

March 31, 2020

Uttam Dhillon
Acting Administrator
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

RE: Request to Immediately Increase Allocation of Controlled Substances to Combat COVID-19

The American Hospital Association, American Medical Association, American Society of Anesthesiologists, American Society of Health-System Pharmacists, and Association for Clinical Oncology thank the Drug Enforcement Administration (DEA) for its willingness to engage with us to ensure that controlled substances (CII) supplies are meeting the nation's healthcare needs. As DEA is aware, COVID-19 is straining hospital systems across the country to the breaking point. While the shortages of personal protective equipment and ventilators have been well-documented in the press, hospitals are also facing looming shortages of the supportive CII's that are necessary to mechanically ventilate patients safely and effectively.

The number of patients requiring ventilation has resulted in huge spikes in demand for morphine, hydromorphone, fentanyl and other opioids, some of which were already in shortage prior to the COVID-19 outbreak. To ensure that hospitals can access the medications they need to treat COVID-19 patients, it is imperative that CII supply is rapidly ramped up. We respectfully request that DEA immediately ensure that manufacturers and 503B outsourcing facilities receive increased annual production quota (APQ) allocations to allow them to meet these legitimate, and absolutely critical, patient care needs.

As of March 30, 2020, fentanyl, morphine and hydromorphone all appear on ASHP's drug shortage list. Injectable opioid medications such as these are vital for sedation, pain management, and interventional procedures. While oral dosage forms may be available, these are not clinically indicated for ventilation. Without sufficient IV opioid supply, patients will suffer. To assist DEA in swift APQ allocation, we have attached an initial list of the opioids our members identified as being the most critical and in the shortest supply.

We appreciate DEA's work to protect against diversion and maintain control over the flow of opioids into our communities. However, during this unprecedented health crisis, hospitals must have sufficient CII supply to treat patients. In many hospitals, supplies are dwindling quickly and distributors have placed the drugs on allocation, severely limiting hospitals' ability to increase purchasing to meet acute demand. Manufacturers and 503Bs must receive immediate APQ allocations if they have any hope of meeting the current enormous demand surge, much less produce what will likely be required even two weeks from now. Therefore, we urge DEA to maintain a policy of rapid flexible APQ allocations for the duration of the declared national emergency. We will work with DEA to provide any information we can to support APQ allocation, including making our member clinicians and hospitals available to DEA to discuss what they are seeing in the field.

On behalf of our members on the front lines of COVID-19 response, thank you for your consideration of our request. We continue to support DEA's efforts to combat the opioid crisis, and we stand ready to

assist the agency in any way possible. If you have questions, the appropriate contact person for each of the signatories can be found below.

Sincerely,

American Hospital Association

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American Medical Association

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American Society of Anesthesiologists

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American Society of Health-System Pharmacists

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Association for Clinical Oncology

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Sedation / Pain / Palliative Care
Intravenous/Intramuscular
Fentanyl* Midazolam* continuous infusion Midazolam for intubation Hydromorphone Morphine Remifentanyl Propofol (also for intubation) Lorazepam Dexmedetomidine Ketamine (also for intubation) Etomidate (intubation) Diazepam Phenobarbital Pentobarbital
Oral/Enteral options
Hydromorphone Oxycodone Morphine (also concentrated liquid for palliative) Lorazepam (also concentrated liquid for palliative) Diazepam Chlordiazepoxide
Neuromuscular blockers
Succinylcholine (intubation) Rocuronium (continuous or intubation) Vecuronium (continuous or intubation) Cisatracurium Atracurium Pancuronium
ICU agitation
Olanzapine Quetiapine Haloperidol Droperidol Risperidone Asenaptine
ICU supportive care
Scopalamine patch (secretions) Glycopyrrolate (secretions) Atropine eye drops (secretions in palliative patients) Artificial tears/ophthalmic lubricants (for paralyzed patients)

Lidocaine UroJet or Surgilube for urinary catheter insertion

Cardiovascular support

Norepinephrine
Phenylephrine
Vasopressin
Dopamine
Epinephrine
Milrinone
Dobutamine
Amiodarone

Respiratory meds

Albuterol inhalers
Albuterol nebulizer solution
Chlorhexidine (mouth rinse to prevent ventilator associated pneumonia)
Methylprednisolone (severe asthma/COPD)
Prednisone (severe asthma/COPD)
Hydrocortisone (adrenal insufficiency)
Budesonide inhalation (COPD)
Duoneb
Combivent
Dexamethasone
Epoprostenol (Veletri) / Flolan if Veletri not available

GI / Stress ulcer prophylaxis

Pantoprazole
Famotidine injection
Omeprazole
Any PPI/H2RA
Famotidine tablets
Ranitidine injection

Senna (especially on opioid)
Docusate (especially on opioid)
Miralax (especially on opioid)

Hematology (DVT prophylaxis/treatment)

Heparin
Enoxaparin
Other low-molecular-weight heparins
Fonaparinux

Sequential compression devices
Direct oral anticoagulants with DVT prophylaxis approval
Bivalirudin
Argatroban

Antimicrobials

Vancomycin
3rd/4th generation cephalosporin
Ceftazidime
Cefoxitin
Cefepime
Avibactam/ceftazidime
Antipseudomonal beta-lactams
Tamiflu
Linezolid
Hydroxychloroquine
Chloroquine
Azithromycin injection

ARDS

Tocilizumab (along with steroids & paralytics)

IV Fluids / Electrolytes

Liter bags of fluids (LR, Plasmalyte, NS,
250 mL bags for mixing (NS, D5)
Sodium bicarbonate
Sodium acetate
Sodium citrate
Prismasol/Prismasate (if CRRT)

Form	Preferred package size(s)	Other package size(s)
50 mcg/mL injection, vials or ampules	50 mL and 20 mL	5 mL, 2 mL, 1 mL
5 mg/mL injection vials		
1 mg/mL injection or syringe	10 mL and 4 mL	

Tablet

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First date of ASHP Shortage tracking

August 28, 2015
September 7, 2018
September 7, 2018
June 2, 2017
May 14, 2009

not following

March 27, 2020
February 11, 2016
January 24, 2018
February 6, 2018
June 10, 2011

not following

not following

not following

June 2, 2017

not following

May 14, 2009

October 4, 2018

not following

November 20, 2019

not following

February 9, 2017

September 15, 2015

not following

not following

not following

not following

not following

not following

October 15, 2019

not following

not following

not following

not following

October 11, 2019

not following

not following

February 9, 2017

not following

not following

May 20, 2016

May 1, 2017

not following

October 23, 2016

April 19, 2017

March 22, 2020

not following

not following

not following

March 22, 2019

March 25, 2020

not following

not following

not following

March 17, 2011

not following

March 16, 2019

had resolved

not following

November 19, 2019

May 14, 2018

not following

August 8, 2019

not following

January 23, 2017

September 5, 2018

not following

not following

not following
not following

May 2, 2019
October 15, 2018

February 8, 2009

November 22, 2011

October 31, 2016

May 14, 2014

February 21, 2020

Pip/tazo 5/8/2013

not following

not following

March 10, 2020

March 4, 2020

Injection 1/11/2018

not following

not following

May 4, 2017

February 2, 2017

May 9, 2017

not following

not following