Risk Evaluation and Mitigation Strategies:
Developing REMS [CE] in Alignment with the Standards for Commercial Support

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For this session.....

OBJECTIVES
As a result of this presentation, participants should be able to
1. Describe the history, purpose and requirements for REMS education including an evaluation of its impact on intended audiences.
2. Identify the methods for developing and conducting REMS [CE] in alignment with the SCS.
3. Consider the opportunities and threats associated with using accredited CME to deliver REMS education.

METHODS
Multidisciplinary expert panel will,
1. Present background information about previous REMS education activities.
2. Discuss opportunities / threats for utilizing accredited CME in future efforts.

Panel presentation to be followed by discussion with all participants.

Disclosure
None of the panelists for this session:
1. Murray Kopelow, MD, MS (Comm), FRCPC
   Accrediting Council for Continuing Medical Education
2. Pamela Mason, CCMEP, FACME
   AstraZeneca
3. Theresa Toigo, RPh, MBA
   FDA Center for Drug Evaluation and Research

have an interest in selling a technology, program, product, and/or service to CME/CE/CPD professionals.
Do you plan on doing REMS CE?

- No: 22%
- Yes: 78%

Audience responses (n=123)

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Do you plan on applying for grants to do REMS CE?

- I'm not sure yet: 31%
- Yes: 50%
- No: 19%

Audience responses (n=121)

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Which elements of the “Blueprint” do you expect to try to cover? (choose more than 1; n=240)

- Understand how to assess patients for treatment with ER/LA opioids: 19%
- Be familiar with how to initiate therapy, modify dose, & discontinue use of ER/LA opioids: 25%
- Be knowledgeable about how to manage ongoing therapy with ER/LA opioids: 21%
- Know how to counsel patients & caregivers about safe use of ER/LA opioids (storage & disposal): 22%
- Be familiar with general & product specific drug info concerning ER/LA opioids: 14%
Do you plan on covering the whole/most of the Blueprint in one activity?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>15%</td>
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<tr>
<td>I'm not sure yet</td>
<td>59%</td>
</tr>
<tr>
<td>No</td>
<td>25%</td>
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Audience responses (n=118)

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**CME as part of a strategy**

**Consistent with President Obama’s 2010 National Drug Control Policy**

- Increasing healthcare providers’ knowledge of screening and brief intervention techniques through medical schools and continuing education programs.*
- Primary care physicians and other healthcare providers must learn how to recognize and intervene in patients’ early stage substance use.*
- Federal agencies that support their own healthcare systems will increase continuing medical education for their prescribers on proper prescribing and disposal.*

*Chapter 3: Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery

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**Opportunity**

**It is a Critical Time**

US health care is at a crossroads

Accredited CME is being asked to provide solutions.

Opportunity for CME to address the professional practice gaps of physicians.
**REMS: Developing REMS [CE] in Alignment with the SCS Alliance for Continuing Education in the Health Professions**

January 23, 2012

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**ACCREDITED PROVIDERS COULD, IF ASKED....**

- Produce specific CME to support CPD on proper use.
- Evaluate, or measure, effectiveness.
- Facilitate change and data.

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**ACCME Accredited Continuing Education as a Strategic Asset to REMS**

ACCME to FDA Advisory Committee July 2010

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**What is “REMS”**

- Risk Evaluation and Mitigation Strategies (REMS) are directed at drugs for serious or life-threatening diseases with serious risks that would outweigh the benefits absent some special risk management tools.
- A REMS is a risk management plan that uses risk minimization strategies beyond approved labeling to manage serious risks associated with a drug.

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**Risk Management of Drugs is Not New**

- REMS provisions of FDAAA were based on a 1992 restricted distribution regulation and 2005 RiskMAP Guidance.
- FDAAA clarified FDA’s authority to require enforceable risk management programs (REMS).
- Between March 25, 2008 and December 15, 2011 new REMS approved for approximately 185 products -- 62 for REMS that included more than a Medication Guide.
REMS: Developing REMS [CE] in Alignment with the  SCS Alliance for Continuing Education in the Health Professions
January 23, 2012

REMS Elements

- Only required element is a **timetable for submission of assessments** of the REMS
- Other elements may be required:
  - A **Medication Guide or Patient Package Insert (PPI)**
  - **Communication plan** if FDA determines plan may support implementation of an element of the REMS
  - **Elements to assure safe use (ETASU)**
  - **Implementation system**

How has health professional education been incorporated in REMS?

- **Communication plans**
- **Elements to Assure Safe Use (ETASU)**

Approved REMS

[Link to REMS approved list](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm)
Goal of the Class-wide REMS for ER and LA Opioids

- Help address the significant increase in inappropriate prescribing, misuse and abuse of these products over the past decade.
- Minimize the burden on the healthcare system of having each of these products with a different REMS.

Go to FDA.GOV and type opioid REMS in search box or http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm

ER and LA Opioid REMS
Prescriber Education

- General information about the use of the class of long-acting and extended release opioids to aid in patient selection and counseling
- Specific information about the individual drugs in this class.
- Information about how to recognize the potential for and evidence of addiction, dependence, and tolerance.
ER and LA Opioid REMS
Prescriber Education (cont.)

- FDA developed the core messages (blueprint*) to be communicated to prescribers.
- FDA is currently reviewing public comments submitted on the draft “blueprint.”
- Final FDA “blueprint” will be approved as part of the ER and LA Opioid REMS and will be posted on the FDA website.


ER and LA Opioid REMS
Prescriber Education (cont.)

- The intent is for the core REMS prescriber education to be approximately 2-3 hours in length.
- CE training to be available without cost to the prescribers through education grants to CE providers.
- No mandatory education requirement as a precondition to dispensing the medication to patients.

ER and LA Opioid REMS
Assessment Plan

- Number of prescribers who have successfully completed the training.
- Independent audit of the quality of the content of the educational materials used by the CME providers to provide the education.
- Surveillance plan that includes monitoring for misuse, abuse, overdose, addiction, death and any intervention to be taken resulting from signals of these metrics.
ER and LA Opioid REMS
Assessment Plan

Other elements to be included in the assessment plan include an evaluation of:

- Healthcare providers’ awareness and understanding of the serious risks associated with these products
- Patients’ understanding of the serious risks of these products
- Drug utilization patterns including methodology for monitoring patterns of prescribing to identify changes in access to these products.
- Changes in prescribing behavior of prescribers, e.g., prescriptions to non-opioid tolerant patients, excessive prescriptions for early refills.

Learning from Past REMS*

- Education venue(s) must be engaging, address education needs that underlie practice gaps of each intended audience, and design embraces adult learning
  - In some REMS, <1% of intended audience participated
- Measuring effectiveness of REMS education is challenging: SME required for development of test items, assessments of reliability and validity
- Hypotheses must drive scientific development of audience samples for measurement
- Behavior changes must be correctly attributed to education vs. environmental events
- Measure what can be changed by education; assess appropriate and safe use

*Compilation of feedback from 10 REMS covering 11 pharmaceutical products

Challenges

- Certification for CME may be difficult for some REMS (e.g., product-specific)
- Concern for content validation/accuracy regarding specific products, and adherence to SCS
- Need to educate key stakeholders—what is feasible and appropriate to measure/report on education impact
- Resources, expertise needed to develop standardized instrument, repository, and incentives for provider participation
  - Appropriate role for industry in supporting development of instrument, repository, data analysis, reporting
Challenges

- Appropriate mechanisms to stimulate participation, recognize or reward behavior change; is CME credit sufficient?
- Tracking and reporting unique participants may be difficult
- HIPAA requirements may limit ability to measure change in patient behaviors
- Education components for prescribers not typically developed in concert with patient education
- REMS engages MDs and patients, pharmacists may have more contact and opportunity to observe/influence patient behavior
  - Measuring pharmacist impact on patient behavior is important
- CME education is not restricted to on-label use; REMS focus is to instruct on-label use

The ACCME Requirements

The ACCME Requirements

Prevention

Primary
1. "CME providers cannot receive guidance either nuanced or direct, on the content of the activity or on who should deliver that content."
2. SCS 1: Independence
3. Education Criterion 1: Needs that underlie professional practice gaps
4. ACCME Content Validation Policy

Secondary
5. SCS 2: Resolution of Personal Conflicts of Interest
6. SCS 6: Disclosure
Known Professional Practice Gaps

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<tr>
<td>Failure to prevent</td>
</tr>
<tr>
<td>Failure to detect</td>
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<tr>
<td>Overuse, under use, misuse</td>
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Need that Underlies the Gap

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<thead>
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<th>Need that Underlies the Gap</th>
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<tbody>
<tr>
<td>Does not know</td>
</tr>
<tr>
<td>Does not know how</td>
</tr>
<tr>
<td>Does not do</td>
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Change ...

1. Be able to assess patients for Rx with...
2. Know how to
   - Initiate therapy, modify dose, and discontinue use...
   - Manage ongoing therapy with ....
   - Counsel patients and caregivers about the safe use...
   - proper storage and disposal.
3. Be familiar with...drug information ....

The ACCME’s PROVIDER ACTIVITY REPORTING SYSTEM

CME Opportunities-Summary

- FDA controls needs assessment and content requirements — ideal for class-wide REMS
- Standard and transparent process to mitigate potential COI
- CME certification requires many quality standards in education design and content, and measurement of change in HCP knowledge, competence, performance
- Encourages evidence-based debate on risk:benefit
- Contributes to our knowledge of measurement and comparison of education methods
Regarding prescriber education in support of the Opioid REMS

* The extent of the impact that the prescribers can have on the national prescription drug abuse epidemic is unknown. However, we expect that accredited continuing professional education, regardless of its source, can play an important role in appropriately predisposing and enabling these professionals in this important endeavor.*

ACCME Response to FDA Docket
December 2011

Thank You