

Congress of the United States
Washington, DC 20515

November 9, 2015

The Honorable Chuck Rosenberg
Acting Administrator
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Dear Acting Administrator Rosenberg:

We are writing to urge the Drug Enforcement Administration (DEA) to clarify its existing regulations regarding the extent to which pharmacists may partially fill opioid prescriptions and, if necessary, amend these regulations to permit the partial filling of prescriptions for controlled substances listed in Schedule II in a greater number of circumstances. Allowing more patients to partially fill a prescription for an opioid has the potential to reduce the amount of unused pills in the market and thus help combat the opioid abuse and addiction epidemic – a cause to which we are all committed.

In 2010, enough painkillers were prescribed to medicate every American adult every 4 hours for 1 month. 52 million people in the United States over the age of 12 have used prescription drugs non-medically in their lifetime and in the last decade, there was a 3-fold increase in the total number of deaths due to prescription opioid overdose and a 5-fold increase in the total number of deaths due to heroin overdose. While there is no one solution to this problem, the volume of prescription opioids in circulation is surely a factor in it, and granting individuals control over the amount of prescription pills that they receive, while ensuring the ability of a patient to return to the pharmacy for the remainder of the prescription if pain persists, has the potential to limit the number of unused pills, reduce the diversion of these drugs, and stem the tide of fatal overdose.

As states have begun to develop innovative responses to prevent and respond to prescription drug and heroin abuse, the partial filling of opioid prescriptions has become a potentially promising measure. DEA regulations, however, may present a barrier to state implementation of partial fill policies. Under current regulations (21 C.F.R. § 1306.13), a prescription for a controlled substance listed in Schedule II may be partially filled only if a pharmacist is unable to supply the full quantity called for in a prescription or if the prescription is for a patient in a Long Term Care Facility or for a patient with a medical diagnosis documenting a terminal illness. In the case of a pharmacist that is unable to supply a full prescription, the remainder must be filled within 72 hours of the first partial filling.

We support a federal policy that allows states to implement reasonable laws and regulations that permit the partial filling of opioid prescriptions and urge the DEA to clarify the extent of its current policy and, if necessary, amend its regulations to permit states to do so. If such changes

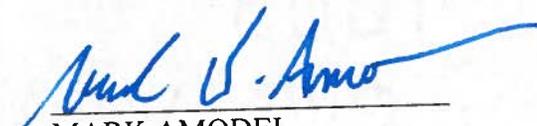
are necessary, we encourage the DEA to work with prescribers, pharmacists, and other key stakeholders in identifying ways to facilitate the partial prescribing of controlled substances listed in Schedule II.

We thank you for your attention to this matter and look forward to working with you to address this crisis.

Sincerely,


KATHERINE CLARK
Member of Congress

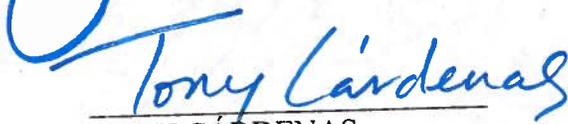

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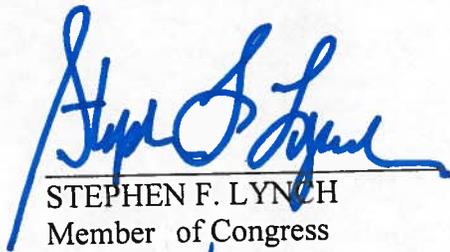
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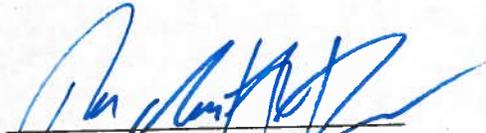
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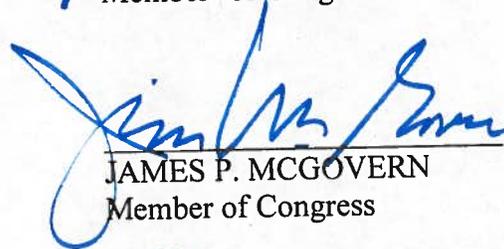
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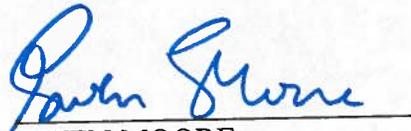
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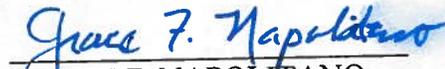
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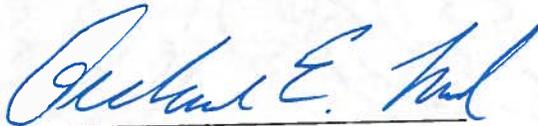
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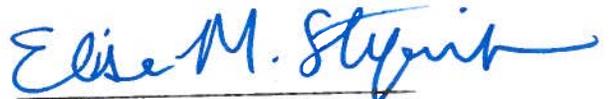
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