

Warren Amendment #1

Warren Amendment #1 is based on the bipartisan and bicameral Reducing Unused Medication Act of 2016 (S.2578, H.R. 4599) led by Senators Warren and Capito, and Representatives Clark and Stivers. This amendment will increase flexibility in filling opioid prescriptions to help reduce the number of unused and unwanted prescription painkillers that are helping to fuel our country's opioid epidemic.

The amount of prescription painkillers dispensed in the U.S. has quadrupled in the last 15 years,¹ and generic Vicodin is prescribed to more Medicare beneficiaries than any other drug.² We know that many patients don't use all of those opioids they take home, and we know where those unused pills end up; over 70% of adults who misuse prescription opioids get them from friends or relatives.³

One promising measure to reduce the number of unused pills is to permit the partial filling of opioid prescriptions. By allowing partial fills, patients will be able to have a pharmacist fill only part of a prescription and to return for the remainder if their pain persists. This optional flexibility can help reduce the number of unused pills in circulation and stem the growth of substance misuse, diversion and overdose.

Many state legislatures, including those in Massachusetts and Ohio, would be considering partial fill policies, however, the federal prescribing regulations for schedule II substances are unclear as to whether this is permitted. DEA regulations permit drugs in schedules III, IV, and V to be partially filled⁴ but the regulations are narrower and less clear for schedule II drugs, including prescription opioids.⁵ This amendment will resolve any ambiguity clearing the way for states considering partial fill policies to act.

Warren Amendment #1 will allow partial filling of a schedule II drug if requested by a doctor or patient, as long as the prescription is written and dispensed according to all other applicable federal and state laws. This will help to limit the number of unused painkillers in medicine cabinets across the country and can be an important tool in our effort to address the opioid epidemic.

This policy is supported by the American Medical Association, American Pharmacists Association, American Academy of Family Physicians, American College of Physicians, American Association of Neurological Surgeons/Congress of Neurological Surgeons, and the Pain Coalition.

¹ <http://www.cdc.gov/drugoverdose/data/>

² <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-30.html>

³ <http://www.drugabuse.gov/related-topics/trends-statistics/infographics/popping-pills-prescription-drug-abuse-in-america>

⁴ 21 CFR §1306.23

⁵ 21 CFR §1306.13