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Important Bulletin Clinical

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Subject: Coventry Addresses New CDC Opioid Recommendations

The U.S. Centers for Disease Control and Prevention (CDC) recently issued their recommendations for *Prescribing Opioids for Chronic Pain*, United States, 2016 which are intended for primary care providers treating chronic pain that does not involve cancer, palliative, or end-of-life care. The CDC's opioid prescribing guideline is sectioned into 12 recommendations that focus on when to initiate or continue opioids, opioid selection and course of treatment, and risk assessment or addressing harms associated with opioid use.

Some of the highlights include recommendations to initiate opioids at the lowest effective dose with an overall total daily Morphine Equivalent Dose (MED) threshold of 90 throughout therapy, starting with immediate-release opioids vs. extended-release/long-acting opioids, continually evaluating for opioid-related harms, considering naloxone for patients at risk of overdose, and employing Urine Drug Testing (UDT) before starting opioid therapy and at least annually thereafter.

The recommendations promoted by the CDC's guidelines are in alignment with the clinical programs already in place at Coventry and First Script, and represent further support of the use of evidence- based opioid prescribing best practices. A strong Pharmacy Benefit Management (PBM) program can help to mitigate some of the risks associated with opioid use and aids in identifying patients who may require direct clinical intervention and support.

Our current risk modeling tools mine for emerging patient risk around several of the indicators for opioid misuse and abuse such as opioid prescriptions from multiple prescribers or pharmacies, high-risk drug combinations, and high MED or prolonged opioid use. Further, prescribing best practices are promoted through our drug formulary, including recommendations to avoid long-acting opioids for first-line use and to consider the addition of naloxone where appropriate. Our risk modeling also alerts for instances where UDT may be appropriate and guides the testing process and any necessary subsequent patient management. Our Drug Utilization Assessments (DUA) and Peer-to-Peer (P2P) outreaches heavily incorporate evidence-based recommendations including those from the CDC, and represent an excellent resource for guiding desirable claim outcomes and driving patient safety. For example, in a study of more than 500 claims, Coventry's DUA/P2P interventions demonstrated double-digit reductions in inappropriate pharmacy utilization and spend.

Coventry strives to apply national guidelines as part of an overall evidence-based approach to any program we develop, including those from the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG), and we are considering the most appropriate application of the CDC's recommendations within our clinical programs and risk models. While the CDC's guidelines do not represent an absolute solution that will resolve the opioid epidemic overnight, they do encompass a giant step in the right direction.

Clinical guidelines represent one strategy for improving prescribing practices, protecting patient safety, and promoting optimal health outcomes, and we continue to stay up-to-date with clinical literature and evidence-based recommendations. Coventry remains optimistic that the CDC's guidelines will further our efforts in improving patient and medication safety and returning people to work, to play, and to life.

For additional questions, please contact your account manager.