



March, 14, 2017

Via email: Kendall.bourdon@ic.nc.gov

Kendall Bourdon
North Carolina Industrial Commission

Re: Optum Workers' Compensation and Auto No-Fault Comments on Proposed Opioid Utilization Rules

Thank you for the opportunity to provide comments on the revised proposed opioid utilization rules (04 NCAC 10M). We applaud the Commission for their continued rule-making progress and efforts to garner feedback from all stakeholders. As part of this process we respectfully offer our written comments offering insight from a pharmacy processing standpoint which we believe will better shape the rule to reduce utilization of opioids while at the same time ensure access to timely and medically necessary care. Where we suggest language for removal, this language will appear as ~~strikethrough~~, and where we suggest language for addition, this language will appear as underlined.

Section .0100 – General Provisions

While we support the efforts of the Commission in looking to implement these rules in a timely fashion because of the daily damage caused by the opioid crisis, we believe the proposed implementation of May 1, 2018 remains problematic for many impacted stakeholders. As a result of rule adoption, doctors, pharmacies and pharmacy processing agents will all required to make major system changes to their pharmacy processing/prescribing platforms.

These changes will be necessary to properly implement the prescribing, treatment and MED level requirements found in the rule and these system enhancements cannot take place overnight. With the rule comment period closing on March 19, 2018 and the implementation date in the revised rule remaining a May 1, 2018 date, even an immediate adoption would leave impacted stakeholders with only five weeks to properly implement any system changes. This short timeframe could lead to a delay in the proper care and application of the rules on pharmacy transactions. Thus we respectfully request the Commission modify the proposed effective date to provide at a minimum of a six-month implementation timeframe.

While we understand the desire to provide a protection for ongoing treatments provided to legacy claimants, we believe the current language is confusing. As drafted the proposed language could be interpreted as **only** applying to a treatment which has been utilized for “more than 12 consecutive weeks immediately preceding the effective date of the rules”, leaving out treatments with potentially addictive opioids which have been utilized for shorter periods before rule inception. We believe this could pose a danger for many injured workers as opioid addictions can and often do start within the first 10 to 20 days’ worth of opioid treatment which would not be covered by this current proposal. Therefore, we suggest the following change:



04 NCAC 10M.0101(a)

The rules in this Subchapter shall apply to all claims . . . Section .0200 of this subchapter shall not apply to claims in which the employee received treatment with a targeted controlled substance received during a time preceding the effective date of the rules which is a continuation of that treatment. ~~or more than 12 consecutive weeks immediately preceding the effective date of the rules.~~

.0201 – First Prescription Of Medication For Pain In An Acute Phase

Based upon development and application of treatment guidelines and formularies in other states, we seek clarification on particular language found in 04 NCAC 10M.0201(e). Specifically, where proposed language indicates a provider shall not exceed an indicated morphine equivalent dose per day throughout subsection (e). We request clarification if the proposed morphine equivalent dose per day cap is per individual drug/prescription being utilized or is the cap intended to be a combination/culmination of all medications being prescribed and/or utilized across multiple providers.

.0202 – Prescription Of Medication For Pain In An Acute Phase Following The First Prescription

Based upon development and application of treatment guidelines and formularies in other states, we seek clarification on particular language found in 04 NCAC 10M.0202(e). Specifically, where proposed language indicates a provider shall not exceed an indicated morphine equivalent dose per day throughout subsection (e). We request clarification if the proposed morphine equivalent dose per day cap is per individual drug/prescription being utilized or is the cap intended to be a combination/culmination of all medications being prescribed and/or utilized across multiple providers.

.0203 – Prescription Of Medication For Pain In A Chronic Phase

Based upon development and application of treatment guidelines and formularies in other states, we seek clarification on particular language found in 04 NCAC 10M.0203(e). Specifically, where proposed language indicates a provider shall not exceed an indicated morphine equivalent dose per day throughout subsection (e). We request clarification if the proposed morphine equivalent dose per day cap is per individual drug/prescription being utilized or is the cap intended to be a combination/culmination of all medications being prescribed and/or utilized across multiple providers.

.0301 Co-Prescription Of Opioid Antagonist

While we support the intention of the language in 04 NCAC 10M.0301, we believe the prescribing requirements are a bit broad and suggest the Commission review the current proposed language and tighten the requirements which would obligate the co-prescribing of an opioid antagonist.



Supporting the Solution

We applaud the Commission in moving forward with much needed change and giving us the ability to provide feedback as a knowledgeable and experienced stakeholder. We look forward to discussing this issue in the future and supporting your efforts to provide the best workers' compensation system possible for employers and workers in North Carolina. We stand ready to provide any documentation, data and support needed as you move forward with the rule-making process.

Sincerely,

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right.

Kevin C. Tribout
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