

August 22, 2016

Ms. Yoon Ferguson
U.S. Department of Labor
200 Constitution Ave. NW, Room S-3323
Washington, DC 20210

Ms. Ferguson,

First Script, on behalf of itself and Coventry Workers' Compensation, hereby write in support of the Department of Labor and The Office of Workers' Compensation Program's proposal to institute a prior authorization policy for the dispensing of compounded and opioid medications for their injured worker population.

As a long-time pharmacy benefits management partner of the multiple Federal injured worker programs under the care of OWCP, First Script has been a zealous advocate for the health and welfare of every injured Federal injured worker as well as the incorporation of more robust utilization management protocols for medications dispensed to injured workers. With the continual concerns over the nation's opioid epidemic the insertion of a prior authorization policy is necessary now more than ever to help curb the population of injured workers who could be at risk for significant abuse or addiction to these dangerous medications. Additionally, prior authorization requirements for compounded drugs make equally logical sense as Federal injured workers continue to receive compounded medications at an alarmingly high rate despite a lack of evidence-based medicine to justify the clinical efficacy of compounded medications.

In the over two decades during which First Script has provided pharmacy benefits management services to the nation's injured worker population, the use of standardized prior authorization documentation has been amongst the single-most effective and meaningful reforms in combatting the overuse or abuse of both opioids and compounded medications. Simple, logical questions aimed at confirming national treatment standards that serve as precursors to prescribing these medications has proven to cause neither delay to the receipt of timely care by injured workers, nor harm to the practice of medicine by prescribers. Some of these questions include the following concepts:

- Prescribed medication relatedness to injury diagnosis
- Prescribed medication for conditions secondary to injury
- Prior use of non-opioid medication before escalation to opioids
- Presence or absence of a commercially available alternative (compounds)
- Expected duration of treatment with the prescribed medication

Moreover, in States such as Washington, Ohio, Texas and Oklahoma, preauthorization of these drugs (amongst others) has led to improved treatment dialogues between prescriber and injured workers and reduced the use of inappropriate and habit forming medications.

With the assumption that any forms finally adopted by OWCP would be made readily available to prescribers for fulfillment and submission in both paper and electronic formats, First Script fully believes that these reform measures will both substantially shrink the over-prescribing of secondary (or tertiary) medication therapies and will result in a safer, healthier and more empowered Federal injured worker

population. As such, we support the efforts of the DOL and OWCP and look forward to the finalization of any preauthorization criteria that may lead to the improved health of this nation's injured workers. First Script is available to support further conversation regarding effective approaches to administering prior-authorization and would be willing to respond to any interest OWCP may have in utilizing a resource for this important work to establish medical efficacy and quality care for the injured worker.

Sincerely,

Peter H. Vu, Pharm.D.
Clinical Services Manager – First Script
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