

**What, you thought REMS was all about sleep? Ain't necessarily so!**

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**Federal Policy: REMS**

- ★ Passed in 2007 under the FDAAA
- ★ Authorizes FDA to require manufacturers to develop risk evaluation and mitigation strategies (REMS) to ensure that the benefits of a medication outweigh its risks
- ★ Standard elements: Medication Guide (or patient package insert) and communication plan
- ★ FDA may require "elements to assure safe use" (ETASU) if the drug would otherwise be too inherently dangerous to allow on the market
  - Inherently dangerous ≠ intentionally abused

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**Elements to Assure Safe Use (ETASU)**

- ★ Only if the drug would otherwise be too inherently dangerous to allow on the market
- ★ Shall be commensurate with the specific serious risk
- ★ Shall NOT be unduly burdensome on patient access
- ★ Shall have minimal impact on the health care delivery system
- ★ More detail on Slide 10

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## FDA Class-wide REMS Proposal

- ★ Single REMS, including ETASU
- ★ Covering all long-acting and extended-release opioids (brand name and generic)
- ★ Liberal FDA interpretation of FDAAA provisions
  - REMS must address risks of each individual medication and its generic equivalents
  - Separate application to be submitted for each medication
  - FDA has not yet met its statutory burden to require REMS, ETASU
- ★ Voluntary prescriber education (CE credits, surveys to measure impact)
- ★ Patient education

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## Look to Congressional Intent

- ★ Inherently dangerous ≠ intentionally abused
- ★ Single REMS for innovative medications and their generic equivalents
- ★ Coordinated Medication Guides and communication plans for all opioids
- ★ Prescription monitoring programs
  - Hal Rogers grant
  - NASPER grant
- ★ See 2010 *National Prescription Drug Abuse Prevention Strategy* at [www.claad.org](http://www.claad.org)

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## The Manufacturer Role in REMS

- ★ March 2009 – 20 + companies received letters from FDA – both brand and generic
- ★ Given instructions to work together to create a class wide REMS for long acting/sustained release opioids
- ★ Industry working group (IWG) created in May 2009 – regular meetings
- ★ FDA stakeholder meetings held throughout 2009
- ★ FDA advisory meeting held May 2009, followed by open public docket for comment until June 2009
- ★ Due to demand for public comment, public docket reopened until October 2010
- ★ FDA advisory committee December 4, 2009, IWG provided their plan to FDA
- ★ FDA advisory committee July 22-23, 2010, to discuss FDA REMS proposal

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### Elements to assure safe use

- ★ May be required if the drug is associated with a serious adverse event and an assessment plus medication guide, PPI or communication plan are not sufficient to mitigate these risks
- ★ May require any of the following:
  1. Training/certification of prescribers
  2. Training/certification of pharmacies and hospitals
  3. Restrictions on where drug is dispensed
  4. Evidence of patient safe use conditions
  5. Patient monitoring
  6. Enrollment of patient in a registry

Draft Guidance: Guidance for Industry: Format and content of proposed Risk Evaluation and Mitigation Strategies (REMS), REMS assessments, and proposed REMS modifications. US Department of Health and Human Services, Food and Drug Administration, September 2009.

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### Training/certification of prescribers

- ★ Certification of training or specific experience/knowledge required before enrollment in a REMS program
- ★ Providers may be required to demonstrate that they:
  - Can diagnose the condition for which the product is indicated
  - Understand the risks and benefits of the drug and have read the educational materials
  - Can diagnose and treat potential adverse reactions associated with the drug
- ★ Physicians may have to periodically recertify and re-enroll

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### Training/certification of pharmacies and hospitals

- ★ In general, applies to how the drug is dispensed
- ★ May require certification of training, or attesting to specific experience or knowledge, before enrollment into a REMS program

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### Training/certification of pharmacies and hospitals

- ★ Practitioners and staff at pharmacies, hospitals and infusion sites may be required to demonstrate that they:
  - Understand the risks and benefits of the drug and have read the educational materials
  - Agree to fill a prescription and dispense the drug only after receiving prior authorization
  - Agree to check laboratory values or check for “qualification stickers” before dispensing
  - Agree to fill a prescription and dispense the drug only within a specified period of time after the prescription is written
  - Agree to fill prescriptions only from enrolled prescribers
- ★ May require periodic recertification and reenrollment

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### Restrictions on where drug is dispensed

- ★ Drug may be dispensed only to patients in hospitals that have met certain conditions
- ★ Drug may be dispensed only to physicians’ offices equipped to treat the potential risks associated with the drug following administration (eg, access to medication and equipment necessary to treat a serious allergic reaction)

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### Evidence of patient safe use conditions

- ★ You may have to:
  - Counsel patients about the risks and benefits of the product
  - Provide patients with a copy of the educational materials and check that they understand the risks and benefits of the product
  - Give special authorization for a patient to receive the drug, which is then verified by the pharmacy (eg, checking laboratory values and checking for qualification stickers on the prescription)

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## Patient monitoring

- ★ Providers may have to:
  - Monitor patients' laboratory tests on a specified periodic basis to prevent serious risk (e.g., pregnancy test)
  - Check that patients are still appropriate candidates within a specified period of time after beginning treatment
  - Monitor patients periodically and following treatment to ensure they did not experience the serious risk associated with the use of the drug

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## Enrollment in patient in a registry

- ★ Prescriber and patient enrollment
- ★ Drug access may be contingent on patient enrollment
- ★ The types of information that may be collected include:
  - Clinical outcomes
  - Clinical and laboratory data
  - Safety information
  - Compliance data
  - Data on the impact of tools on ensuring compliance and outcomes

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## REMS and the Prescriber/HCP

- ★ State of Washington: The law states that above a certain opioid threshold a prescriber must consult a pain specialist.

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## REMS and the Prescriber/HCP

- ★ Require prescriber education
  - Specific risks of the drug covered by the REMS
  - Appropriate drug's use
  
- ★ Certification
  - Linked to DEA application potentially

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## Proposed Educational Content

- ★ Meeting June 11 REMS Summit: Impact on the Primary Care Provider
  - Stakeholders
    - American Academy of Hospice and Palliative Medicine
    - American Academy of Nurse Practitioners
    - American Academy of Pain Management
    - American Academy of Pain Medicine
    - American Academy of Physician Assistants
    - American Medical Association
    - American Osteopathic Association
    - American Pharmacists Association
    - **American Pain Society**
    - **American Society for Pain Management Nursing**
    - American Society of Addiction Medicine
    - California Academy of Family Physicians
    - **Nurse Practitioner Healthcare Foundation**
    - Pain and Policy Studies Group

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## Proposed Educational Content

- ★ Proceedings and Report to FDA
  - Curriculum feedback from all Stakeholders at REMS Summit (pending)
  - Responsible Opioid Prescribing: A Physician's Guide (2007), Scott M. Fishman, M.D.
    - Based on Federation of State Medical Board's *Model Policy for the Use of Controlled Substances for the Treatment of Pain*
  
- ★ FDA REMS Proposal
  - Voluntary prescriber education (CE credits, surveys to measure impact)
  - Patient education

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**REMS and the Prescriber/HCP**

- ★ Prescriber/Patient agreement
  - Inform the patient on risks
  - Appropriate use of the drug
- ★ Counseling of patients

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**REMS and the Prescriber/HCP**

- ★ Concerns
  - Interfere with practice of medicine
  - Costly to implement without any reimbursement for the costs incurred
  - Reduce the number of prescribers willing to certify.
  - Reduce the types of opioids available for prescribers to use.

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**REMS Strategies: FDA Key Elements**

- ★ Prescriber certification
  - Ensure knowledge about safe use, proper patient selection, and **consumer** education
- ★ Dispenser Certification
  - Ensure knowledge about product risk and the importance of **consumer** education
- ★ End User (Consumer) Education
  - Continuum from prescriber→dispenser →**consumer**
  - In conjunction with prescriber/patient (**consumer**) educational agreement??

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### End Use Issues

- ★ Access Delay: It takes an average of 3-5 years and more than 8-12 providers to find one who is willing and able to manage a person living with pain
  - 1:21,000 people with pain to pain specialists (Portenoy, 2006)
- ★ Fear, Stigma & Discrimination Prevails
  - Often begins at home
  - Spread throughout the workplace, medical care settings, community, third party payers, policy makers and regulators
- ★ Media and National Priorities
  - Prescription drug abuse has gained focused attention
  - Extremely vocal and angry voices from parents/friends who have lost love ones to addiction, overdose or criminal activity
  - Burden on the backs of those living with pain & their caregivers who have legitimate need and are responsible with their opioid use.

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### Mary Vargas, JD & PWP FDA Testimony



"Again and again those living with pain have been asked to do just one more thing in the name of balance – another contract, another form of monitoring – but already we cannot find doctors to treat us, we cannot find pharmacies to fill our prescriptions, – and now we are here talking about implementing strategies that are all about law enforcement and nothing to do with healthcare or compassion and, quite frankly, I've had all the "balance" I can take." (May 2009)

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### APF Activities

- ★ May 29, 2009: Testimony to FDA Advisory Committee
  - Position Statement: APF Newsroom: [www.painfoundation.org](http://www.painfoundation.org)
    - Endorsed recommendations developed by task force of organizations involved with Pain Care Forum (PCF)
  - AN Leader Testimonies (PWP, HCP perspectives)
- ★ Alert communications to APF membership
  - Continual Website Update about REMS
  - Call to Action: Strategic Staging
- ★ Petition
  - Submission to Federal Registry
- ★ Advisory work with ASPMN and others:
  - IWG
  - PCF
  - Congressional Leaders

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**# 77: A Sibling from California**

- \* *My sister died from the pain that she could not withstand. She had problems getting adequate pain medication, after her back was injured from helping a patient get into bed, when the patient fell upon her.*
- \* *She had her masters in nursing ....and was a nursing professor for many years. She could have had a productive life, if her pain had been managed with compassion and understanding.*
- \* *She gave so much to so many people to students and patients in the medical profession. Then when she was in need, the medical profession was not able to help her sufficiently. I mourn her loss and my loss of her companionship every day. [APF] Petition: Jun 23, 2009*

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**#56: A Veteran's Spouse**

- \* *My husband is a disabled veteran who barely gets relief from the pain medicine he takes. When he is without, he is literally in a living hell. If he is denied access to his pain meds, I fear coming home from work one day to find him dead either from withdrawal or suicide because the pain was too much.*
- \* *Please don't do this to all those who live in pain every day, especially when we have so many young men and women coming home from war who are going to need these medications to deal with the pain from injuries they suffered defending our freedoms, just as my husband did. [APF] Petition: Texas: June 23, 2009*

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**Consumer Focused Highlights of PCF Task Force Recommendations to FDA:**

- \* Should not introduce new barriers to appropriate and legitimate use of opioid medications
- \* Must include outcome measurements
  - Effectiveness for curbing abuse/misuse/overdose
  - Impact on access to opioids for people who need them
- \* Sunset ineffective risk mgt strategies
- \* All class of opioids should be subject to single REMS
  - Avoid multiple REMS for individual molecules
  - Concern about balloon effect
- \* DO NOT include patient registries as an element for any opioid REMS
- \* Patient education materials should be developed for individual products to assist prescribers and dispensers in providing safety and risk information

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## Other Voices from the Home Front

- \* ...I see my sister suffer every day as she lives with the greatest of pain... By making her be on a registry, such as those used for sex offenders, you are basically telling her she is a criminal for wanting to have even a minimum quality of life... We do not have a database of people using insulin with needles even though those needles could be used for illegal drug use. So why condemn a population of people who are already suffering beyond what any living being should have to suffer (Ohio: June 26, 2009:#2333)
- \* My mother is a single mother of us three children. She lives everyday in pain, and if it weren't for the medications she's prescribed, she wouldn't be able to function at all, or be able to give me, my brother, and my sister the life that we've lived. Her depression, which is already bad enough, will worsen to extents even I could not cope with. Please don't take away my mother's life support! (Massachusetts: June 28, 2009: #4061)

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## Preparing for REMS

- \* Know where to find the information you need
- \* Be educated on the issues
- \* Spread the word in your healthcare communities
- \* Do your part to educate your patients/clients
- \* Become involved in these landmark FDA activities
- \* Your patients and your practice depend on it
- \* For more information on REMS, visit the FDA website:
  - Existing product-specific REMS:  
[www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm)
  - Class-wide REMS:  
<http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm>

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## Summary

- \* REMS will be required for all drugs with significant risk profiles, including rapid-onset and long-acting opioids
- \* FDA Draft Guidelines suggest likely components of REMS
  - All approved REMS contain at least a Medication Guide
  - Embed a REMS contains a Medication Guide and Communication Plan
  - Onsolis REMS contains Elements to Assure Safe Use
  - Exalgo and OxyContin REMS also contain Elements to Assure Safe Use
- \* We don't know exactly what each new opioid REMS will entail, but there are some general things we can do to prepare for them

United States Food and Drug Administration: Risk Evaluation and Mitigation Strategies for Certain Opioid Drugs. Public Meeting December 4, 2009. Industry Working Group. Available from: <http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/ucm159866.pdf>. Accessed January 2010.

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