ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, IN-
DIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE
ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, U.S. VIRGIN ISLANDS

October 19, 2017

VIA CERTIFIED MAIL.
Larry J. Merlo
President and Chief Executive Officer
CVS Health Corporation
One CVS Drive
Woonsocket, Rhode Island 02895

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Merlo,

The undersigned Attorneys General applaud CVS Health Corporation ("CVS") for the recently announced program to mitigate opioid prescription abuse. We are hopeful that the program's mandates – limiting to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy, limiting the daily dosage of opioids dispensed based on the strength of the opioid, and requiring the use of immediate-release formulations of opioids before extended-release opioids are dispensed – will reduce the staggering number of opioid overdoses plaguing our country. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives. We are particularly pleased that CVS is automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We believe that automatic enrollment will make the program more effective than similar but optional programs implemented by other pharmacy benefit management companies.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

Thank you for take a leading role in addressing this crisis. We hope your efforts yield meaningful results in reducing opioid abuse, and we will be encouraging other pharmacy management companies to implement similar programs on an automatic enrollment basis.
Sincerely,

George Jepsen
Connecticut Attorney General

Steve Marshall
Alabama Attorney General

Matt Denn
Delaware Attorney General

Curtis T. Hill
Indiana Attorney General

Janet Mills
Maine Attorney General

Tim Fox
Montana Attorney General

Peter F. Kilmartin
Rhode Island Attorney General

Sean Reyes
Utah Attorney General

Patrice Morrisey
West Virginia Attorney General

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Claude E. Walker
U.S. Virgin Islands Attorney General
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October 19, 2017

VIA CERTIFIED MAIL

David S. Carlin
President
Benecard Services, LLC
3131 Princeton Pike
Building 2B, Suite 103
Lawrenceville, NJ 08648

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Carlin,

The undersigned Attorneys General write to urge Benecard Services, LLC, ("Benecard") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Benecard, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various
businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Benecard to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

George Jepsen  
Connecticut Attorney General

Steve Marshall  
Alabama Attorney General

Matt Denn  
Delaware Attorney General

Curtis T. Hill  
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October 19, 2017

VIA CERTIFIED MAIL

Jonathon Boehm, CEO
DST Pharmacy Solutions
1300 Washington Street
Kansas City, MO 64105

Re:  Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Boehm,

The undersigned Attorneys General write to urge DST Pharmacy Solutions (formerly known as Argus), to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge DST Pharmacy Solutions, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge DST Pharmacy Solutions to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

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Alabama Attorney General

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Washington D.C. Attorney General
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October 19, 2017

VIA CERTIFIED MAIL

Frank J. Sheehy, CEO
Envision Pharmaceutical Services, LLC
2181 East Aurora Road, Suite 201
Twinsburg, OH 44083

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Sheehy,

The undersigned Attorneys General write to urge Envision Pharmaceutical Services, LLC, ("Envision") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Envision, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.
We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Envision to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

George Jepsen  
Connecticut Attorney General

Jeff Landry  
Louisiana Attorney General

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Alabama Attorney General

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Arizona Attorney General

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Washington D.C. Attorney General
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October 19, 2017

VIA CERTIFIED MAIL

Donnie Howard
Chief Executive Officer
Envolve
8427 South Park Circle, Suite 400
Orlando, FL 32819

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Howard,

The undersigned Attorneys General write to urge Envolve, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Envolve, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.
We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Envolve to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

George Jepsen  
Connecticut Attorney General

Jeff Landry  
Louisiana Attorney General

Steve Marshall  
Alabama Attorney General

Mark Brnovich  
Arizona Attorney General

Matt Denn  
Delaware Attorney General

Christopher M. Carr  
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Washington D.C. Attorney General
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ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S.
VIRGIN ISLANDS

October 19, 2017

VIA CERTIFIED MAIL

Bruce D. Broussard
CEO, President and Director
Humana
500 West Main Street
Louisville, KY 40202

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Broussard,

The undersigned Attorneys General write to urge Humana Inc., ("Humana") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Humana, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.
We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS’s recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program’s objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Humana to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

George Jepsen  
*Connecticut Attorney General*

Steve Marshall  
*Alabama Attorney General*

Matt Denn  
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Curtis T. Hill  
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*Virginia Attorney General*

Claude E. Walker  
*U.S. Virgin Islands Attorney General*
Karl A. Racine
Washington D.C. Attorney General
VIA CERTIFIED MAIL

Frederick Howe
Chairman and CEO
Medimpact
10181 Scripps Gateway Ct.
San Diego, CA 92131

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Howe,

The undersigned Attorneys General write to urge Medimpact, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Medimpact, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program’s objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Medimpact to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

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Connecticut Attorney General

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ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS

October 19, 2017

VIA CERTIFIED MAIL

Larry Renfro, CEO
Optum RX
11000 Optum Circle
Eden Prairie, MN 55344

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Renfro,

The undersigned Attorneys General write to urge Optum RX, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Optum RX, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.
We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS’s recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program’s objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Optum RX to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

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Connecticut Attorney General

Steve Marshall  
Alabama Attorney General

Matt Denn  
Delaware Attorney General

Curtis T. Hill  
Indiana Attorney General

Janet Mills  
Maine Attorney General

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New Hampshire Attorney General

Alan Wilson  
South Carolina Attorney General

Mark R. Herring  
Virginia Attorney General

Claude E. Walker  
U.S. Virgin Islands Attorney General
Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Tegenu,

The undersigned Attorneys General write to urge PerformRx, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge PerformRx, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge PerformRx to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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West Virginia Attorney General

Claude E. Walker  
U.S. Virgin Islands Attorney General
Karl A. Racine
Washington D.C. Attorney General
VIA CERTIFIED MAIL

Jim DuCharme
President and CEO
Prime Therapeutics
1305 Corporate Center Drive
Eagan, MN 55121

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. DuCharme,

The undersigned Attorneys General write to urge Prime Therapeutics, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Prime Therapeutics, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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The undersigned Attorneys General urge Prime Therapeutics to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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October 19, 2017

VIA CERTIFIED MAIL

Thomas Anthony Hyde RPh
President
ProCare LTC
111 Executive Boulevard
Farmingdale, NY 11735

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Hyde,

The undersigned Attorneys General write to urge ProCare LTC., ("ProCare") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge ProCare, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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The undersigned Attorneys General urge ProCare to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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October 19, 2017

VIA CERTIFIED MAIL

Timothy C. Wentworth
CEO and President
Express Scripts Holding Company
1 Express Way
St Louis, MO 63121

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Wentworth,

The undersigned Attorneys General write to urge Express Scripts Holding Company, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Express Scripts Holding Company, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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The undersigned Attorneys General urge Express Scripts Holding Company to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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October 19, 2017

VIA CERTIFIED MAIL

Barry M. Smith
Chairman and CEO
Magellan Health, Inc.
4800 Scottsdale Road
Scottsdale, Arizona 85251

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Smith,

The undersigned Attorneys General write to urge Magellan Health, Inc., ("Magellan") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Magellan, through its pharmacy benefit management division, Magellan Rx Management, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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The undersigned Attorneys General urge Magellan to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S.
VIRGIN ISLANDS

October 19, 2017

VIA CERTIFIED MAIL

Damien Lamendola
President and CEO
WellDyneRx
7472 S Tucson #100
Englewood, CO 80112-3964

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Lamendola,

The undersigned Attorneys General write to urge WellDyneRx, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge WellDyneRx, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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The undersigned Attorneys General urge WellDyneRx to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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Karl A. Racine  
Washington D.C. Attorney General
ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS

October 19, 2017

VIA CERTIFIED MAIL

Terry Seligman RPh, MBA
CEO and President
Navitus Health Solutions, LLC
2601 West Beltline Highway, Suite 600
Madison, WI 53713

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Seligman,

The undersigned Attorneys General write to urge Navitus Health Solutions, LLC, ("Navitus") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Navitus, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.
We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Navitus to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.
Sincerely,

George Jepsen  
Connecticut Attorney General

Steve Marshall  
Alabama Attorney General

Matt Denn  
Delaware Attorney General

Curtis T. Hill  
Indiana Attorney General

Janet Mills  
Maine Attorney General

Tim Fox  
Montana Attorney General

Peter F. Kilmartin  
Rhode Island Attorney General

Sean Reyes  
Utah Attorney General

Patrick Morrisey  
West Virginia Attorney General

Jeff Landry  
Louisiana Attorney General

Mark Brnovich  
Arizona Attorney General

Christopher M. Carr  
Georgia Attorney General

Tom Miller  
Iowa Attorney General

Bill Schuette  
Michigan Attorney General

Gordon MacDonald  
New Hampshire Attorney General

Alan Wilson  
South Carolina Attorney General

Mark R. Herring  
Virginia Attorney General

Claude E. Walker  
U.S. Virgin Islands Attorney General
VIA CERTIFIED MAIL

Ravi Ika
President and CEO
RxAdvance
2 Park Central Drive
Southborough, MA 01772

Re: Initiatives to Mitigate Opioid Abuse Crisis

Dear Mr. Ika,

The undersigned Attorneys General write to urge RxAdvance, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge RxAdvance, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge RxAdvance to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

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