to medical technologies have on limiting long-term opioid therapies?

2. What are the current policies of CMS, Tricare, and commercial insurance carriers when evaluating surgical procedures and medical technologies? Is opioid use reduction part of that evaluation process?

3. What statutes exist that require clarity and transparency into the levels of evidence required for positive payer policies for medical technologies, surgical procedures, and medical interventions? Can statutes be developed and implemented that would standardize these requirements?

The Honorable Pete Olson

1. Of the grant funding provided for in CARA, how much funding has been allocated to state prescription drug monitoring programs (PDMPs)? Do you think states need additional federal grant funding to improve their PDMP or to fund clinical workflow integrations?

The Honorable Bill Johnson

1. Innovative non-opioid treatments for pain are being developed that can prevent addiction before it starts. How is the FDA working to accelerate approval of such treatments? How can we better align the approval process with federal reimbursement policies for approved innovative medications and devices, so that once new treatments are approved, patients are not barred from accessing them because they are not covered by Medicare?

2. You've been supportive of abuse-deterrent technologies as one means of deterring early users from progressing to more dangerous methods of consuming prescription drugs, and CARA encouraged FDA to enhance development and approval of abuse-deterrent formulations. However, even though 60% of all branded, extended-release, long-acting opioids have an abuse-deterrent formulation, virtually all of those prescriptions involve one specific opioid product – Oxycodone. When will the FDA update its existing Branded Guidance and publish product guidance for Generic abuse-deterrent formulations to incentivize additional product designs and generics, which may be as effective and less costly?

3. Dr. Gottlieb, I introduced legislation, with my colleague on this committee Doris Matsui, to address teen abuse of DXM, the active ingredient in most cough medicines, by prohibiting sales to people under 18. Will you commit to working with us to advance this policy?

The Honorable Richard Hudson

1. FDA has proposed streamlining of the drug approval process for discovery in the area of Pain Management. What efficiencies could be gained by a standardized data and analytics platform that was the same as the submission standard?

The Honorable Susan Brooks

1. I have heard you say that preventing drug use before it begins is the is the most cost-effective way to reduce drug use and its consequences. In your opinion, what are the characteristics of successful prevention intervention programs? Besides lack of resources, what are the barriers to implementing intervention programs?

The Honorable Ben Ray Lujan

Addressing the opioid epidemic is going to require a multi-faceted approach. We cannot cure opioid addiction through law enforcement or treatment alone. We must also work to address the problem at the start. This means we should also be adopting policies and practices to reduce the amount of opioids that are available in circulation, and educating health care providers on opioids, pain management, and non-opioid pain alternatives.

Approximately 80 percent of the legal global opioid supply is consumed in the United States. Based on 2015 sales, the top five opioid products were made by Purdue Pharma, Johnson & Johnson, Insys Therapeutics, Mylan and Depomed, according to sales. A 2016 survey by the National Safety Council revealed that about 99 percent of physicians exceed the recommended three-day dosage limit, with a quarter of them writing prescriptions for a full month and thus overprescribing these types of medications.

Members of this Committee have called for additional prescriber education and training to this effect and I want to learn more about what role FDA and DEA can play in this process.

1. Dr. Gottlieb, you recently announced that the FDA is taking the step to require immediate release opioid formulations be subject to the more stringent Risk Evaluation and Mitigation Strategy (REMS) program that extended release and long-acting opioid formulations are subject to today. The REMS for these products requires that training be available to health care providers. Will you walk us through the REMS requirements for these products, and specifically discuss the training that is available to health care practitioners under the REMS?

2. Is training under the REMS mandatory for health care practitioners today?

3. Can you give us a sense of how many health care practitioners have voluntarily participated in the training available under the REMS?

4. I understand that FDA is considering whether mandatory education might be appropriate. Dr. Gottlieb, what are your thoughts on mandatory training? Is this something that you would support, and if so, how would FDA operationalize such a requirement?

In 2015, 33,000 Americans died from opioids. According to the CDC, almost half of those deaths were from prescription opioids. The New York Times reports that in 2016, overdoses from all drugs was the leading cause of death of people under the age of 50. Drug overdoses now kill more Americans each year than at the height of the HIV epidemic and the worst year for auto accident deaths. The Times and drug use experts attribute the sharp rise in all drug overdose deaths to the rise of opioids. What we need to fight this epidemic is continued and reliable long-term investments in prevention, treatment, recovery, and monitoring.

The President's budget proposal for fiscal year 2018, coupled with other administration initiatives, takes several steps back in the fight against opioid addiction, including a cut in funds for SAMHSA. Overall, the President's proposed budget cuts HHS by 16.2 percent, the CDC by 17 percent and NIH by 19 percent. It cuts funding for addiction research, treatment and prevention. Even the White House Office on National Drug Control Policy would take a 95 percent hit.

5. Commissioner Gottlieb, do you have all of the tools you need to stop the opioid epidemic?

6. Commissioner Gottlieb, given the 31 percent cuts to FDA in the President's budget proposal, what programs relating to the opioid epidemic will be cut? Which programs would have been expanded that will now not be?

Opioid addiction is not a new problem. Misuse of and addiction to pharmaceuticals has existed for centuries, ever since morphine was heralded in the 1850s as a solution to our opium addiction problem– until it, in turn, morphine became a larger problem, as did heroin, and then methadone. Today, we understand the importance of pain relieving agents, but as my constituents continue to perish at alarming rates due to these drugs, we need to be working together to address the crisis. The public and private sectors can and should work together to swiftly address the opioid epidemic. The Reagan-Udall Foundation for the FDA is an independent 501(c)(3) not-for-profit organization created by Congress for the purpose of advancing regulatory science that is necessary to helping the FDA accomplish its mission. The Foundation was created by Congress in the Food and Drug Administration Amendments Act of 2007 (FDAAA) to address regulatory science challenges of the 21st century. The central focus of the Foundation is to assist in the creation of new, applied scientific knowledge, tools, standards, and approaches the FDA needs to evaluate products more effectively, predictably, and efficiently, and thereby enhance the agency's ability to protect and promote the health of the American public.

7. Understanding what we know now about this issue, what further information or support do you need from pharmaceutical manufacturers to more aggressively combat this crisis?

8. How are you engaging the Reagan-Udall Foundation to develop effective, innovative regulatory responses to the opioid crisis?

There are multiple forms of opioid painkillers, including abuse-deterrent formulations (ADFs) and extended-release/long-acting (ER/LA) formulations. Now, in addition to expanding the REMS to include immediate-release (IR) products, FDA is modifying the content of the

educational “Blueprint” required under the REMS. The agency is adding content on pain management, including non-opioid alternatives. The content includes principles related to the acute and chronic pain management; non-pharmacologic treatments for pain; and pharmacologic treatments for pain (both non-opioid analgesic and opioid analgesic). The revised Blueprint will also cover information about the safe use of opioids, and basic information about addiction medicine and opioid use disorders.

But education alone will not be enough. Patients need to be able to access effective products without the risk of addiction. Non-opioid pain alternatives include biologics in the pipeline, such as fasinumab (an NGF antibody for osteoarthritis and chronic lower back pain, in Phase 3 development by Regeneron) and tanezumab (an NGF antibody for osteoarthritis and chronic lower back pain, in Phase 3 development by Pfizer and Eli Lilly). Tanezumab is the first NGF inhibitor to receive Fast Track designation from the FDA.

9. How will you be working with the Centers for Medicare and Medicaid Services, Indian Health Services, and the Department of Veterans Affairs to arrange for inclusion in the relevant reimbursement schedules of biologics as non-opioid pain alternatives?