



Contract Packager Readiness to Package Opioids in Unit Dose Blisters in Response to Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

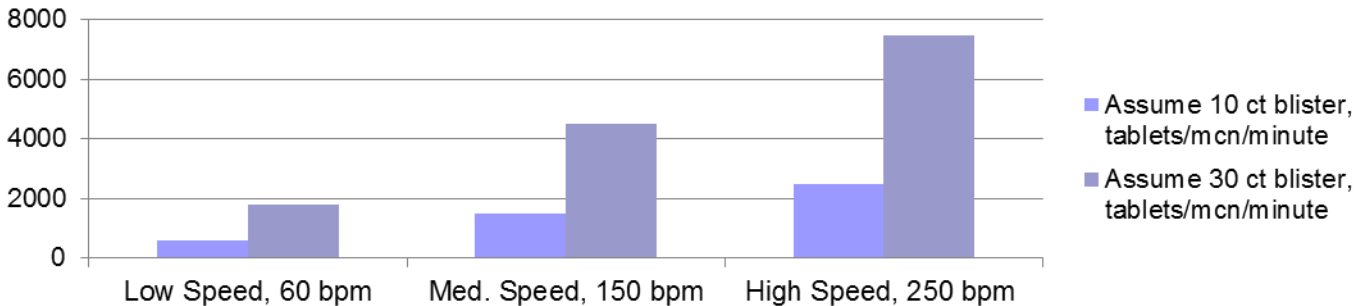
Rough Estimate

HCPC queried 5 top pharmaceutical contract packagers concerning their ability to store and package opioids to estimate the industry’s ability to swiftly respond with blister packaging of opioids. Based upon their responses, the HCPC is providing the following educated summation. *Note: this summation does not include pharmaceutical manufacturers who may or may not need to purchase/install blister lines.*

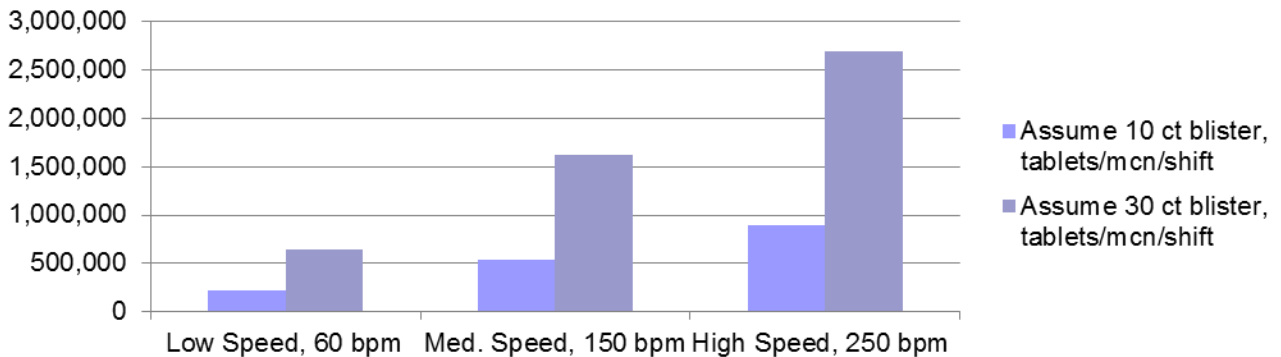
of Blister lines of top US pharmaceutical contract packagers and output level – *not an entire sample*

Contract Packager	1	2	3	4	5
low (under 60 blisters per minute)	5	3	We prefer not to answer this question.		20+
medium (under 150 blisters per minute)	1	15		3	20+
high (over 150 blisters per minute)				2	20+

Machine output per 10 or 30 count blister (# of doses)



Machine Output per Shift (# of doses) Assume 360 minutes per shift after lunch/breaks and 85% efficiency

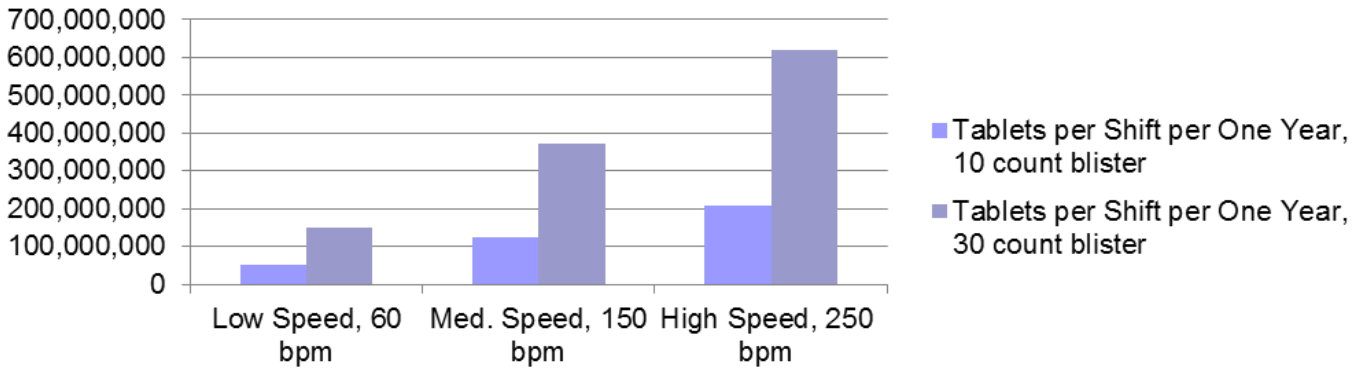




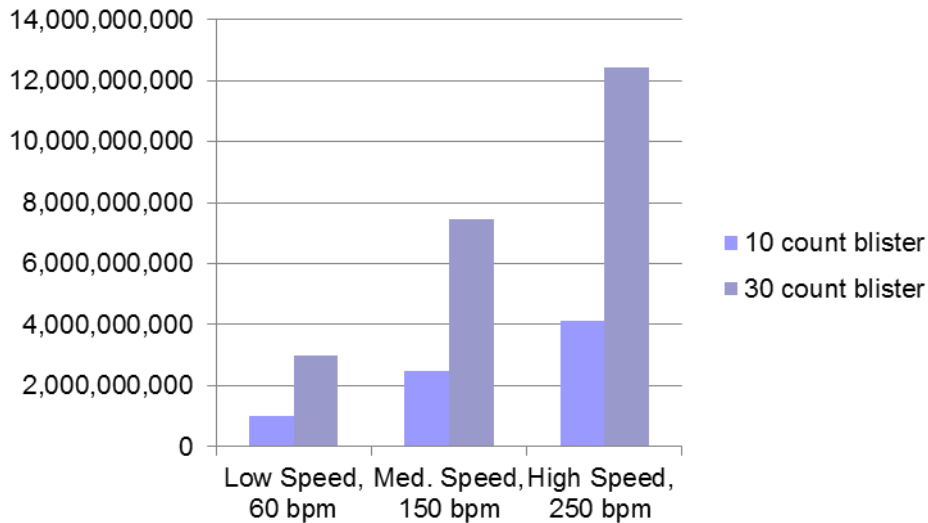
Rough Estimate of Contract Packager Readiness to Package Opioids in Unit Dose Blisters (cont'd)

Doses per Year, One Shift per Machine (MCN)

Assumes 46 weeks allowing for plant shutdowns for maintenance, training, vacation, changeovers, other factors.



Estimated blister capacity of largest CONTRACT PACKAGER surveyed, Doses per year with machine base one shift



It should be noted that these firms are running existing business on these lines and that each firm will have a variable amount of capacity to take on opioid blister packaging. From our knowledge, none of these firms run 3 shifts in total so there should be existing capacity at these firms. Because of this existing capacity, we did not pursue machinery lead times, nor existing capacity within the pharma. manufacturing sector. The HCPC is willing to discuss further.



Opioid Blister Packaging Should be F=1 Child-resistant packaging

Information from the CDC Denotes Which *Solid Doseform* Classes Cause Emergency Visits for Overdoses in Children ≤5 years

Most Commonly Implicated Medications	ED Visits: Annual National Estimate		
	No.	%	95% CI
Oral prescription solid medications			
Opioid analgesics	4661	13.8	11.8–15.8
Benzodiazepines	4293	12.7	10.8–14.7
Antidepressants	3594	10.7	8.9–12.4
β-blockers	2080	6.2	5.0–7.4
Amphetamine-related stimulants	1965	5.8	4.5–7.1
Centrally acting antiadrenergics	1847	5.5	4.0–6.9
Anticonvulsants	1715	5.1	4.0–6.2
Oral hypoglycemics	1454	4.3	2.6–6.0
Skeletal muscle relaxants	1437	4.3	3.2–5.3
Calcium channel blockers	1377	4.1	2.6–5.5
Atypical antipsychotics	1318	3.9	2.8–5.0
Angiotensin-converting enzyme inhibitors	1239	3.7	2.8–4.5

Lovegrove MC et al. *Pediatrics* 2015;136:e821-9

Since there is no way to know whether these ER visits developed due to acute or chronic care prescriptions, we can only assume that chronic care scripts provide access. Therefore, only blistering initial acute care opioids is not protecting the safety of children. Blistering chronic care opioids should also be addressed.