coventry℠ | returning people to work, to play, to life

March 19, 2018

North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Attn: Mr. Kendall Bourdon

Posted via Electronic Submission to: kendall.bourdon@ic.nc.gov

Re: Proposed Opioid Rules Promulgated Pursuant to Order of the Session Law 2017-203, Section 4.(a), of the General Assembly

Dear Mr. Bourdon-

Thank you for the opportunity to provide feedback on the aforementioned proposed rules. After a review of the proposal in light of Coventry's current operational framework, including a review by Coventry's PBM, FirstScript™, we would like to offer the following comments:

a. Prescriber Provisions, Limitations and Enforcement

ISSUE: The proposed rules do not outline an enforcement mechanism for the proposed rules on prescribers, nor is a specific training protocol defined. Similarly, a communication methodology as between payers and prescribers is not defined; as such, how will an adjuster know the prescriber has completed what is required in order to approve a targeted controlled medication?

SOLUTION: The proposed rules should be expanded to include more detail with respect to the roles and responsibilities of prescribers in the system, with an outreach/training regimen outlined. Furthermore, a methodology should be outlined to ensure that a payer is aware that specified steps have been completed to approval a targeted controlled medication, whether that be through UR, an IME, and/or an RFA (Request for Authorization) process.

b. Prescribing Guidelines – Substance Abuse Disorders

ISSUE: The proposed rules do not differentiate targeted controlled substances used to facilitate treatment of substance abuse disorder.

SOLUTION: The proposed rules should be clarified to indicate what exceptions and/or guidelines exist for the use of targeted controlled substances in treatment of substance abuse disorder. Are the rules intended to apply irrespective of diagnosis, or is it the Commission's intention to modify their applicability when prescribed in conjunction with substance abuse treatment?

c. "Legacy" Claimants

ISSUE: The proposed rules do not address those claimants generically referred to as "legacy" claimants" (*i.e.,* those claimants that are already on pharmaceutical regimens that exceed/vary from the new prescribing guidelines).

SOLUTION: Modify and expand the proposed rules to specify prescriber actions to take in the event that a claimant is on a pre-existing, newly-non-compliant medication regimen. Will weaning/tapering be required? Will prescriber documentation be required if the claimant's medical condition dictates that a non-compliant medication regimen be continued? Will a timeframe for compliance with the new rules be specified in these cases?

d. Suggested "First Fill" 7-Day Provision in Lieu of Proposed "Surgical Rule" and "Non-Opioid Therapy Rule", Due to Lack of Medical Records for Auto-Decisioning at Point of Sale

ISSUE: Section 04 NCAC 10M .0201 (e) provides, "a health care provider may prescribe more than a 50 mg morphine equivalent dose per day for post-operative pain immediately following a surgical procedure if the employee was being prescribed more than a 50 mg morphine equivalent dose per day for the injury or occupational disease immediately prior to surgery." In order to make a determination of whether a particular prescription would fall under this exception, receipt and review of complete medical records would be necessary under the current proposed wording of the rule. However, the PBM oftentimes may not be privy to this documentation at the point of sale.

Similarly, subsection (b) of the same rule above provides, "Before prescribing a targeted controlled substance, a health care provider shall document his or her medical opinion in the medical record that non-pharmacological and non-opioid therapies are insufficient to treat the employee's pain". As a practical matter, the same challenges arise with this subsection as the last cited, as the PBM often does not have the complete medical file to assist in auto-adjudication at the point of sale.

SOLUTION: In order to facilitate expeditious delivery of medical care that could be implemented at the pharmacy point-of-sale, the rules could be modified to allow for a specified 7-day "first fill" policy, irrespective of whether the claimant is a surgical candidate. This "first fill" policy would ensure that the flow of medications could still be controlled and monitored, while simultaneously allowing the PBM to continue to operate within an automated point-of-sale environment.

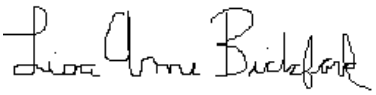
e. 6-Month Implementation Timeframe is Necessary to Operationalize Proposed Opioid Rules

ISSUE: The proposed rules provide specify May 1, 2018 as a targeted effective date. However, given that the rules are still in a proposed status, and stakeholders are only now providing feedback, a longer timeframe is necessary to ensure adequate time to operationalize the rules.

SOLUTION: Modify the effective date to specify that the rules will be in effect 6 months after finalized approval of the rules.

I thank you for your time and consideration to the aforementioned comments. Please do not hesitate to contact me if you should require any additional information and/or if you should have any questions.

Best regards always,



Lisa Anne Bickford

Director, Workers' Comp Government Relations
Coventry
Electronic Mail: bickfordl@aetna.com
Direct: (916) 224-1163