State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

TODD E. KISER
Insurance Commissioner

September 30, 2020

Senator Allen M. Christensen, Senate Chair
Representative Brad M. Daw, House Chair
Health and Human Services Interim Committee
350 North State Street
Salt Lake City, Utah 84114

Utah Code Annotated § 31A-22-615.5 requires a health insurer to submit a report to the Utah Insurance Department indicating whether or not the health insurer has adopted an Opioid Prescribing Policy as described in § 31A-22-615.5(2) and (3). If an Opioid Prescribing Policy has been adopted, the report must also include a general description of the policy. The Utah Insurance Department is required to submit to the Health and Human Services Committee a written summary of this information each year.

Enclosed is the commissioner's report, 2020 Utah Opioid Prescribing Policy Report, which includes a written summary of the Opioid Prescribing Policies that were submitted to the Utah Insurance Department during 2020.

I hope this report is useful to the committee. If you or other members of the committee have any questions or concerns with the report, please contact Jeffrey E. Hawley, Ph.D., the department's research consultant, at 801-538-9684 or jhawley@utah.gov.

Sincerely,

Todd E. Kiser,
Insurance Commissioner

State of Utah

GARY R. HERBERT
Governor

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Lieutenant Governor

Insurance Department

TODD E. KISER
Insurance Commissioner

2020 Utah Opioid Prescribing Policy Report

The *2020 Utah Opioid Prescribing Policy Report* was prepared by Jeffrey E. Hawley, Ph.D. of the Health & Life Insurance Division for the Utah Insurance Commissioner pursuant to Utah Code § 31A-22-615.5. Publication date: September 30, 2020.

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Overview

Utah Code § 31A-22-615.5 requires a health insurer to submit a report to the Utah Insurance Department each year on or before July 15, indicating whether or not the health insurer has adopted an Opioid Prescribing Policy as described in § 31A-22-615.5(2) and (3). If an Opioid Prescribing Policy has been adopted, the report must also include a general description of the policy. The Utah Insurance Department is required to submit to the Health and Human Services Committee a written summary of this information each year on or before October, 1, 2017, and each year thereafter.

As described in Bulletin 2020-5 and § 31A-22-615.5, "Health insurer" means:

(i) An insurer who offers health care insurance as that term is defined in Section 31A-1-301;
(ii) health benefits offered to state employees under Section 49-20-202; and
(iii) a workers' compensation insurer:
  (A) authorized to provide workers' compensation insurance in the state; or
  (B) that is a self-insured employer as defined in Section 34A-2-201.

The Utah Insurance Department created the Opioid Prescribing Policy Reporting Form to collect the information required in § 31A-22-615.5. This reporting form is available on the Utah Insurance Department website at: http://insurance.utah.gov/bulletins.

The Utah Insurance Department received 337 Opioid Prescribing Policy Reports from commercial health insurance companies, workers' compensation insurance companies, and self-insured employers. The data represents the information received from commercial health insurers, workers' compensation insurers, and self-funded employers that may act as third-party payers for health care that utilizes opioids within the State of Utah during 2020.

Table 1. Opioid Prescribing Policy Reports for 2020 by Type

	Total Opioid Prescribing Policy Reports		Included an Opioid Prescribing Policy (YES)		Included an Opioid Prescribing Policy (NO)	
Insurer Type [a]	**Count**	**Percent of Total**	**Count**	**Percent of Total**	**Count**	**Percent of Total**
Health Care Insurance	34	10.1%	23	6.8%	11	3.3%
Workers' Compensation	276	81.9%	172	51.0%	104	30.9%
Self-Insured Employer	27	8.0%	27	8.0%	0	0.0%
All Health Insurers	**337**	**100.0%**	**222**	**65.9%**	**115**	**34.1%**

Data Source: Utah Insurance Department

Note: Estimates may not total exactly due to rounding. Self-Insured Employer includes health benefits offered to state employees under Section 49-20-202.

[a] The data in the table above represents the reports received by the Utah Insurance Department during the 2020 Utah Opioid Prescribing Policy Report collection. This data is represents the companies in the Health Care Insurance, Workers' Compensation, and Self-Insured Employer markets.

As described in Table 1, approximately 66 percent of the Opioid Prescribing Policy Reports received by the Utah Insurance Department included some type of Opioid Prescribing Policy as described under § 31A-22-615.5 (see Table 1). Of the 222 reports that included an Opioid Prescribing Policy, nearly 84 percent included evidence based guidelines from the 2016 Center for Disease Control for Prescribing Opioids for Chronic Pain and about 68 percent included evidence based guidelines from the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain (see Table 2).

Table 2. Opioid Prescribing Policy Reports for 2020 that included evidence based guidelines

	Reports with an Opioid Prescribing Policy		Included 2016 CDC Guidelines		Included Utah Clinical Guidelines	
Insurer Type [a]	**Count**	**Percent of Total**	**Count**	**Percent of Total**	**Count**	**Percent of Total**
Health Care Insurance	23	10.4%	20	9.0%	18	8.1%
Workers' Compensation	172	77.5%	140	63.1%	111	50.0%
Self-Insured Employer	27	12.2%	26	11.7%	23	10.4%
All Health Insurers	**222**	**100.0%**	**186**	**83.8%**	**152**	**68.5%**

Data Source: Utah Insurance Department

Note: Estimates may not total exactly due to rounding. Self-Insured Employer includes health benefits offered to state employees under Section 49-20-202.

[a] The data in the table above represents the reports received by the Utah Insurance Department during the 2020 Utah Opioid Prescribing Policy Report collection. This data is represents the companies in the Health Care Insurance, Workers' Compensation, and Self-Insured Employer markets.

The remainder of this report includes, in alphabetical order, a general description of each company's Opioid Prescribing Policy, broken into three sections: health care insurance, workers' compensation insurance and self-insured employers. Each page provides a copy of the general description of the company's Opioid Prescribing Policy and a general statement as to whether the policy includes evidence based guidelines from the 2016 Centers for Disease Control and the Utah Clinical Guidelines. Each company summary is being reported as received by the Utah Insurance Department from each individual company.

Statute

31A-22-615.5. Insurance coverage for opioids – Policies – Reports.

(1) For purposes of this section:

(a) "Health care provider" means an individual, other than a veterinarian, who:

(i) is licensed to prescribe a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act; and

(ii) possesses the authority, in accordance with the individual's scope of practice, to prescribe Schedule II controlled substances and Schedule III controlled substances that are applicable to opioids and benzodiazepines.

(b) "Health insurer" means:

(i) an insurer who offers health care insurance as that term is defined in Section 31A-1-301;

(ii) health benefits offered to state employees under Section 49-20-202; and

(iii) a workers' compensation insurer:

(A) authorized to provide workers' compensation insurance in the state; or

(B) that is a self-insured employer as defined in Section 34A-2-201.

(c) "Opioid" has the same meaning as "opiate," as that term is defined in Section 58-37-2.

(d) "Prescribing policy" means a policy developed by a health insurer that includes evidence based guidelines for prescribing opioids, and may include the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, or the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain.

(2) A health insurer that provides prescription drug coverage may enact a policy to minimize the risk of opioid addiction and overdose from:

(a) chronic co-prescription of opioids with benzodiazepines and other sedating substances;

(b) prescription of very high dose opioids in the primary care setting; and

(c) the inadvertent transition of short-term opioids for an acute injury into long-term opioid dependence.

(3) A health insurer that provides prescription drug coverage may enact policies to facilitate:

(a) non-narcotic treatment alternatives for patients who have chronic pain; and

(b) medication-assisted treatment for patients who have opioid dependence disorder.

(4) The requirements of this section apply to insurance plans entered into or renewed on or after July 1, 2017.

(5) (a) A health insurer subject to this section shall on or before July 15, 2020, and before each July 15 thereafter, submit a written report to the Utah Insurance Department regarding whether the insurer has adopted a policy and a general description of the policy.

(b) The Utah Insurance Department shall, on or before October 1, 2017, and before each October 1 thereafter, submit a written summary of the information under Subsection (5)(a) to the Health and Human Services Interim Committee.

(6) A health insurer subject to this section may share the policies developed under this section with other health insurers and the public.

(7) This section sunsets in accordance with Section 63I-1-231.

Health Care Insurance

Aetna Health of Utah, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

For the Aetna Small Group ACA Formulary Plan, Value Plus Formulary Plan, Premier Formulary Plan, and Premier Plus Formulary Plan offered to fully insured members, the following coverage criteria applies:

Covered Use: Opioids are covered for all FDA approved indications.Required Medical Information:

Opioids may be covered at a dose of up to 90 morphine milligram equivalents (MME) per day.

1) A LIFETIME APPROVAL WILL BE GRANTED WHEN: Member is terminally ill and in hospice care or has end-of-life care (other than hospice), or has an active oncology diagnosis (medication being used for treatment of cancer pain) or palliative care.

2) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological & non-pharmacological agents for pain relief as appropriate, addiction risk assessment has been performed, a signed informed consent has been obtained, & a written/signed agreement between prescriber & patient addressing issues of prescription management, diversion, & the use of other substances exists. When these criteria are met, the medication will be approved for 3 months. Continuation requests may be approved for up to an additional 6 months.

3) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN: An initial prescription of up to a 7 day supply for acute pain is covered without prior authorization. For coverage beyond 7 days the following criteria apply: For instances including post-surgical pain, large surgical procedures, short term treatment of a traumatic injury, or for a child on an opioid wean at time of hospital discharge, the continuation of medication will be approved for up to 1 month.

ORAL and INTRANASAL FENANYL formulations require Prior Authorization (PA) for the following criteria:

Covered Use: For pain due to malignant diagnosis only. Exclusion Criteria: use in non-malignant pain.

Required Medical Information:

A documented diagnosis of cancer with concomitant use of around the clock long acting opioid therapy for cancer pain, requiring management of breakthrough pain and meet step therapy requirements, or the patient is terminally ill.

For additional quantities, the member must have a documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or the member if enrolled in a hospice program or meets hospice criteria, or the member is terminally ill, or the patient has signed an opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. In addition, there must be documentation of one of the following: (1) A Health Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement (exception to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program), or (2) the member has current diagnosis of cancer (see exception to opioid agreement above) as the primary cause of the pain and is currently on long-acting opioid and is being titrated on the long-acting opioid by physician, and the member has tried and failed an

adequate trial of two weeks of a single entity or combination pain medication containing an immediate release acting opioid (ex. oxycondone, morphine sulfate oral (Roxanol), oxymorphone (Opana), hydromorphone (Dilaudid), oxycodone/apap (Percocet)).

For the Aetna Standard Opt-Out with ACSF Formulary Plan and Aetna Advanced Control Formulary Plan offered to fully insured members, the following coverage criteria applies:

All opioids may be covered at a dose of up to 90 morphine milligram equivalents (MME) per day.

Short-acting opioids are limited to an initial duration limit of up to 7 days.

Long-acting opioids are covered only for members with pain associated with cancer, sickle cell disease, a terminal condition, or pain being manged through hospice or palliative care, OR patients with moderate to severe chronic pain who can safely take the requested dose based on their history of opioid use, including those who have been receiving an extended-release opioid agent for at least 30 days, OR who have severe continuous pain and have received an immediate-release opioid for at lease one week.

Oral and intranasal fentanyl formulations require Prior Authorization (PA) for the following criteria:

- The requested drug fentanyl product is indicated for the treatment of breakthrough CANCER-related pain only. The requested drug is being prescribed for the management of breakthrough pain in a CANCER patient who is currently receiving around-the-clock opioid therapy for underlaying CANCER pain. The prescriber must submit patient chart notes or other documentation supporting a diagnosis of CANCER-related pain and list the type of cancer.

Aetna Life Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

For the Aetna Small Group ACA Formulary Plan, Value Plus Formulary Plan, Premier Formulary Plan, and Premier Plus Formulary Plan offered to fully insured members, the following coverage criteria applies:

Covered Use: Opioids are covered for all FDA approved indications.Required Medical Information:

Opioids may be covered at a dose of up to 90 morphine milligram equivalents (MME) per day.

1) A LIFETIME APPROVAL WILL BE GRANTED WHEN: Member is terminally ill and in hospice care or has end-of-life care (other than hospice), or has an active oncology diagnosis (medication being used for treatment of cancer pain) or palliative care.

2) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological & non-pharmacological agents for pain relief as appropriate, addiction risk assessment has been performed, a signed informed consent has been obtained, & a written/signed agreement between prescriber & patient addressing issues of prescription management, diversion, & the use of other substances exists. When these criteria are met, the medication will be approved for 3 months. Continuation requests may be approved for up to an additional 6 months.

3) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN: An initial prescription of up to a 7 day supply for acute pain is covered without prior authorization. For coverage beyond 7 days the following criteria apply: For instances including post-surgical pain, large surgical procedures, short term treatment of a traumatic injury, or for a child on an opioid wean at time of hospital discharge, the continuation of medication will be approved for up to 1 month.

ORAL and INTRANASAL FENANYL formulations require Prior Authorization (PA) for the following criteria:

Covered Use: For pain due to malignant diagnosis only. Exclusion Criteria: use in non-malignant pain.

Required Medical Information:

A documented diagnosis of cancer with concomitant use of around the clock long acting opioid therapy for cancer pain, requiring management of breakthrough pain and meet step therapy requirements, or the patient is terminally ill.

For additional quantities, the member must have a documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or the member if enrolled in a hospice program or meets hospice criteria, or the member is terminally ill, or the patient has signed an opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. In addition, there must be documentation of one of the following: (1) A Health Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement (exception to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program), or (2) the member has current diagnosis of cancer (see exception to opioid agreement above) as the primary cause of the pain and is currently on long-acting opioid and is being titrated on the long-acting opioid by physician, and the member has tried and failed an

adequate trial of two weeks of a single entity or combination pain medication containing an immediate release acting opioid (ex. oxycondone, morphine sulfate oral (Roxanol), oxymorphone (Opana), hydromorphone (Dilaudid), oxycodone/apap (Percocet)).

For the Aetna Standard Opt-Out with ACSF Formulary Plan and Aetna Advanced Control Formulary Plan offered to fully insured members, the following coverage criteria applies:

All opioids may be covered at a dose of up to 90 morphine milligram equivalents (MME) per day.

Short-acting opioids are limited to an initial duration limit of up to 7 days.

Long-acting opioids are covered only for members with pain associated with cancer, sickle cell disease, a terminal condition, or pain being manged through hospice or palliative care, OR patients with moderate to severe chronic pain who can safely take the requested dose based on their history of opioid use, including those who have been receiving an extended-release opioid agent for at least 30 days, OR who have severe continuous pain and have received an immediate-release opioid for at lease one week.

Oral and intranasal fentanyl formulations require Prior Authorization (PA) for the following criteria:

- The requested drug fentanyl product is indicated for the treatment of breakthrough CANCER-related pain only. The requested drug is being prescribed for the management of breakthrough pain in a CANCER patient who is currently receiving around-the-clock opioid therapy for underlaying CANCER pain. The prescriber must submit patient chart notes or other documentation supporting a diagnosis of CANCER-related pain and list the type of cancer.

Bridgespan Health Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

BridgeSpan's opioid prior authorizations policies are in place to promote appropriate patient selection, dosing and duration of opioid use in accordance with national and state opioid guidelines. Certain medications used for opioid addiction treatment (i.e. Suboxone) do not require prior authorization or other clinical edits.

i. All long-acting opioids (e.g., morphine sulfate ER, fentanyl patches) require prior authorization and/or are subject to specific quantity limits. A high-level summary of our current policy is below. For more details on our full policy, please use this link to access: https://bridgespan.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru515bri.pdf

Extended-release (ER) Opioid Medication Products for Pain Policy Summary:

1) Patients with active diagnosis of chronic cancer pain, hospice care, OR sickle cell disease are not required to meet coverage policy criteria

2) Patients with active diagnosis of chronic non-cancer pain must meet all the following requirements:

a) Prescriber provides clinical documentation of a formal consultative evaluation including diagnosis and complete medical history which includes previous and current pharmacological and non-pharmacological therapy

b) Patient has tried and failed non-opioid therapy and non-pharmacological therapy

c) The requested opioid is not being prescribed as-needed for pain

d) Patient has tried a 7-day supply of an immediate-release (short acting) opioid; OR has a documented intolerance, FDA labeled contraindication(s), or hypersensitivity to immediate release opioids

e) Prescriber has confirmed that a comprehensive pain management plan in place

f) Patient is using a dose within the policies quantity limits, OR provider provides clinical documentation for why patient requires a higher quantity

ii. All short-acting opioids requests beyond the allowed 7-day supply limit and/or grace fills require prior authorization, except for tramadol IR and tramadol IR-containing products. A high-level summary of our current policy is below. For more details on our full policy, please use this link to access: https://bridgespan.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru516bri.pdf

Immediate-release (IR) Opioid Medication Products for Pain Policy Summary:

1) Patients are allowed up to a 7-day supply without requiring prior-authorization

2) Patients are allowed up to two grace fills within a 60-day period, with each grace fill providing up to an additional seven days of therapy without requiring prior-authorization

3) Patients with an active diagnosis of chronic cancer pain, hospice care, OR sickle cell disease are not required to meet coverage policy criteria

4) Patient is in acute pain for greater than 7 days, and meets the following requirements:

a) Patient has no remaining opioids from recent claims and requires additional treatment for an acute pain episode

b) Prescriber has confirmed that non-opioid and non-pharmacologic therapies would not be clinically appropriate alternatives

5) Patients receiving chronic non-cancer pain must meet the following requirements:

a) Prescriber provides clinical documentation in support of use of immediate release (IR) or combination opioids for an extended duration

b) Prescriber provides clinical documentation of a formal consultative evaluation including diagnosis and complete medical history which includes previous and current pharmacological and non-pharmacological therapy

c) Patient has tried and failed non-opioid therapy and non-pharmacological therapy

d) Prescriber has confirmed that a comprehensive pain management plan is in place

Cigna Health and Life Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Cigna Health and Life Insurance Company ("Cigna") opioid prescribing policy is focused on improving the care of the customers we serve. Cigna's opioid prescribing policy covers immediate-release and extended-release opioid analgesics, with a focus on day supply, a combined morphine milligram equivalent risk assessment, and medications that have additional prescribing risks. Cigna requires a prior authorization for treatment naive individuals that exceed a 7 day supply for their first opioid prescription. Cigna covers immediate-release opioid analgesics exceeding a 7 day supply in an opioid naïve individual, when certain criteria are documented. This could occur for the management of acute pain when an attestation that an initial treatment regimen exceeding 7 days is medically necessary. Cigna covers immediate-release opioid analgesics exceeding a 3 day supply for an opioid naive individual with acute dental pain, when certain criteria are documented. This could occur for the management of acute dental pain when an attestation that an initial treatment regimen, written by a dental prescriber, exceeding 3 days is medically necessary.

The Company covers extended-release opioid analgesics when several criteria are documented. For example, when all the following are documented: Diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment; Failure / inadequate response, contraindication per FDA label, intolerance, or not a candidate for a minimum one week trial of immediate-release opioids; and Opioid therapy management agreement signed by BOTH the individual and prescribing clinician.

Cigna will cover opioid analgesics when the daily dose of all opioid analgesics exceed 120 morphine milligram equivalents (120 MME) or 200 morphine milligram equivalents (200 MME) when certain criteria are documented. Customers exceeding these dosage limits will require a prior authorization to ensure appropriate use. Cigna also requires prior authorization on initial starts for methadone when prescribed for pain management outside of the context of treatment for opioid use disorder and all fentanyl products and all long-acting opioids for patients beginning therapy.

Connecticut General Life Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Connecticut General Life Insurance Company, a Cigna company ("Cigna"), opioid prescribing policy is focused on improving the care of the customers we serve. Cigna's opioid prescribing policy covers immediate-release and extended-release opioid analgesics, with a focus on day supply, a combined morphine milligram equivalent risk assessment, and medications that have additional prescribing risks. Cigna requires a prior authorization for treatment naive individuals that exceed a 7 day supply for their first opioid prescription. Cigna covers immediate-release opioid analgesics exceeding a 7 day supply in an opioid naïve individual, when certain criteria are documented. This could occur for the management of acute pain when an attestation that an initial treatment regimen exceeding 7 days is medically necessary. Cigna covers immediate-release opioid analgesics exceeding a 3 day supply for an opioid naive individual with acute dental pain, when certain criteria are documented. This could occur for the management of acute dental pain when an attestation that an initial treatment regimen, written by a dental prescriber, exceeding 3 days is medically necessary.

The Company covers extended-release opioid analgesics when several criteria are documented. For example, when all the following are documented: Diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment; Failure / inadequate response, contraindication per FDA label, intolerance, or not a candidate for a minimum one week trial of immediate-release opioids; and Opioid therapy management agreement signed by BOTH the individual and prescribing clinician.

Cigna will cover opioid analgesics when the daily dose of all opioid analgesics exceed 120 morphine milligram equivalents (120 MME) or 200 morphine milligram equivalents (200 MME) when certain criteria are documented. Customers exceeding these dosage limits will require a prior authorization to ensure appropriate use. Cigna also requires prior authorization on initial starts for methadone when prescribed for pain management outside of the context of treatment for opioid use disorder and all fentanyl products and all long-acting opioids for patients beginning therapy.

Educators Health Plans Life, Accident & Health, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

EMI HEALTH (Educators Health Plans Life, Accident, & Health, Inc.) adopted the following policy effective January 1, 2018 regarding opioid management: Effective 1/1/2018, new opioid users are limited to seven-day lifetime prescriptions without preauthorization, even if the prescribing doctor orders scripts for much longer. The program also requires short-acting drugs for first-time opioid prescriptions, even though many doctors prescribe long-acting opioids. Dosage is also limited, and the company will monitor and try to prevent for patterns of potential “pill shopping,” where a patient goes from doctor to doctor to collect prescriptions. This program does not apply to patients in hospice or palliative care, or to cancer patients.

Educators Mutual Insurance Association

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

EMI HEALTH (Educators Mutual Insurance Association) adopted the following policy effective January 1, 2018 regarding opioid management: Effective 1/1/2018, new opioid users are limited to seven-day lifetime prescriptions without preauthorization, even if the prescribing doctor orders scripts for much longer. The program also requires short-acting drugs for first-time opioid prescriptions, even though many doctors prescribe long-acting opioids. Dosage is also limited, and the company will monitor and try to prevent for patterns of potential “pill shopping,” where a patient goes from doctor to doctor to collect prescriptions. This program does not apply to patients in hospice or palliative care, or to cancer patients.

Freedom Life Insurance Company of America

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We currently follow our Pharmacy Benefit Manager UM approach for Opioid management for covering prescribed Opioids under our health care insurance forms. In addition, we manage all prescriptions, including opioid prescriptions, following the "Medical Necessity" provisions under our health plans which require covered medical services and prescriptions to be administered "according to and within generally accepted standards for medical practice."

Additionally, on a case by case basis, as required, we may seek the expert opinion of our Independent Medical Director to determine medical necessity of opioid prescriptions. If or when we find evidence that an opioid drug may be overused or misused, we immediately contact the prescribing physician.

We also continue to review various evidence based guidelines and research such as the Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, the published research from the American Medical Association's Task Force to Reduce Opioid Abuse, and the National Safety Council's recommendations on managing opioid prescribing and use through pharmacy benefit programs.

Health Care Service Corporation, A Mutual Legal Reserve Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Health Care Service Corporation (HCSC) has the following programs, designed to encourage proper use of prescription opioids and support patient safety:

1) The Appropriate Use of Opioids (AUO) Program with 3 main elements

a) Immediate Release (IR) Opioid Duration Limit

Limits an initial IR prescription opioid fill for up to a seven-day supply for an opioid naïve patient. A member is considered "opioid naïve" if he or she has not had an opioid prescription filled within the past 60 days

b) Morphine Equivalent Dose (MED) Concurrent Drug Utilization Review (cDUR) Hard Edit

Promotes the lowest effective dosage of opioids (both immediate and extended release products) by monitoring and limiting the cumulative daily MED. Prescriptions will reject at the point of sale when a member's prescription claims are calculated to reach a cumulative daily MED of 200 mg or more over 30 consecutive days

c) Opioid Quantity Limits

Appropriate opioid dispensing limits/quantity limits are applied to single-entity extended-release (ER) and select IR opioids consistent with U.S. Food and Drug Administration (FDA) recommended dosage guidelines.

2) Transmucosal IR Fentanyl (TIRF) Prior Authorization Program - TIRF products are used to manage breakthrough pain in adults with cancer who are routinely taking other opioid pain medicines around-the-clock for pain. A prior authorization program is in place to help ensure appropriate use of TIRF products.

3) cDUR soft edit - cDUR screen for members with opioid claims in conjunction with buprenorphine. The pharmacist will be prompted to talk with a member and/ or prescriber when the member is already on a medication to treat opioid use disorder.

4) 90% Refill Window - The cDUR "refill too soon" edits for opioids and other controlled substances are established at 90% to prevent early refills and stockpiling.

5) GuidedHealth - A prescriber mailing program which notifies prescribers when their patients may be at risk for potentially misusing opioid-containing products, based on member's claim history. The program identifies members who have filled opioid prescriptions from multiple prescribers or concurrently using a muscle relaxant and benzodiazepine; each identified prescriber is targeted for intervention. The letter addressed the overutilization of these opioids and encouraged the provider to use the information to evaluate for appropriate therapy.

Humana Dental Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Humana has an Opioid Utilization Program in place that evaluates members on the total daily morphine equivalent dose taken as well as members receiving opioids from multiple providers. The morphine equivalent dose (MED) evaluation is triggered with the cumulative MED is greater than 250mg. Continued use for doses greater than 250mg are approved when one of the following sets of criteria are met:

1. member has a diagnosis of active cancer or active cancer treatment;
2. member has a diagnosis of sickle-cell disease;
3. treatment is for palliative care;
4. member is a resident of a long term care facility;
5. the prescriber attests the cumulative MED dose is medically necessary.

Members receiving opioids from at least four providers and at least four pharmacies require evaluation before additional fills will be authorized. The prescribing providers are contacted and if the provider believes the concurrent prescribing is appropriate after they are made aware of the other prescribers and pharmacies, then the fill will be authorized. Approvals for acute pain, chronic pain, active cancer or active cancer treatment (palliative care), and multiple prescribers/multiple pharmacies are given until end of member plan year. Authorizations will not be granted for members receiving concurrent medication-assisted addiction treatment unless they have a diagnosis of active cancer or active cancer treatment.

Humana Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Humana has an Opioid Utilization Program in place that evaluates members on the total daily morphine equivalent dose taken as well as members receiving opioids from multiple providers. The morphine equivalent dose (MED) evaluation is triggered with the cumulative MED is greater than 250mg. Continued use for doses greater than 250mg are approved when one of the following sets of criteria are met:

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Humana Medical Plan of Utah, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Humana has an Opioid Utilization Program in place that evaluates members on the total daily morphine equivalent dose taken as well as members receiving opioids from multiple providers. The morphine equivalent dose (MED) evaluation is triggered with the cumulative MED is greater than 250mg. Continued use for doses greater than 250mg are approved when one of the following sets of criteria are met:

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2. member has a diagnosis of sickle-cell disease;
3. treatment is for palliative care;
4. member is a resident of a long term care facility;
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Molina Healthcare of Utah, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Molina Healthcare, Inc. Opioid Model of Care has been implemented within the fiscal year. This program put many additional operational safeguards in place to ensure Molina members were able to safely use opioids and our clinicians were able to monitor and intervene when necessary. Some of the additions within this program recommended by the Drug Utilization Review (DUR) Board include: reducing the maximum daily dose to 90 morphine milligram equivalents (MME), limiting the duration of opioids to 7 days for new, initial therapies, requiring step therapy on extended-release opioids, reducing the number of members receiving prescriptions from multiple doctors and pharmacies, requiring DUR for high-risk combinations used in conjunction with opioids, requiring DUR for multiple long-acting opioids, limiting formulary access to high-risk medications used in conjunction with opioids (i.e. carisoprodol), improving access to behavioral health services, opioid use disorder treatment (i.e. buprenorphine), and naloxone. Any opioid prescriptions that exceed the previously mentioned limitations reject at the pharmacy point of sale and a prior authorization is required. For any opioid prescriptions that exceed 90 MME per day, the provider must give clinical rationale and/or medical necessity for exceeding these limitations. Step therapy with previous use of a short acting opioid is required before a long acting opioid can be used.

Molina's opioid policy requires additional criteria to be met for the safe use of opioids. For members with chronic, severe (non-cancer) pain, trial of nonpharmacologic and nonopioid treatments must be tried before opioids. Members must try and fail at least one formulary opioid before using non-formulary opioids. Providers must give documentation the member has been evaluated and will be monitored regularly for the development of addiction, abuse or misuse of the requested opioid drug. There must also be documentation of a treatment plan and goals for pain management to provide a baseline to evaluate improvement and response to pain treatment with opioids.

For Medicaid members, pharmacologic treatment of substance dependence disorder is "carved out" or provided directly by the state for treatment. For all other lines of business, Molina's preferred drug list or formulary allows for coverage of several medications for opioid dependence disorder. Medical benefits allow for behavioral health coverage of various opioid dependence treatment options including medication-assisted treatment.

Molina healthcare partners with its Pharmacy Benefits Manger (PBM), CVS/Caremark to help identify potential unsafe and at-risk opioid use through the Caremark Safety and Monitoring Solution (SMS) program. Opioid claims are reviewed through an automated series of pharmacy edits that identify members with high-cost drug use patterns suggesting potential abuse or misuse. A clinical pharmacist then conducts an analysis of the generated profiles, which are stratified by risk score. Based on that analysis, if a potential case of at-risk opioid prescribing is identified, Caremark sends a letter to the appropriate prescriber alerting them to the issue and will conduct follow-up activities on the targeted participants for up to six months. The SMS program also targets combinations of drug classes that puts members at higher risk when combined with opioids such as anti-anxiety and sedative hypnotic agents, non-benzodiazepine sedatives and hypnotics, muscle relaxants, and other controlled substances.

MotivHealth Insurance Company DBA MotivHealth

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Pursuant to §31A-22-615.5(1)(d), MotivHealth Insurance has an opioid management therapy policy. A general description of our opioid management therapy policy is outlined below.

Our Policy incorporates evidence-based guidelines from the CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids. MotivHealth incorporates:

1. Seven (7) day supply limits;
2. Medical necessity criteria for pharmacy requests for more than seven (7) days;
3. Step therapy and medical necessity criteria for use of long-acting opioids;
4. Quantity limitations for 90 MME and requirements for medical record documentation for all reviews including;
5. PDMP monitoring; and,
6. Goals for pain and function and reassessment intervals.

Approvals and exceptions are time limited and case-by-case. MotivHealth's opioid management therapy policy does not apply to Palliative care or hospice care members and those with cancer.

National Foundation Life Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We currently follow our Pharmacy Benefit Manager UM approach for Opioid management for covering prescribed Opioids under our health care insurance forms. In addition, we manage all prescriptions, including opioid prescriptions, following the "Medical Necessity" provisions under our health plans which require covered medical services and prescriptions to be administered "according to and within generally accepted standards for medical practice."

Additionally, on a case by case basis, as required, we may seek the expert opinion of our Independent Medical Director to determine medical necessity of opioid prescriptions. If or when we find evidence that an opioid drug may be overused or misused, we immediately contact the prescribing physician.

We also continue to review various evidence based guidelines and research such as the Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, the published research from the American Medical Association's Task Force to Reduce Opioid Abuse, and the National Safety Council's recommendations on managing opioid prescribing and use through pharmacy benefit programs.

National Health Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CVS Standard Open Formulary for NGIC, aligning with CDC recommended guidelines, the following opioid utilization management / coverage criteria applies:

1. All opioids may be covered at a dose of up to 90 morphine milligram equivalents (MME) per day. Up to 200 morphine milligram equivalents (MME) per day may be obtained with prior authorization (PA).

2. Short-acting opioids are limited to an initial duration limit of up to 7 days. Additional days supply may be available with prior authorization (PA).

3. Use of immediate-release (IR) required before extended-release (ER) opioids. Prior Authorization (PA) may be requested if claims history does not meet therapy requirements.

4. Members/patients with cancer-related pain, sickle cell anemia, in hospice or end-of-life care are exempted.

Regence Bluecross Blueshield of Utah

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Regence's opioid prior authorizations policies are in place to promote appropriate patient selection, dosing and duration of opioid use in accordance with national and state opioid guidelines. Certain medications used for opioid addiction treatment (i.e. Suboxone) do not require prior authorization or other clinical edits.

i. All long-acting opioids (e.g., morphine sulfate ER, fentanyl patches) require prior authorization and/or are subject to specific quantity limits. A high-level summary of our current policy is below. For more details on our full policy, please use this link to access: https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru515reg.pdf

Extended-release (ER) Opioid Medication Products for Pain Policy Summary:

1) Patients with active diagnosis of chronic cancer pain, hospice care, OR sickle cell disease are not required to meet coverage policy criteria

2) Patients with active diagnosis of chronic non-cancer pain must meet all the following requirements:

a) Prescriber provides clinical documentation of a formal consultative evaluation including diagnosis and complete medical history which includes previous and current pharmacological and non-pharmacological therapy

b) Patient has tried and failed non-opioid therapy and non-pharmacological therapy

c) The requested opioid is not being prescribed as-needed for pain

d) Patient has tried a 7-day supply of an immediate-release (short acting) opioid OR has a documented intolerance, FDA labeled contraindication(s) or hypersensitivity to immediate release opioids

e) Prescriber has confirmed that a comprehensive pain management plan in place

f) Patient is using a dose within the policies quantity limits OR provider provides clinical documentation for why patient requires a higher quantity

ii. All short-acting opioids requests beyond the allowed 7-day supply limit and/or grace fills require prior authorization, except for tramadol IR and tramadol IR-containing products. A high-level summary of our current policy is below. For more details on our full policy, please use this link to access: https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru516reg.pdf

Immediate-release (IR) Opioid Medication Products for Pain Policy Summary:

1) Patients are allowed up to a 7-day supply without requiring prior-authorization

2) Patients are allowed up to two grace fills within a 60-day period, with each grace fill providing up to an additional seven days of therapy without requiring prior-authorization

3) Patients with active diagnosis of chronic cancer pain, hospice care, OR sickle cell disease are not required to meet coverage policy criteria

4) Patient is in acute pain for greater than 7 days, and meets the following requirements:

a) Patient has no remaining opioids from recent claims and requires additional treatment for an acute pain episode

b) Prescriber has confirmed that non-opioid and non-pharmacologic therapies would not be clinically appropriate alternatives

5) Patients with active diagnosis of chronic non-cancer pain must meet the following requirements:

a) Prescriber provides clinical documentation in support of use of immediate release (IR) or combination opioids for an extended duration

b) Prescriber provides clinical documentation of a formal consultative evaluation including diagnosis and complete medical history which includes previous and current pharmacological and non-pharmacological therapy

c) Patient has tried and failed non-opioid therapy and non-pharmacological therapy

d) Prescriber has confirmed that a comprehensive pain management plan in place.

SelectHealth Benefit Assurance Company, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Executive Summary:

SelectHealth operates a comprehensive opioid program to improve safe use of opioids and identify cases in which opioids may be overutilized, misused, or abused. Our program includes the following:

- Point-of-sale edits
  - Morphine milligram equivalent (MME) limitations
  - Concurrent long-acting opioid therapy soft-edit
  - Opioid-benzodiazepine combination therapy soft-edit
  - Day's supply limits on initial opioid fill
  - Quantity limits
- Prior authorization (PA) required for high-dose (quantity or MME) opioid therapy. Prior authorization criteria including application of guidelines for review (e.g., does the patient have a contract with the prescriber, regular urine drug monitoring, controlled substance database monitoring, other attempted non-opioid interventions)
- Formulary management and tiering: Favorable coverage of non-opioid medications. Clinical criteria or preauthorization applied to certain high-risk therapies (e.g., transmucosal immediate-release fentanyl) or at-risk populations (e.g., pregnant individuals)
- Access to therapies to reduce risk from overdose and allow for dependency treatment, including naloxone kits and nasal naloxone, buprenorphine/naloxone products, and other opioid misuse treatment products
- SelectHealth Opioid Medication Management Agreement Program (MMA)
- Letters to high-dose prescribers, and in-person visits to clinics who prescribe the greatest proportions of high-dose opioids

Further detail can be found below:

SelectHealth Opioid Medication Management Agreement Program (MMA)

Commercially insured members eligible for an MMA are identified via a monthly report assessing pharmacy claims data. The member is included in the report if they meet two or more pre-specified criteria in their pharmacy claims history. Certain exclusionary criteria are run as part of the report, such as if the patient has cancer. This algorithm-based initiative allows SelectHealth to identify persons with unusual or potentially inappropriate pharmacy behaviors. SelectHealth clinical pharmacists then review the report in conjunction with medical records and pharmacy claims detail to ensure that the appropriate members are selected. Additionally, other SelectHealth caregivers may refer certain members for evaluation of MMA inclusion if opioid use concerns have been identified.

Formulary Tiering

Favorable coverage of non-opioid pharmacologic pain treatments that have evidence of safety and/or effectiveness. We continue to evaluate new medications/treatment modalities to evaluate their potential impact as well.

Overutilization Committee

This committee is not exclusively devoted to opioid misusers. This is a multidisciplinary group that works to create care plans for individuals who are disproportionately utilizing healthcare resources (especially Emergency services), which will include many of the members from the MMA group or that are seeking opioid medications. Nurse case managers, social workers, pharmacists, and physicians, work with the members to help carry out care plans and coordinate appropriate care.

Pharmacy Auditing and Fraud Investigations

SelectHealth performs regular pharmacy audits and has a Special Investigations Unit for Fraud Investigations. Additionally, SelectHealth comprehensively reviews the opioid category as a whole at least annually.

Access to Naloxone Overdose Products and Opioid Misuse Therapies

SelectHealth offers open coverage of products like naloxone kits and nasal naloxone, buprenorphine/naloxone products, and other opioid misuse treatment products. Additionally, we were early adopters of collaborative practice agreements to allow pharmacists to prescribe naloxone kits and nasal naloxone at the community pharmacy level. Since then, a standing order for pharmacists to be able to prescribe naloxone has been released by the state of Utah.

Opioids in Pregnancy

This program evaluates opioid use among pregnant SelectHealth members. Those that are confirmed to be currently pregnant and on opioids are referred to our nurse case management department for evaluation, and development of a care plan for appropriate individuals to minimize the number of opioids taken, especially during late stages of pregnancy; ideally reducing risk to mother and newborn.

Intermountain drop boxes

Intermountain is an active partner and participant with the "Use Only as Directed" campaign in our state (http://useonlyasdirected.org/). We encourage all to safely dispose of leftover or expired opioids by using medication drop boxes. Intermountain Community Pharmacies have a no charge drop box for these services. (https://intermountainhealthcare.org/blogs/topics/live-well/2016/08/intermountain-drop-boxes-yields-a-large-return-of-unused-medications/)

Point of Sale Limitations/Edits

Per the Centers for Disease Control and Prevention (CDC) there is a direct relationship between morphine equivalent levels and increased risk of respiratory depression and death.

- Morphine equivalent dose limitations
    - Care coordination edit: more than 90 morphine milligram equivalents (MME) daily. The pharmacist must verify dosage and treatment plan with the prescriber. After verification, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
    - When attempting to fill greater than 200 MME, the claim will be rejected at the point-of-sale and require a PA. The PA request must include but is not limited to: documentation of increased risks associated with dose, rationale for exceeding guideline recommended dosing limits, urine drug monitoring, monitoring of controlled substance databases, and previously failed therapies.
- Multiple long-acting opioid prescriptions - The pharmacy will receive a soft rejection at the point-of-sale when a patient attempts to fill more than one long-acting opioid medication with overlapping days supplies. After verification of dosing and appropriateness of therapy, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
- Concurrent benzodiazepine and opioid therapy - The pharmacy will receive a soft rejection at the point-of-sale when a patient has overlapping days supplies of benzodiazepine and opioid medications. After verification of dosing and appropriateness of therapy, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
- Initial fill limitations: A maximum of a 7-day supply will process for any patient receiving their first fill of an opioid, subsequent fills may be covered for up to a 30-day supply. This will help reduce risk of become a chronic opioid user after an acute use episode.

More stringent quantity limits on opioid medications

While SelectHealth has historically employed quantity limits for all opioid medications; in 2019 quantity limits were tightened to align more fully with morphine equivalent limitations, CDC recommendations, manufacturer labeling, and other factors to minimize risks of high-dose opioids.

Opioid High-Dose Prescriber Report

SelectHealth maintains an Opioid Prescriber Report in which quarterly reports are sent to our top high dose opioid prescribers. Regular reporting allows them to understand their data, prescribing trends, and how they compare generally to other prescribers. SelectHealth will conduct in office visits with the largest outliers in this group and discuss their current prescribing practices, best practice, guidelines, and offer support and partnership to help reduce doses.

SelectHealth, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

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- Prior authorization (PA) required for high-dose (quantity or MME) opioid therapy. Prior authorization criteria including application of guidelines for review (e.g., does the patient have a contract with the prescriber, regular urine drug monitoring, controlled substance database monitoring, other attempted non-opioid interventions)
- Formulary management and tiering: Favorable coverage of non-opioid medications. Clinical criteria or preauthorization applied to certain high-risk therapies (e.g., transmucosal immediate-release fentanyl) or at-risk populations (e.g., pregnant individuals)
- Access to therapies to reduce risk from overdose and allow for dependency treatment, including naloxone kits and nasal naloxone, buprenorphine/naloxone products, and other opioid misuse treatment products
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This program evaluates opioid use among pregnant SelectHealth members. Those that are confirmed to be currently pregnant and on opioids are referred to our nurse case management department for evaluation, and development of a care plan for appropriate individuals to minimize the number of opioids taken, especially during late stages of pregnancy; ideally reducing risk to mother and newborn.

Intermountain drop boxes

Intermountain is an active partner and participant with the "Use Only as Directed" campaign in our state (http://useonlyasdirected.org/). We encourage all to safely dispose of leftover or expired opioids by using medication drop boxes. Intermountain Community Pharmacies have a no charge drop box for these services. (https://intermountainhealthcare.org/blogs/topics/live-well/2016/08/intermountain-drop-boxes-yields-a-large-return-of-unused-medications/)

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- Morphine equivalent dose limitations
    - Care coordination edit: more than 90 morphine milligram equivalents (MME) daily. The pharmacist must verify dosage and treatment plan with the prescriber. After verification, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
    - When attempting to fill greater than 200 MME, the claim will be rejected at the point-of-sale and require a PA. The PA request must include but is not limited to: documentation of increased risks associated with dose, rationale for exceeding guideline recommended dosing limits, urine drug monitoring, monitoring of controlled substance databases, and previously failed therapies.
- Multiple long-acting opioid prescriptions - The pharmacy will receive a soft rejection at the point-of-sale when a patient attempts to fill more than one long-acting opioid medication with overlapping days supplies. After verification of dosing and appropriateness of therapy, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
- Concurrent benzodiazepine and opioid therapy - The pharmacy will receive a soft rejection at the point-of-sale when a patient has overlapping days supplies of benzodiazepine and opioid medications. After verification of dosing and appropriateness of therapy, the pharmacist can overwrite the edit by electronically submitting the proper code(s) to SelectHealth.
- Initial fill limitations: A maximum of a 7-day supply will process for any patient receiving their first fill of an opioid, subsequent fills may be covered for up to a 30-day supply. This will help reduce risk of become a chronic opioid user after an acute use episode.

More stringent quantity limits on opioid medications

While SelectHealth has historically employed quantity limits for all opioid medications; in 2019 quantity limits were tightened to align more fully with morphine equivalent limitations, CDC recommendations, manufacturer labeling, and other factors to minimize risks of high-dose opioids.

Opioid High-Dose Prescriber Report

SelectHealth maintains an Opioid Prescriber Report in which quarterly reports are sent to our top high dose opioid prescribers. Regular reporting allows them to understand their data, prescribing trends, and how they compare generally to other prescribers. SelectHealth will conduct in office visits with the largest outliers in this group and discuss their current prescribing practices, best practice, guidelines, and offer support and partnership to help reduce doses.

State Farm Mutual Auto Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Note: CVS Caremark is the outpatient prescription drug claim administrator for the State Farm Insurance Company's Group Comprehensive Medical Expense Policy providing coverage to State Farm independent contractor agents residing in Utah. The following is the CVS Caremark prescribing policy:

Our CDC-aligned opioid UM Criteria helps maintain appropriate clinical

access and supports limits on duration and dose:

7-Day Supply for Acute Pain

• Length of the first fill limited to seven days when appropriate, for new prescriptions for immediate-release (IR) opioids, for members without claims history of prior opioid use

• Higher day supply provided with prior authorization (PA) and/or when coverage conditions are met

3-Day Supply for Acute Pain for Adolescents (19 and under)

• Length of the first fill limited to three days when appropriate for persons 19 years and younger, for new prescriptions for immediate-release (IR) opioids, for members without claims history of prior opioid use

• Higher day supply provided with prior authorization (PA) and/or when coverage conditions are met

MME-Based Quantity Limits

• New initial limits for obtaining opioids without PA up to 90 MME/day (based on 30-day supply)

• Includes those combined with acetaminophen (APAP), aspirin (ASA) or ibuprofen (IBU)

• PA can be requested for up to 200 MME/day for Immediate Release and Extended Release Opioids

• Quantities higher than initial limits or limits beyond 200 MME/day require an appeal

• Products containing opioids in combination with APAP or ASA limited to four grams of APAP or ASA per day

• Products containing opioids in combination with IBU limited to 3200 mg IBU/day

Step Therapy

• IR formulations required before prescribing extended-release (ER) formulations

• Requires PA if claim history has no prior use of an IR or if not already stable on an ER

Coverage Duration

• Post-limit PA approvals limited to one month for acute pain and 12 months for chronic pain

• Prescriber attests to reassessing patient response at least every three months

• Duration not limited for patients actively fighting cancer

UnitedHealthcare Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department)

In response to the U.S. opioid epidemic, we've developed programs to help our members receive the care and treatment they need in sage and effective ways. We've based our measures on the Centers for Disease Control and Prevention's (CDC) opioid treatment guidelines to help prevent overuse of short-acting and long-acting medications. Please use this quick reference guide to learn more about what we offer.

Concurrent Drug Utilization Review (cDUR) and Point-of-Sale Programs

The cDUR program uses the pharmacy claims processing system to screen all prescriptions at the point-of-service and checks for possible inappropriate drug prescribing and utilization, as well as potentially dangerous medical implications or drug interactions. The program includes communication to the dispensing pharmacy at point of service through claims edits and messaging to the dispensing pharmacy at point of service. The pharmacist will need to address the clinical situation at the point of sale before entering appropriate National Council for Prescription Drug Programs (NCPDP) codes to receive an approved claim, unless otherwise stated below.

THERDOSE Acetaminophen

- Combination opioids plus acetaminophen (APAP) limit
- Point-of-sale quantity limit
- Prevents doses of APAP greater than four grams per day

Drug-Drug Interaction Opioids and Drugs to Treat Opioid Use Disorder (OUD)

- Point-of-sale alert for concurrent use of opioids and drugs to treat OUD

Duplicate Therapy - Short-Acting Opioids (SAOs)

- Identify duplicate therapy with SAOs
- Point-of-sale duplication of therapy edit
- Alerts to concurrent use of multiple SAOs

Duplicate Therapy - Long-Acting Opioids (LAO)

- Identify duplicate therapy with LAOs
- Point-of-sale duplication of therapy edit
- Alerts to concurrent use of multiple LAOs

Opioids and Pregnancy

- Enhanced point-of-sale alert for use of opioids during pregnancy, such as concurrent used of opioids and prenatal vitamins

Opioids and Benzodiazepines (higher risk for overdose)

- Point-of-sale alert for concurrent use of opioids and benzodiazepines

Drug Enforcement Agency (DEA) License Edit

- Verifies DEA is active and matches scheduled medication in the claim

Refill-Too-Soon Threshold

- The refill-too-soon threshold is 90% utilization for opioids and other controlled substances CII-V before a refill may be obtained.

Retrospective Drug Utilization Review (rDUR) Programs

The rDUR program analyzes claims on a monthly basis and sends communications to prescribers.

High Utilization Narcotic Program

- Quarterly identification of members who are getting multiple opioid prescriptions from multiple prescribers and filling at multiple pharmacies
- Patient specific information sent to all prescribers with peer to peer follow-up as relevant
- Repeat members may be required to select on pharmacy to fill prescriptions (Pharmacy Lock-In Program)

Drug to Drug Interaction - Opioid and Medication-Assisted Therapy (MAT) (e.g., buprenorphine products)

- Retrospective drug-disease alert
  - Identifies prescribers whose patients are receiving opioids in addition to medications used to treat OUD
  - Report is run quarterly and prescribers receive patient-specific data

Utilization Management (UM) Programs

UM programs promote appropriate use, reduce costs and ultimately help improve the health status of members.

Cumulative Morphine Milligram Equivalents (MME) Limit

- Point-of-sale dosage limit for all opioid products
- Prevents cumulative opioid doses above a preset threshold from processing
- Prior authorization required for does above a preset threshold

Prior Authorization/Medical Necessity - LAOs

- Prior authorization/medical necessity requires:
  - Appropriate use criteria (pain unrelated to cancer or end-of-life care)
  - Step-through, short acting opioid (pain unrelated to cancer or end-of-life care) and step-through preferred LAOs
  - If appropriate, step-through neuropathic pain alternatives
  - Less than 90 MME supply limit (pain unrelated to cancer or end-of-life care)
- Intensive reauthorization review criteria

Prior Authorization/Step Therapy - LAOs

- Prior authorization/step therapy requires:
  - Step-through preferred LAOs

Prior Authorization/Medical Necessity and Prior Authorization/Notification - Transmucosal Fentanyl Products

- Prior authorization/medical necessity and prior authorization/notification requires:
  - Documentation of pain due to cancer and patient is already receiving opioids

Prior Authorization/Notification - MAT (e.g., buprenorphine products)

- No prior authorization is required for preferred MAT products - buprenorphine sublingual tablet, buprenorphine - naloxone sublingual tablet/film (generic Suboxone) and Zubsolv®
- Prior authorization/notification is required for non-preferred MAT products to help ensure appropriate use.

Prior Authorization/Medical Necessity - Overdose Prevention (naloxone)

- No prior authorization is required for preferred products - generic naloxone injection and Narcan® Nasal Spray

Supply Limit - LAOs

- Supply limits adhere to Centers for Disease Control and Prevention (CDC) recommendation of 90 MME daily
- No quantity ceiling limit for cancer or end-of-life diagnoses

New-to-Therapy, Short-Acting Opioid Dispensing Limits

- Dispensing limits for short-acting opioids for opioid naïve members
- Patients ages 19 and younger restricted to a 3-day supply for initial fill
- Members ages 20 and older restricted to a 7-day supply for initial fill
- Initial fill for all ages is limited to <50MME

Prior Authorization/Medical Necessity – Opioid-Containing Cough and Cold Products

- Prior authorization/medical necessity requires review under 18

Evidence-Based Prescribing Programs

Focuses on outreach to prescribers identified as outliers

Fraud/Waste/Abuse Evaluation

- Retrospective controlled substance claims analysis
- Identifies outlier opioid prescribers

Peer Comparison Reporting:

- Identification of and outreach to outlier opioid prescribers compared to peers within like specialties with reporting available on Link

Opioid Community Partnership Reporting:

- Reporting on multiple opioid metrics for Accountable Care Organization provider groups at the group, care and member levels.
- Includes market- and national-based benchmark comparison data
- Focuses on CDC guideline compliance, prescriber and member outliers, MAT, neonatal abstinence syndrome reduction and naloxone promotion

High Opioid Utilizer Management Programs

Focuses on identifying and managing members who are classified as high-opioid users

Pharmacy Lock-In

- Locks member into a single pharmacy
- Members identified through evaluation of High Utilization Narcotics quarterly report or other referrals

Miscellaneous

Substance Use Disorder Help Line

- 24/7 Helpline: 855-780-5955. For members or caregivers, staffed by licensed behavioral health providers
- Reference liveandworkwell.com/recovery

Retail and Home Delivery Pharmacy Opioid Limit to 30-Day Supply

- Retail Pharmacy and OptumRx Home Delivery Pharmacy opioid prescriptions are limited to 30-day supply

UnitedHealth Group Enterprise Opioid Task Force

- The UnitedHealth Group task force leverages resources from across the enterprise to support members and combat the opioid epidemic.
- UnitedHealthcare is committed to a program of prevention, treatment, and support for patients suffering from opioid misuse or addiction.

The UnitedHealthcare Opioid Community Partnership

- Enterprise-wide community effort to combat the opioid crisis in select cities in collaboration with care provider groups, community organizations, and others

Drug Disposal Kits

- To support the safe, convenient and effective disposal of unused drugs, especially opioids, OptumRx is offering members the Deterra® prescription drug disposal kit.

Please note: Some UnitedHealthcare commercial plans may not participate in the programs outlines in this guide.

*Ohio prescribers: Reference the following standards, procedures and guidelines to be followed in the diagnosis and treatment of chronic pain: Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point" and ORC Ann. 4731.052.

Abbreviations

APAP - Acetaminophen
CDC - Centers for Disease Control and Prevention
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DEA - Drug Enforcement Agency
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MME - Morphine Milligram Equivalents
OUD - Opioid Use Disorder
PA - Prior Authorization
rDUR - Retrospective Drug Utilization Review
SAOs - Short-Activing Opioids
UM - Utilization Management

UnitedHealthcare of Utah, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

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MME - Morphine Milligram Equivalents
OUD - Opioid Use Disorder
PA - Prior Authorization
rDUR - Retrospective Drug Utilization Review
SAOs - Short-Activing Opioids
UM - Utilization Management

University of Utah Health Plans

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In response to the growing concern over the opioid epidemic as a national health care crisis, University of Utah Health Insurance Plans (UUHIP) has developed two specific policies to address over utilization of opioids by its members.

These policies are based on the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain, as well as the most current evidence-based compendia and medical literature.

The UUHIP Opioid Limitation Policy describes the prescribing limitations of opioids for our health plans. Members with a cancer diagnosis are exempt from this policy. The policy states there is a 7 day limit on new short acting opioid prescriptions, whereby a Prior Authorization is required for quantities that exceed a 7 day acute fill of a short acting opioid or for any new short acting prescriptions of the same drug (GPI8) after that 7 day acute fill. The pharmacy claims system will look back 60 days for opioid fill history. A subsequent fill for the same GPI8 or Label Name after an acute fill requires a prior authorization (PA) and will require provider reassessment of member pain levels and need for continued opioid use beyond 7 days. This is in alignment with the CDC guidelines, which states when opioids are prescribed for acute pain, the lowest effective dose of immediate-release or short-acting opioids should be prescribed in no greater quantity than needed for the expected duration of pain severe enough to require opioids (usually 3-7 days). The policy outlines that all opioids are subject to quantity limits, step therapy, or PA, as designated in the applicable formulary and when exceptions to the policy may be allowed. Dual short-acting opioids are not allowed. Aberrant behavior and illicit drug use are taken into consideration for opioid authorization determinations.

The second opioid policy is our Chronic Opioid Use Policy. This policy outlines the criteria for chronic opioid use and the documentation and monitoring that is required for approval and continued approval of chronic opioids. All new long acting opioid prescriptions require a PA. This policy also outlines under what conditions the quantity limit or milligram morphine equivalent (MME) limits may be exceeded, as well as what is required for co-prescription of opioids and benzodiazepines. University of Utah Health Insurance Plans also maintains a list of quantity limits for all opioids that is consistent with that of the Utah State Department of Health and safe prescribing guidelines.

In accordance with CDC guidelines for MMEs, University of Utah Health Insurance Plans is working toward a goal of reducing the MMEs for its members to less than 90 MMEs/member/day. Members presenting prescriptions with MMEs in excess of 200 MMEs/day at the retail pharmacy point of sale (POS) will reject and require prior authorization. Taper plans to reduce the MME to less than 90 per day are requested or a benefit taper is implemented, whereby the amount of drug covered reduces each month until the member is in compliance with the plan quantity limits or MMEs. In addition, any prescription with an MME more than 90 per day requires a pharmacist override at the POS. This includes all opioids for any given member for any given month. Dual long-acting opioids are not allowed.

Because of the added risk of overdose and death associated with concomitant opioids and benzodiazepines, warnings are going out to prescribers when an opioid is co-prescribed with a benzodiazepine and a POS rejection for co-prescription of an opioid and a benzodiazepine to require Prior Authorization is pending implementation.

Some prescribers or prescriber groups, such as the University of Utah Community Physician Group and Pain Management Center have developed rigorous opioid management policies and are internally working to reduce opioid use over time. We are collaborating with those providers to reduce the administrative burden of prior authorization because of demonstrated success in reducing opioid utilization. Overall, our opioid policies have significantly reduced opioid use in our membership.

Workers' Compensation

Accident Fund General Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

AF Group Early Detection of Opioid Program

Program focus is to identify through data analytics those injured workers who are/have been prescribed opioids as part of their medical treatment and who meet specific criteria such as those injured workers who have been prescribed multiple Opioid prescriptions within the first 8 weeks of injury, injured workers who have more than 2 providers prescribing opioids, injured workers who have had subsequent fills of opioids and those injured workers that have had a long acting opioid prescribed with in the first 90 days of a claim.

Nurse Case Management intervention is utilized to validate the opioid usage and to collaboratively work with the injured worker and the providers (where jurisdictional rules allow) to develop a comprehensive treatment plan for the use of the prescribed opioids, to assist the injured worker when possible, to minimize or eliminate the use of opioids for long term pain management as stated in ODG (Official Disability Guidelines) for pain management.

Accident Fund Insurance Company of America

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

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Accident Fund National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

AF Group Early Detection of Opioid Program

Program focus is to identify through data analytics those injured workers who are/have been prescribed opioids as part of their medical treatment and who meet specific criteria such as those injured workers who have been prescribed multiple Opioid prescriptions within the first 8 weeks of injury, injured workers who have more than 2 providers prescribing opioids, injured workers who have had subsequent fills of opioids and those injured workers that have had a long acting opioid prescribed with in the first 90 days of a claim.

Nurse Case Management intervention is utilized to validate the opioid usage and to collaboratively work with the injured worker and the providers (where jurisdictional rules allow) to develop a comprehensive treatment plan for the use of the prescribed opioids, to assist the injured worker when possible, to minimize or eliminate the use of opioids for long term pain management as stated in ODG (Official Disability Guidelines) for pain management.

ACIG Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

American Contractors Insurance Group (ACIG) is a workers' compensation insurer that has an opioid prescribing policy that is administered by our Third Party Administrator, TRISTAR, and our Pharmacy Benefit Manager, CorVel Corporation. ACIG utilizes not only the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, but also ODG and ACOEM guidelines in order to ensure the opioid meets evidenced-based guidelines. Note that ACIG is not a health insurer, nor is ACIG directly involved in the prescribing of medications to workers' compensation claimants. A summary of our policy is below:

A clinical team is responsible for reviewing all opioids prescriptions to ensure

1) The medication is appropriate

2) There is an appropriate duration of medication, complete with an end date

3) There is sound rationale for the medication

4) The claimant is compliant with all instructions

5) Both the patient and the prescriber are knowledgeable of the side effects of opioids

For any claim in which a physician prescribes an opioid, our goal is to have a medication plan in place to initiate the weaning process prior to the next request for the medication. Our case manager works with the prescriber and patient to address medication goals, alternative medications or treatment, and will immediately begin the weaning process. Complex cases requiring additional intervention will be referred to our pharmacy peer physician for a review of records, medication history, and most likely, a peer to peer discussion with the prescribing physician. This team will work to set specific goals.

Our policy statement addresses the following:

1) Considerations for cessation of Opioid Therapy : Excessive duration, dosages and patient behavior

2) Appropriate jurisdictional disclaimers

3) Recommendations for weaning

4) Acceptable rationale for continuance of opioid therapy

TRISTAR staffs the weaning team with a Registered Pharmacist and Registered Nurses specialized in medication weaning. All are under the guidance of Dr. Michael Wald, MD, TRISTAR's medical director. In addition, ACIG has a team of pharmaceutical professionals though our PBM, CorVel Corporation. The PBM is responsible for flagging cases for review by our staff as well as managing our formulary.

Acuity A Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Acuity Insurance adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

AIG Assurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

AIG Property Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

Alaska National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

All of our Injured Workers are provide with pharmacy care. When an Injured worker is utilizing the card all of the prescriptions are reviewed. If an RX has been given by a non attending physician, the adjuster will be notified. All narcotics must have pre-approve from the adjuster before they are filed.

American Automobile Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid utilization management begins with the first opioid prescription triggering early intervention activities to minimize and/or prevent risks by reducing the number of patients who are exposed to opioid treatment. Appropriate ongoing opioid utilization is monitored and reassessed reducing risk for those who continue to require opioid treatment. By incorporating the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, along with other evidence-based guidelines, the opioid program and its policies prevent, manage, and ultimately mitigate the risk of death and adverse outcomes related to the use of opioids.

Our early opioid intervention consists of identifying patients who are receiving opioids for acute pain, and an outreach is made to the prescriber to elicit more detailed feedback about the need for the prescribed opioid, the intended length of opioid therapy, and the opportunity to migrate the individual to safer, non-opioid treatment alternatives if the acute pain turns chronic. Throughout the life of the claim, the patient's daily utilization is consistently monitored and alerts are generated to claims examiners where risk in a prescribing pattern is identified, for example, utilization of multiple opioids, high morphine equivalent dose (MED), or multiple prescribers identified for a single patient. These risk alerts offer decision support and are actionable by claims examiners and clinicians.

Additionally, our Smart Prior Authorization (PA) tool provides claims examiners with a clinical recommendation on medication PA requests to assist in the decision-making process. The Smart PA's clinically-sophisticated logic further assists in minimizing the risk of opioid addiction and overdose by identifying high-risk prescribing and utilization, such as chronic co-prescribing of opioids with other sedating substances including benzodiazepines and muscle relaxants. Smart PA also identifies when the MED exceeds the recommended threshold and provides opportunities to engage clinical resources.

Our risk stratification tool, RxProfile, identifies when claims do or may require a higher level of clinical intervention by the clinicians. Our pharmacists work with case managers and/or claim examiners to discuss potential alternative drug therapies or may suggest a full drug review inclusive of peer review. Risk profiling primarily targets adverse opioid utilization, and the success is measured by the impact of lowering the MED.

Urine drug testing and monitoring uses the risk stratification algorithm to identify injured workers who are candidates for an opioid intervention. In addition, through clinical and claim review, drug testing referrals may be made directly to First Script. Report results are interpreted by a clinical pharmacist, and any inconsistent results are communicated for recommendations and action to involved parties, such as the claims examiners, case managers, or nurses. Additionally, the program is designed to coordinate clinical interventions in an effort to make changes to the treatment plan and continue to monitor prescribing behaviors.

Further supporting the response to the opioid crisis are the overdose prevention strategies that are used to mitigate a portion of the risks associated with chronic prescribing and dispensing of opioid analgesics

The analytics innovation involving identification of risk includes biopsychosocial markers to determine co-morbidities and traits that make addiction and abuse more prevalent. Evidence-based recommendations, including the CDC opioid guidelines, are incorporated into identifying patients who may be candidates for naloxone consideration and/or referral to addiction/dependence treatment. The opioid overdose prevention and recovery program is specially tailored to meet the needs of the chronic opioid utilization population. By ensuring availability of opioid antagonists and partnering with industry-leading experts in the opioid additcion recovery field, we are able to provide an environment for safe and effective discontinuation of opioids.

American Casualty Company of Reading, PA

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence before processing the transaction."

American Economy Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

American Family Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

American Family Mutual Insurance Company, S.I. utilizes Sedgwick, CMS as our Third Party Administrator for workers compensation claim handling.

Sedgwick has adopted the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain and the Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain for the treatment of workers' compensation injuries as set forth by Utah Code Annotated 31A-22-615.5(2) and (3). http://www.health.utah.gov/prescription/

Sedgwick also incorporates the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain into its policy. https://www.cdc.gov/drugoverdose/prescribing/guideline.html

American Family Mutual Insurance Company, S.I.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

American Family Mutual Insurance Company, S.I. utilizes Sedgwick, CMS as our Third Party Administrator for workers compensation claim handling.

Sedgwick has adopted the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain and the Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain for the treatment of workers' compensation injuries as set forth by Utah Code Annotated 31A-22-615.5(2) and (3). http://www.health.utah.gov/prescription/

Sedgwick also incorporates the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain into its policy. https://www.cdc.gov/drugoverdose/prescribing/guideline.html

American Fire & Casulty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

American Guarentee & Liability Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Claims identified by our claim professionals where opioid use is active and there are concerns, our National Medical Director may be consulted to determine if a review by our Utilization Review department is warranted. Should a review be warranted, the review will use nationally recognized evidenced based Official Disability Guidelines (ODG) guidelines.

American Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid utilization management begins with the first opioid prescription triggering early intervention activities to minimize and/or prevent risks by reducing the number of patients who are exposed to opioid treatment. Appropriate ongoing opioid utilization is monitored and reassessed reducing risk for those who continue to require opioid treatment. By incorporating the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, along with other evidence-based guidelines, the opioid program and its policies prevent, manage, and ultimately mitigate the risk of death and adverse outcomes related to the use of opioids.

Our early opioid intervention consists of identifying patients who are receiving opioids for acute pain, and an outreach is made to the prescriber to elicit more detailed feedback about the need for the prescribed opioid, the intended length of opioid therapy, and the opportunity to migrate the individual to safer, non-opioid treatment alternatives if the acute pain turns chronic. Throughout the life of the claim, the patient's daily utilization is consistently monitored and alerts are generated to claims examiners where risk in a prescribing pattern is identified, for example, utilization of multiple opioids, high morphine equivalent dose (MED), or multiple prescribers identified for a single patient. These risk alerts offer decision support and are actionable by claims examiners and clinicians.

Additionally, our Smart Prior Authorization (PA) tool provides claims examiners with a clinical recommendation on medication PA requests to assist in the decision-making process. The Smart PA's clinically-sophisticated logic further assists in minimizing the risk of opioid addiction and overdose by identifying high-risk prescribing and utilization, such as chronic co-prescribing of opioids with other sedating substances including benzodiazepines and muscle relaxants. Smart PA also identifies when the MED exceeds the recommended threshold and provides opportunities to engage clinical resources.

Our risk stratification tool, RxProfile, identifies when claims do or may require a higher level of clinical intervention by the clinicians. Our pharmacists work with case managers and/or claim examiners to discuss potential alternative drug therapies or may suggest a full drug review inclusive of peer review. Risk profiling primarily targets adverse opioid utilization, and the success is measured by the impact of lowering the MED.

Urine drug testing and monitoring uses the risk stratification algorithm to identify injured workers who are candidates for an opioid intervention. In addition, through clinical and claim review, drug testing referrals may be made directly to First Script. Report results are interpreted by a clinical pharmacist, and any inconsistent results are communicated for recommendations and action to involved parties, such as the claims examiners, case managers, or nurses. Additionally, the program is designed to coordinate clinical interventions in an effort to make changes to the treatment plan and continue to monitor prescribing behaviors.

Further supporting the response to the opioid crisis are the overdose prevention strategies that are used to mitigate a portion of the risks associated with chronic prescribing and dispensing of opioid analgesics.

The analytics innovation involving identification of risk includes biopsychosocial markers to determine co-morbidities and traits that make addiction and abuse more prevalent. Evidence-based recommendations, including the CDC opioid guidelines, are incorporated into identifying patients who may be candidates for naloxone consideration and/or referral to addiction/dependence treatment. The opioid overdose prevention and recovery program is specially tailored to meet the needs of the chronic opioid utilization population. By ensuring availability of opioid antagonists and partnering with industry-leading experts in the opioid addiction recovery field, we are able to provide an environment for safe and effective discontinuation of opioids.

American Liberty Insurance Company, Inc

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

American Liberty Insurance Company has a prescribing policy consistent with Utah Code 31A-22-615.5 (1)(d). Both the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain were used to formulate our policy. For acute pain, comprising the first 90 days of treatment, short-acting opioids are recommended and utilized. Prescriptions for opioids in the acute pain phase are limited to 7-day quantities. When prescribing for post-surgical pain, a 7-day supply is also utilized.

In both the acute and chronic phases of pain, we monitor Morphine Equivalent Dose (MED) levels and alert claims adjusters when the MED exceeds a predetermined level (100 or higher MED). We also monitor for dangerous co-prescribing situations such as benzodiazepines and muscle relaxants. In every case, we recommend that any opioid prescription be issued for the lowest effective dose possible and for the shortest duration possible. Long-acting opioids require prior authorization by the prescribing physician before they can be prescribed or dispensed.

Drug screening is also used on claims where the MED is over 100 or when we have a long-term opioid user. Screening is used to confirm that the claimant is taking the required medication and not mixing other non-prescribed medications/illicit drugs. Drug screening is done randomly, performed by a licensed, independent vendor and in coordination with the treating physician.

Risk Scoring is another tool used by PBM Mitchell to help manage opioid prescribing. Their risk-scoring tool tracks several risk factors and scores them daily. When an injured worker reaches a specified risk score level, the claim adjuster is notified of a potentially harmful situation so that appropriate adjustments to pharmacy care can be made, or when necessary, other intervention can be implemented to avoid potential dependence or addiction problems.

American National Property & Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be very complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers'compensation, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

- Acute pain of a severe nature, often attributed to accidental trauma, surgery, or even recreational injury may need to be treated with short-acting (SA) opioid analgesics.
- A patient with chronic pain receiving the benefits of reduced pain, restored function, participation in activities of daily living, and potentially even returning to work, while remaining compliant with the therapy regimen and without showing signs of misuse and/or abuse, may be utilizing long-acting (LA) opioid analgesics as a part of their therapy plan.

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain opioid analgesics are the right medication for the claimant and their injury, as well as prescribed at the right time of the recovery, at the right dose for the patient, and for the right duration of time. Equally important, the treatment should have ongoing monitoring and management to ensure clinical safety and treatment efficacy.

As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications. Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury, prescribing patterns or recommended duration.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain

- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

Implemented differently by each and every payer, available clinical tools and resources are useful in managing the use of all medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis as they occur.

American Select Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We utilize Broadspire Services Inc. to handle our Utah claims. Broadspire follows all the accepted evidence-based guidelines (ODG, ACOEM and state specific) as adopted by a particular jurisdiction.

American Zurich Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Claims identified by our claim professionals where opioid use is active and there are concerns, our National Medical Director may be consulted to determine if a review by our Utilization Review department is warranted. Should a review be warranted, the review will use nationally recognized evidenced based Official Disability Guidelines (ODG) guidelines.

Amerisure Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Amerisure utilizes Optum as our Pharmacy Benefit Manager. Optum's opioid prescribing policy is as follows:

"In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Amerisure Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Amerisure utilizes Optum as our Pharmacy Benefit Manager. Optum's opioid prescribing policy is as follows:

"In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Amerisure Partners Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Amerisure utilizes Optum as our Pharmacy Benefit Manager. Optum's opioid prescribing policy is as follows:

"In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

AMTrust Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. Although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

When the use of opioid analgesics is part of the treatment regimen, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. Benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed at the right dose and for an appropriate duration. The treatment should have ongoing monitoring and management to ensure patient safety and treatment efficacy.

To this goal, we have designed our opioid program to reduce the risks associated with opioid analgesic use, misuse, and abuse. We utilize comprehensive utilization management strategies: (1) emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim because it is more difficult to change behavior or therapy regimens after ongoing opioid therapy is established, (2) utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes and limit utilization of long-acting opioid analgesics in the acute phase -up to 90-days post injury based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED), (3) utilize nurses in our opioid authorization process when necessary, (4) educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources (5) stress the importance of collaborative, goal-oriented, multidisciplinary care plans, (6) encourage best prescribing practices such as the use of medication agreements, urine drug testing, and use of prescription drug monitoring programs (PDMPs), (7) use technology to facilitate timely, secure communication and claim management, and (8) combine data with clinical expertise to provide insight into prescription use and prescribing practices which helps guide intervention efforts when there is a potential clinical or safety concern.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that clinical recommendations are appropriately applied to our programs and prior to making changes to our injury based formularies.

Argonaut-Midwest Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1 - 4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

Atlantic Specialty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Although there is no formal Prescribing Policy which is applied to all claims, a notification alert is sent to the GB Resolution Manager (RM) in the event that an opioid supply greater than 7 days is submitted at a pharmacy. The alert reads: “The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription relates to a surgical procedure. Please review the injured workers file for evidence of exception before processing this transaction." The recommendation is that the RM review claim specific medical documentation and history prior to approving the dispensing of the medications.

Berkley Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Berkley Casualty Company utilizes both state and national evidence-based guidelines to include the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for treatment of pain.

We partner with our pharmacy benefit manager (PBM) - Optum to restrict and monitor the use of opioid analgesics.

We only allow a 3 day supply of short-acting opioid analgesics for acute pain at the onset of injury. All other requests for opioid analgesics require claim professional pre-authorization. Our standard allowed daily morphine equivalent dose (MED) is no greater than 50 mg.

Optum clinical reviews also notify claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

Injured workers' prescribed 0pioid analgesics for chronic pain are required to sign a contract with the authorized treating physician stating the terms of the treatment contract as well as consent to random urine drug screens and pill counts. The authorized treating physician is required to check the Prescription Drug Monitoring Programs (PDMPs) in the respective state.

Berkley National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Refer to Optum for more info

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to objectify and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

As with most medication therapy regimens, using the lowest possible dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications.

Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MEDs).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury or its current duration.
- Meld data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements, especially when a prescriber is treating chronic, non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resource.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources useful in managing the use of all medications are detailed below. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

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Berkley Regional Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Refer to Optum for more info

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to objectify and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

As with most medication therapy regimens, using the lowest possible dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications.

Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MEDs).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury or its current duration.
- Meld data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements, especially when a prescriber is treating chronic, non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resource.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources useful in managing the use of all medications are detailed below. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Berkshire Hathaway Direct Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have an Injury-specific formulary based on body part and injury type. On some of the Injury-based modules, all opioids always require client review. On the other Injury-based modules where limited opioid coverage exists, selected opioids still always require client review. For opioids that are allowed, their coverage is limited by adding limits to the number of fills and/or limits based on the date of Injury (acute vs. chronic).

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1- 4 weeks.

In addition, we have outreach programs to physicians which bring certain opioid utilization patterns to their attention for review. Outreaches are initiated when we detect: opioid overutilization In the acute and chronic phases of Injury, the presence of multiple opioid prescribers, dangerous combinations of opioids with other selected medications, as well as Inappropriate opioid utilization. In addition, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined client threshold, we can require a review of the opioid prescription prior to dispensing.

Berkshire Hathaway Homestate Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have an injury-specific formulary based on body part and injury type. On some of the injury-based modules, all opioids always require client review. On the other injury-based modules where limited opioid coverage exists, selected opioids still always require client review. For opioids that are allowed, their coverage is limited by adding limits to the number of fills and/or limits based on the date of Injury (acute vs. chronic).

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting oploids using lowest dosage on product labeling.
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In addition, we have outreach programs to physicians which bring certain opioid utilization patterns to their attention for review. Outreaches are initiated when we detect: opioid overutilization In the acute and chronic phases of Injury, the presence of multiple opioid prescribers, dangerous combinations of opioids with other selected medications, as well as inappropriate opioid utilization. In addition, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined client threshold, we can require a review of the opioid prescription prior to dispensing.

BITCO General Insurance Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

BITCO General Insurance Corp adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

BITCO National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

BITCO National Insurance Co adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

California Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

California Insurance Company has access to a Pharmacist, Pharmacy Benefits Manager, Utilization Review team, and Medical Director that work together with the Claims Adjusters to minimize the risk of opioid addiction and overdose from chronic co-prescription of opioids with benzodiazapines and other sedating substances; prescriptions of very high dose opioids in the primary care setting; and the inadvertent transition of short-term opioids for an acute injury into long-term opioid dependence.

When requests for medication are received, they are reviewed for therapeutic appropriateness, over and underutilization, generic use, therapeutic interchange, duplication, drug-disease contradictions, drug-drug or drug-allergy interactions, drug dosage, duration of treatment, clinical abuse or misuse, drug-age precautions, drug-gender precautions, drug-pregnancy precautions, regulatory limitations, and benefits.

Our policies integrate a combination of the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain, ODG, ACOEM, the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain, and the most current state legislation/adopted drug formularies.

When a specific state formulary is not in place, quantity limitations for opioids are set for frequency, dose, duration, multiple medications, multiple pharmacies, duplicate prescribing, interactions of medications, and duplicate therapy for potential risks.

The knowledge surrounding opioid use is growing and new techniques to help prevent opioid addiction are constantly evolving. One of the main tools used to combat opioid addition is education, for both the patient and the prescriber. The CDC handout “Prescription Opioids: What You Need to Know” is included with every new opioid prescription to injured workers. Our teams work very closely together to ensure the best care for our injured workers during all phases of their treatment.

Carolina Casualty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective: the pain experience just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important to alleviate the pain, discomfort, and dysfunction associated with the original or complicated injury.

Acute pain of a severe nature, often attributed to accidental trauma, surgery, or even recreational injury may need to be treated with short-acting (SA) opioid analgesics.

A patient with chronic pain may utilize SA opioid analgesics and/or long-acting (LA) opioid analgesics as part of their therapy plan as long as the benefits of the opioid analgesics outweigh their risks. Benefits may include reduced pain, restored function, improved participation in activities of daily living, and potentially even returning to work. Remaining compliant with the therapy regimen, without showing signs of misuse and/or abuse, is also necessary.

As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is one component in opioid therapy management best practices. The use of non-medication therapy, including physical or occupational therapy and a home exercise program may also be an appropriate first-line therapy approach to utilize for acute injuries, thus reducing or eliminating the need for opioid analgesic or non-opioid medications. This too may be considered best practices. In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.

- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Central Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Central Mutual Insurance Company utilizes a pharmacy benefit manager and formulary to address prescribing of opioids in workers' compensation claims. Under the formulary program, non-formulary medications -- including certain opioids -- are subject to prior authorization prior to dispensing. As part of the prior authorization process, the pharmacy benefit manager notifies Central Mutual, and Central determines whether (1) the fill should be approved for dispensing/reimbursement, (2) the fill should be rejected as not compensable under the workers' compensation benefit program, or (3) additional steps are necessary to determine whether the fill should be approved for dispensing/reimbursement. The formulary applied is developed using a nationwide standard; however, the formulary may be modified at a claim jurisdiction/state level or at a claim-by-claim level to accommodate changes to any state's requirements with respect to opioid prescriptions and to accommodate changes in the clinical needs of individual injured workers.

Charter Oak Fire Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Cimarron Insurance Company, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We do not offer health insurance policies in any state. In many states, including Utah, our Certificate of Authority has Accident & Health as an authorized line of business.

We do provide workers' compensation in Utah.

Cimarron contracts with Brentwood Services Administrators, Inc. to handle workers compensation claims arising in Utah. The opioid program in place includes using a single PBM provider for all wc related prescriptions in Utah. Carlisle Medical is that PBM provider.

The prescribing program includes:

1. Using the CDC guidelines for opioid prescriptions as noted above.

2. Flagging all opioid/benzo prescriptions for analysis. This includes a monthly report identifying recipients, prescribers and drug types.

3. Aggressive use of the DUR process that includes suggested alternatives and limiting opioid /benzo scripts

4. Use of field case managers and Pharm D experts to analyze scripts, diagnosis(s) and alternative medications.

5. Use of a predictive analytic program that predicts claim outcomes from both a duration and cost perspective.

Clear Spring Property and Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Clear Spring Property and Casualty Company uses a third-party administrator, CCMSI, to handle workers compensation claims. CCMSI is focused on appropriate and safe uses of Opioids to ensure that injured workers are receiving needed care in a safe and appropriate manner. CCMSI utilizes the programs and services of its PBM partners to align with medical, national, and state-based treatment guidelines pertaining to the prescription of Opioids. Those programs and services include:

1) Limiting opioid dispensing in the early days of the claim

2) Automating processes to utilizing injury based and workers' compensation specific formularies at eligibility to help manage appropriate medication treatments

3) Limiting the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury.

4) Maintaining an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when the MEDs escalate above published criteria and guidance

5) Using clinical communications to inform our claims staff of escalating opioid utilization that is inconsistent with the injury, prescription guidelines, or recommended therapy duration

6) Using data and clinical expertise to provide additional monitoring and intervention efforts in situations of potential clinical concern

7) Using technology to facilitate timely, secure communications and claims management.

8) Encouraging prescription best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

9) Using continuing education, and other tools and resources to educate prescribers and claims professionals on the risks and benefits of opioid analgesics.

10) Utilizing collaborative, goal-oriented, multidisciplinary care plans

11) Recognizing the utility of prescription drug monitoring programs.

Commerce & Industry Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

Compwest Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

AF Group Early Detection of Opioid Program

Program focus is to identify through data analytics those injured workers who are/have been prescribed opioids as part of their medical treatment and who meet specific criteria such as those injured workers who have been prescribed multiple Opioid prescriptions within the first 8 weeks of injury, injured workers who have more than 2 providers prescribing opioids, injured workers who have had subsequent fills of opioids and those injured workers that have had a long acting opioid prescribed with in the first 90 days of a claim.

Nurse Case Management intervention is utilized to validate the opioid usage and to collaboratively work with the injured worker and the providers (where jurisdictional rules allow) to develop a comprehensive treatment plan for the use of the prescribed opioids, to assist the injured worker when possible, to minimize or eliminate the use of opioids for long term pain management as stated in ODG (Official Disability Guidelines) for pain management.

Continental Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence before processing the transaction."

Continental Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Continental Indemnity Company has access to a Pharmacist, Pharmacy Benefits Manager, Utilization Review team, and Medical Director that work together with the Claims Adjusters to minimize the risk of opioid addiction and overdose from chronic co-prescription of opioids with benzodiazapines and other sedating substances; prescriptions of very high dose opioids in the primary care setting; and the inadvertent transition of short-term opioids for an acute injury into long-term opioid dependence.

When requests for medication are received, they are reviewed for therapeutic appropriateness, over and underutilization, generic use, therapeutic interchange, duplication, drug-disease contradictions, drug-drug or drug-allergy interactions, drug dosage, duration of treatment, clinical abuse or misuse, drug-age precautions, drug-gender precautions, drug-pregnancy precautions, regulatory limitations, and benefits.

Our policies integrate a combination of the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain, ODG, ACOEM, the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain, and the most current state legislation/adopted drug formularies.

When a specific state formulary is not in place, quantity limitations for opioids are set for frequency, dose, duration, multiple medications, multiple pharmacies, duplicate prescribing, interactions of medications, and duplicate therapy for potential risks.

The knowledge surrounding opioid use is growing and new techniques to help prevent opioid addiction are constantly evolving. One of the main tools used to combat opioid addition is education, for both the patient and the prescriber. The CDC handout “Prescription Opioids: What You Need to Know” is included with every new opioid prescription to injured workers. Our teams work very closely together to ensure the best care for our injured workers during all phases of their treatment.

Continental Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence before processing the transaction."

Continental Western Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services:

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Copperpoint American Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
- Reports that include prescriptions dispensed, drug classifications, authorizations, fill dates, quantity, day supply, physician's name, pharmacy, and other details are examined to ensure prescription refills align with UT Administrative Code R156-37-603.
- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
- Drug Screening Frequency is considered to determine low, moderate, and high-risk patients. Contact with the pain management physician may be conducted to provide justification for their drug screening plan.
- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint Casualty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
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- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
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- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

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- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint General Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's general Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
- Reports that include prescriptions dispensed, drug classifications, authorizations, fill dates, quantity, day supply, physician's name, pharmacy, and other details are examined to ensure prescription refills align with UT Administrative Code R156-37-603.
- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
- Drug Screening Frequency is considered to determine low, moderate, and high-risk patients. Contact with the pain management physician may be conducted to provide justification for their drug screening plan.
- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint Indemnity Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
- Reports that include prescriptions dispensed, drug classifications, authorizations, fill dates, quantity, day supply, physician's name, pharmacy, and other details are examined to ensure prescription refills align with UT Administrative Code R156-37-603.
- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
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- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
- Reports that include prescriptions dispensed, drug classifications, authorizations, fill dates, quantity, day supply, physician's name, pharmacy, and other details are examined to ensure prescription refills align with UT Administrative Code R156-37-603.
- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

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- Drug Screening Frequency is considered to determine low, moderate, and high-risk patients. Contact with the pain management physician may be conducted to provide justification for their drug screening plan.
- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's general Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
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- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
- Drug Screening Frequency is considered to determine low, moderate, and high-risk patients. Contact with the pain management physician may be conducted to provide justification for their drug screening plan.
- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint Premier Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
- Reports that include prescriptions dispensed, drug classifications, authorizations, fill dates, quantity, day supply, physician's name, pharmacy, and other details are examined to ensure prescription refills align with UT Administrative Code R156-37-603.
- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
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- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Copperpoint Western Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

CopperPoint's General Prescribing Policy as a workers' compensation insurer includes guidelines that follow the CDC Guidelines for Prescribing Opioids for Chronic Pain and Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The main focus areas include:

1. Initiation or continuance of opioids

- CopperPoint has established pharmacy medications limits for first fills including a maximum cost, maximum day supply, and limited 3-day supply for an emergency fill. It also includes a Retail (Point of Sale) maximum day supply of 30 days.
- Medications are monitored and authorizations are controlled by drug classification and frequency such as a onetime authorization, continual, or with an expiration date.
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- In addition, these reports can identify co-prescription of opioids with benzodiazepines and other sedating substances.
- There is an internal process in place for referrals to a medical management nurse for new opioid prescriptions on a claim. The pharmacy benefit manager will email the nurse with any pre-authorization requests.

2. Opioid dosage, duration, follow-up, and discontinuation

- A Morphine Equivalent Dose (MED) Alert is utilized to alert the adjuster when a claimant's overall daily prescription dose exceeds recommended levels of total MED equivalent usage.
- A Physician Pharmacological Review can be submitted based on the dosage, duration, or other factors. The review may include a peer-to-peer discussion (as applicable). Recommendations for the continuance or discontinuance of the drug are provided along with other pain management recommendations and rationale.
- A letter of medical necessity is available from the pharmacy benefit manager to send to the provider to determine how the specific drug prescribed is related to the claim.

3. Assessing risk and addressing harms of opioid use

- Medical reports are reviewed to verify the physician documents his or her intentions relative to refills of controlled substances and prescriptions for a controlled substance.
- In addition, medical reports are also reviewed to verify the number of refills authorized are documented in the patient records by the prescribing physician, there are treatment goals with a written treatment plan, and there is a signed informed consent form.
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- Drug Rehabilitation or detoxification for opioid use disorder may be an option for an injured worker who becomes dependent on opioids prescribed for a work-related injury if it is recommended by a physician and there is no medical conflict regarding the necessity. Opioids would continue to be paid until a determination is made after a hearing.

Crum & Foster Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Crum & Forster Indemnity Company partnered with its pharmacy benefit management vendor (Optum) to develop clinical programs to help minimize opioid overdose and addiction for its workers compensation claims. The program includes:

Formulary

- Formularies are designed to allow medications to pass through that have a high degree of relatedness to typical injuries found in workers' compensation while reducing the risk of exposure to potentially unrelated medications
- Formularies have been developed utilizing evidence-based guidelines, including Official Disability Guidelines (ODG), Centers for Disease Control Guidelines (CDC), Utah Clinical Guidelines and the Optum Workers' Comp Pharmacy & Therapeutics (P&T) oversight committee
- Formularies are separated into both acute and chronic phases that are actively managed by the Optum P&T oversight committee and the Optum clinical formulary team

Predictive Analytics/Clinical Triage

- Examines claimant data early in the claim to identify and mitigate potential clinical issues that may arise, including the use of opioid analgesics and other medications

Multiple Prescriber Letter

- Identification of claimants receiving opioid analgesics from two or more prescribers in the previous 30 days
- Letter sent to alert all prescribers of others treating with opioid analgesics

High Risk Profiling

- Clinical pharmacist evaluation of pharmacy transactions to identify high-risk claims with therapeutic concerns in the previous 30 days
- High -risk claims prompt a clinical review, and may result in letter to the prescriber
- Focus on therapeutic clinical concerns, including opioid utilization

Clinical Escalation Alerts

- Notification provided when a prescription dispensed reaches a medication therapy milestone or outside of clinical treatment guidelines as defined by CDC, ODG
- Alerts primarily designed to reduce overall risks of opioid utilization

Medication Review & Peer-to-Peer Service

- Comprehensive review of medication history and medical records by a clinical pharmacist in order to provide actionable plans to resolve therapeutic issues
- Engages the prescriber in a discussion regarding issues identified by a specialty-matched peer reviewer to drive changes in therapy
- Where appropriate, goal may include to rotate, taper and/or wean opioid analgesics or other medications

Drug Testing & Monitoring Service

- Provide and improve quality of care for claimants through appropriate oversight and follow up
- Reduces the overall risks associated with the misuse of controlled substances and opioids

Dakota Truck Underwriters

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Alius Health provides pharmacy benefit management services to Dakota Truck Underwriters and to a variety of clientele. This policy is not meant to supersede the specific state regulatory requirements or client requested formulary and authorization process considerations. The purpose of this policy is to provide general guidance on what we recommend as the gold standard of care pertaining to the prescribing of opioid medications in the workers' compensation industry.

First Fill formulary plans play a critical role in the workers' compensation market. They allow medications to be dispensed before a claim is deemed compensable. This program is designed to cover a broad range of injury types. Per CDC Guideline for Prescribing Opioids for Chronic Pain, first-line medications like acetaminophen, anti-inflammatory drugs, and topical medications are covered. For more traumatic cases, a limited number of short-acting opioids are allowed up to a 7-day supply. The CDC guidelines cite that more than seven days of opioid medication will rarely be needed.

When injured workers require ongoing medications beyond the first fill, they are enrolled into the pharmacy program. In our program, there are multiple formulary plans available. The management of opioid medication is based on state adopted formularies and treatment guidelines; CDC Guideline for Prescribing Opioids for Chronic Pain; and client-specific requests. The drug plans typically cover non-opioid treatment, as indicated by the CDC as the preferred first-line treatment for pain, including:

- NSAIDS, acetaminophen
- Tricyclic antidepressants (neuropathic pain)
- Anti-epileptics (neuropathic pain)
- Antidepressants
- Topical medications

Long-acting opioids require prior authorization on most of our plans. Messaging to the prescribers via the e-prescribing platform also informs them that these medications are not covered as first-line treatment and the injured worker must “step up” to this treatment after receiving short-acting opioid treatment.

Based on the CDC thresh hold of 90 morphine milligram equivalents (MMEs) per day, some plans require the pharmacist to enter drug utilization review and outcome codes during the dispensing process or the prescriber must obtain a prior authorization. Prescribers are directed to fill out opioid-specific prior authorization forms that ask the prescriber to verify information that is recommended by the CDC (e.g. checked their state's prescription monitoring program, patient screened for addiction, conducted a urine drug screen, etc.).

For concurrent sedative/hypnotic drug use with an opioid, point-of-sale notices are sent to the dispensing pharmacist and are tracked in our claims system for clinical staff to review. In the not-so-distant future, we will be integrating clinical direct messaging in the prescriber electronic medical record systems to alert them of high opioid dose with combined sedative use.

Donegal Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Donegal Mutual Insurance Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only]; provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Ecole Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Ecole adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Electric Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sedgwick's prescribing policies include use of evidence-based clinical guidelines and follows the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain. Sedgwick also utilizes the 2016 CDC Guidelines for Chronic Pain.

EMC Property & Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases, which is 0-90 days post injury. However, all opioids reject after the 90th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines, when an opioid medication rejects the Claims Examiner/Nurse utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

Encasco Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases, which is 0-90 days post injury. However, all opioids reject after the 90th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines, when an opioid medication rejects the Claims Examiner/Nurse utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

Employers Assurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

OPTUM PBM:

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Employers Compensation Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

OPTUM PBM:

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Employers Insurance Company of Nevada

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

OPTUM PBM:

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Employers Insurance Company of Wausau

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Employers Mutual Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases, which is 0-90 days post injury. However, all opioids reject after the 90th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines, when an opioid medication rejects the Claims Examiner/Nurse utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

Employers Preferred Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

OPTUM PBM:

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Everest Denali Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase based on evidence-based medicine and accepted medical guidelines.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline for therapy; claims are reassessed when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern (e.g., routing opioid transactions to a clinical team).

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of <insert any Everest clinical programs>.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Everest National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase based on evidence-based medicine and accepted medical guidelines.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline for therapy; claims are reassessed when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern (e.g., routing opioid transactions to a clinical team).

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of <insert any Everest clinical programs>.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Everest Premier Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase based on evidence-based medicine and accepted medical guidelines.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline for therapy; claims are reassessed when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern (e.g., routing opioid transactions to a clinical team).

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of <insert any Everest clinical programs>.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Farmers Insurance Exchange

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Farmington Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Federated Rural Electric Insurance Exchange

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a national contract with Carlisle Medical. Our insureds are provided with a First Fill Rx card so when an employee is injured they may take the card to the pharmacy to have medications filled.

Behind the scene, Carlisle Medical is monitoring the Rx which includes opioid consumption and provides alerts and recommendations to Federated regarding frequency of refills or any changes. In addition, the adjuster has the option to approve or deny the Rx.

Finally, we also utilize Carlisle's Pharmacy Review program which looks into other options for the injured worker, such as weaning down some of the opioids. If we are in agreement, Carlisle will reach out to the the treating physician to determine if the dr is in agreement with their recommendations.

Internally, the adjuster is trained to review all medical records and make sure the treating dr is prescribing Rx related to the work injury only.

Fire Insurance Exchange

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Fireman's Fund Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid utilization management begins with the first opioid prescription triggering early intervention activities to minimize and/or prevent risks by reducing the number of patients who are exposed to opioid treatment. Appropriate ongoing opioid utilization is monitored and reassessed reducing risk for those who continue to require opioid treatment. By incorporating the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, along with other evidence-based guidelines, the opioid program and its policies prevent, manage, and ultimately mitigate the risk of death and adverse outcomes related to the use of opioids.

Our early opioid intervention consists of identifying patients who are receiving opioids for acute pain, and an outreach is made to the prescriber to elicit more detailed feedback about the need for the prescribed opioid, the intended length of opioid therapy, and the opportunity to migrate the individual to safer, non-opioid treatment alternatives if the acute pain turns chronic. Throughout the life of the claim, the patient's daily utilization is consistently monitored and alerts are generated to claims examiners where risk in a prescribing pattern is identified, for example, utilization of multiple opioids, high morphine equivalent dose (MED), or multiple prescribers identified for a single patient. These risk alerts offer decision support and are actionable by claims examiners and clinicians.

Additionally, our Smart Prior Authorization (PA) tool provides claims examiners with a clinical recommendation on medication PA requests to assist in the decision-making process. The Smart PA's clinically-sophisticated logic further assists in minimizing the risk of opioid addiction and overdose by identifying high-risk prescribing and utilization, such as chronic co-prescribing of opioids with other sedating substances including benzodiazepines and muscle relaxants. Smart PA also identifies when the MED exceeds the recommended threshold and provides opportunities to engage clinical resources.

Our risk stratification tool, RxProfile, identifies when claims do or may require a higher level of clinical intervention by the clinicians. Our pharmacists work with case managers and/or claim examiners to discuss potential alternative drug therapies or may suggest a full drug review inclusive of peer review. Risk profiling primarily targets adverse opioid utilization, and the success is measured by the impact of lowering the MED.

Urine drug testing and monitoring uses the risk stratification algorithm to identify injured workers who are candidates for an opioid intervention. In addition, through clinical and claim review, drug testing referrals may be made directly to First Script. Report results are interpreted by a clinical pharmacist, and any inconsistent results are communicated for recommendations and action to involved parties, such as the claims examiners, case managers, or nurses. Additionally, the program is designed to coordinate clinical interventions in an effort to make changes to the treatment plan and continue to monitor prescribing behaviors.

Further supporting the response to the opioid crisis are the overdose prevention strategies that are used to mitigate a portion of the risks associated with chronic prescribing and dispensing of opioid analgesics.

The analytics innovation involving identification of risk includes biopsychosocial markers to determine co-morbidities and traits that make addiction and abuse more prevalent. Evidence-based recommendations, including the CDC opioid guidelines, are incorporated into identifying patients who may be candidates for naloxone consideration and/or referral to addiction/dependence treatment. The opioid overdose prevention and recovery program is specially tailored to meet the needs of the chronic opioid utilization population. By ensuring availability of opioid antagonists and partnering with industry-leading experts in the opioid addiction revocery field, we are able to provide an environment for safe and effective discontinuation of opioids.

First Dakota Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Alius Health provides pharmacy benefit management services to First Dakota Indemnity Company and to a variety of clientele. This policy is not meant to supersede the specific state regulatory requirements or client requested formulary and authorization process considerations. The purpose of this policy is to provide general guidance on what we recommend as the gold standard of care pertaining to the prescribing of opioid medications in the workers' compensation industry.

First Fill formulary plans play a critical role in the workers' compensation market. They allow medications to be dispensed before a claim is deemed compensable. This program is designed to cover a broad range of injury types. Per CDC Guideline for Prescribing Opioids for Chronic Pain, first-line medications like acetaminophen, anti-inflammatory drugs, and topical medications are covered. For more traumatic cases, a limited number of short-acting opioids are allowed up to a 7-day supply. The CDC guidelines cite that more than seven days of opioid medication will rarely be needed.

When injured workers require ongoing medications beyond the first fill, they are enrolled into the pharmacy program. In our program, there are multiple formulary plans available. The management of opioid medication is based on state adopted formularies and treatment guidelines; CDC Guideline for Prescribing Opioids for Chronic Pain; and client-specific requests. The drug plans typically cover non-opioid treatment, as indicated by the CDC as the preferred first-line treatment for pain, including:

- NSAIDS, acetaminophen
- Tricyclic antidepressants (neuropathic pain)
- Anti-epileptics (neuropathic pain)
- Antidepressants
- Topical medications

Long-acting opioids require prior authorization on most of our plans. Messaging to the prescribers via the e-prescribing platform also informs them that these medications are not covered as first-line treatment and the injured worker must “step up” to this treatment after receiving short-acting opioid treatment.

Based on the CDC thresh hold of 90 morphine milligram equivalents (MMEs) per day, some plans require the pharmacist to enter drug utilization review and outcome codes during the dispensing process or the prescriber must obtain a prior authorization. Prescribers are directed to fill out opioid-specific prior authorization forms that ask the prescriber to verify information that is recommended by the CDC (e.g. checked their state's prescription monitoring program, patient screened for addiction, conducted a urine drug screen, etc.).

For concurrent sedative/hypnotic drug use with an opioid, point-of-sale notices are sent to the dispensing pharmacist and are tracked in our claims system for clinical staff to review. In the not-so-distant future, we will be integrating clinical direct messaging in the prescriber electronic medical record systems to alert them of high opioid dose with combined sedative use.

First Liberty Insurance Corporation, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Florists' Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Florists' Mutual Insurance Company utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Florists' Mutual Insurance Company utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Foremost Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The following drug utilization review policy has been implemented by Farmers Insurance Group of Companies.

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Foremost Signature Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The following drug utilization review policy has been implemented by Farmers Insurance Group of Companies.

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Frank Winston Crum Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We partner with a Pharmacy Benefit Management Company, Optum and are including their Opioid Policy guidelines below.

Mitigating situations of opioid analgesic misuse and abuse:

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective: the pain experience just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important to alleviate the pain, discomfort, and dysfunction associated with the original or complicated injury.

- Acute pain of a severe nature, often attributed to accidental trauma, surgery, or even recreational injury may need to be treated with short-acting (SA) opioid analgesics.
- A patient with chronic pain may utilize SA opioid analgesics and/or long-acting (LA) opioid analgesics as part of their therapy plan as long as the benefits of the opioid analgesics outweigh their risks. Benefits may include reduced pain, restored function, improved participation in activities of daily living, and potentially even returning to work.

Remaining compliant with the therapy regimen, without showing signs of misuse and/or abuse, is also necessary.As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is one component in opioid therapy management best practices. The use of non-medication therapy, including physical or occupational therapy and a home exercise program may also be an appropriate first- line therapy approach to utilize for acute injuries, thus reducing or eliminating the need for opioid analgesic or non-opioid medications. This too may be considered best practices. In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim man ·Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

For more information about our clinical tools and resources available to mitigate situations of opioid analgesic misuse and abuse, please contact your account manager, our clinical services team or email expectmore@optum.com.

Granite State Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

Gray Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1 - 4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling;
- match duration to scheduled reassessment.

Great Divide Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid Management Plan for Utah

In 2017, the Utah Legislature passed HB50, limiting the prescribing of opioids in acute pain situations. Our opioid management plan complies with the provisions of that legislation. For acute pain, comprising the first 90 days of treatment, only short-acting opioids are recommended. Prescriptions for opioids in the acute pain phase are limited to 7-day quantities. When prescribing for post-surgical pain, we recommend a 7-day supply but can allow up to a 30-day supply if it is deemed medically necessary and the prescribing provider obtains prior authorization.

In both the acute and chronic phases of pain, we monitor Morphine Equivalent Dose (MED) levels and alert claims adjusters when the MED exceeds a predetermined level (typically 50-90 MED). We also monitor for dangerous co-prescribing situations such as benzodiazepines and muscle relaxants. In every case, we recommend that any opioid prescription be issued for the lowest effective dose possible and for the shortest duration possible. Long-acting opioids require prior authorization before they can be prescribed or dispensed.

Risk Scoring is another tool used by our PBM to help manage opioid prescribing. Their patented risk-scoring tool tracks several risk factors and scores them on a daily basis. When an injured worker reaches a specified risk score level, the claim adjuster is notified of a potentially harmful situation so that appropriate adjustments to pharmacy care can be made, or when necessary, other intervention can be implemented to avoid potential dependence or addiction problems.

Great West Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

GWCC uses a third-party Pharmacy Benefits Manager (PBM) that has implemented guidelines consistent with 2016 CDC and Utah Clinical guidelines. The PBM additionally follows guidelines including ODG Treatment Guidelines and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines on opioid prescriptions.

Additional information:

- The lowest-effective dose is to be used.
- Acute pain may be treated with short-acting (SA) opioid analgesics.
- Chronic pain may be treated with long-acting (LA) analgesics as long as benefits outweigh the risks. Benefits would include ability to return to work, improve participation in daily activities, reduce pain, and restored function. Remaining compliant with the therapy regimen without showing signs of misuse or abuse is also necessary.
- The PBM policy recognizes prevention is the key to reducing misuse, including limiting early use of opioid analgesics.
- Limit longer-term use of long-acting opioid analgesics in the acute phase up to 90-days post injury based on evidence-based and medical guidelines
- Combine data with medical insight and clinical expertise into prescribing practices to guide intervention efforts in areas of potential clinical concern

Guideone Elite Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

GuideOne Elite Insurance Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Guideone Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

GuideOne Mutual Insurance adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Insurance Company of the State of Pennsylvania, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

Intrepid Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Refer to Optum for more info

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to objectify and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

As with most medication therapy regimens, using the lowest possible dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach

to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications.

Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid

analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MEDs).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury or its current duration.
- Meld data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements, especially when a prescriber is treating chronic, non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resource.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources useful in managing the use of all medications are detailed below. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Liberty Insurance Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Liberty Mutual Fire Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

LM Insurance Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Manufacturers Alliance Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

PMA has an injury-specific formulary based on body part and injury type. Some of the injury-based modules require PMA review and approval for all opioids. Other injury-based modules have varied levels of opioid coverage. Where opioid coverage exists, it is limited by either number of fills and/or limits based on date of injury (acute versus chronic care). Selected opioids on these modules have no coverage and will always require PMA review and approval.

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

In addition, PMA utilizes written outreach programs to physicians which bring certain opioid utilization patters to their attention for review. Outreaches are initiated when the following are detected:

- opioid over-utilization in the acute and chronic phases of injury;
- the presence of multiple opioid prescribers;
- dangerous combinations of opioids with other selected medications;
- inappropriate opioid utilization.

Additionally, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined threshold, PMA outreaches to the treating physician in writing to promote injured worker safety. Also, when MED thresholds are elevated, they may require review and approval of the opioid prescription prior to dispensing.

Markel Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1 - 4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling;
- match duration to scheduled reassessment.

Memic Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

MEMIC Indemnity Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review.

Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Mid-Century Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The following drug utilization review policy has been implemented by Farmers Insurance Group of Companies.

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Middlesex Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Middlesex Insurance Company utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Middlesex Insurance Company utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid
- prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Midwest Employers Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Mitigating situations of opioid analgesic misuse and abuse.

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective: the pain experience just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important to alleviate the pain, discomfort, and dysfunction associated with the original or complicated injury.

- Acute pain of a severe nature, often attributed to accidental trauma, surgery, or even recreational injury may need to be treated with short-acting (SA) opioid analgesics.
- A patient with chronic pain may utilize SA opioid analgesics and/or long-acting (LA) opioid analgesics as part of their therapy plan as long as the benefits of the opioid analgesics outweigh their risks. Benefits may include reduced pain, restored function, improved participation in activities of daily living, and potentially even returning to work. Remaining compliant with the therapy regimen, without showing signs of misuse and/or abuse, is also necessary.

As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is one component in opioid therapy management best practices. The use of non-medication therapy, including physical or occupational therapy and a home exercise program may also be an appropriate first-line therapy approach to utilize for acute injuries, thus reducing or eliminating the need for opioid analgesic or non-opioid medications. This too may be considered best practices. In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.

- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

For more information about our clinical tools and resources available to mitigate situations of opioid analgesic misuse and abuse, please contact your account manager, our clinical services team or email expectmore@optum.com.

Milford Casualty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. Although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

When the use of opioid analgesics is part of the treatment regimen, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. Benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed at the right dose and for an appropriate duration. The treatment should have ongoing monitoring and management to ensure patient safety and treatment efficacy.

To this goal, we have designed our opioid program to reduce the risks associated with opioid analgesic use, misuse, and abuse. We utilize comprehensive utilization management strategies: (1) emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim because it is more difficult to change behavior or therapy regimens after ongoing opioid therapy is established, (2) utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes and limit utilization of long-acting opioid analgesics in the acute phase -up to 90-days post injury based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED), (3) utilize nurses in our opioid authorization process when necessary, (4) educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources (5) stress the importance of collaborative, goal-oriented, multidisciplinary care plans, (6) encourage best prescribing practices such as the use of medication agreements, urine drug testing, and use of prescription drug monitoring programs (PDMPs), (7) use technology to facilitate timely, secure communication and claim management, and (8) combine data with clinical expertise to provide insight into prescription use and prescribing practices which helps guide intervention efforts when there is a potential clinical or safety concern.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that clinical recommendations are appropriately applied to our programs and prior to making changes to our injury based formularies..

Mountain States Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Mountain States Indemnity Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

National Fire Insurance Company of Hartford

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence of exception before processing this transaction."

National Interstate Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable.

National Liability & Fire Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have an injury-specific formulary based on body part and injury type. On some of the injury-based modules, all opioids always require client review. On the other injury-based modules where limited opioid coverage exists, selected opioids still always require client review. For opioids that are allowed, their coverage is limited by adding limits to the number of fills and/or limits based on the date of injury (acute vs. chronic).

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting oploids using lowest dosage on product labeling.
- Schedule initial reassessment within 1- 4 weeks.

In addition, we have outreach programs to physicians which bring certain opioid utilization patterns to their attention for review. Outreaches are initiated when we detect: opioid overutilization In the acute and chronic phases of Injury, the presence of multiple opioid prescribers, dangerous combinations of opioids with other selected medications, as well as inappropriate opioid utilization. In addition, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined client threshold, we can require a review of the opioid prescription prior to dispensing.

National Surety Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid utilization management begins with the first opioid prescription triggering early intervention activities to minimize and/or prevent risks by reducing the number of patients who are exposed to opioid treatment. Appropriate ongoing opioid utilization is monitored and reassessed reducing risk for those who continue to require opioid treatment. By incorporating the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, along with other evidence-based guidelines, the opioid program and its policies prevent, manage, and ultimately mitigate the risk of death and adverse outcomes related to the use of opioids.

Our early opioid intervention consists of identifying patients who are receiving opioids for acute pain, and an outreach is made to the prescriber to elicit more detailed feedback about the need for the prescribed opioid, the intended length of opioid therapy, and the opportunity to migrate the individual to safer, non-opioid treatment alternatives if the acute pain turns chronic. Throughout the life of the claim, the patient's daily utilization is consistently monitored and alerts are generated to claims examiners where risk in a prescribing pattern is identified, for example, utilization of multiple opioids, high morphine equivalent dose (MED), or multiple prescribers identified for a single patient. These risk alerts offer decision support and are actionable by claims examiners and clinicians.

Additionally, our Smart Prior Authorization (PA) tool provides claims examiners with a clinical recommendation on medication PA requests to assist in the decision-making process. The Smart PA's clinically-sophisticated logic further assists in minimizing the risk of opioid addiction and overdose by identifying high-risk prescribing and utilization, such as chronic co-prescribing of opioids with other sedating substances including benzodiazepines and muscle relaxants. Smart PA also identifies when the MED exceeds the recommended threshold and provides opportunities to engage clinical resources.

Our risk stratification tool, RxProfile, identifies when claims do or may require a higher level of clinical intervention by the clinicians. Our pharmacists work with case managers and/or claim examiners to discuss potential alternative drug therapies or may suggest a full drug review inclusive of peer review. Risk profiling primarily targets adverse opioid utilization, and the success is measured by the impact of lowering the MED.

Urine drug testing and monitoring uses the risk stratification algorithm to identify injured workers who are candidates for an opioid intervention. In addition, through clinical and claim review, drug testing referrals may be made directly to First Script. Report results are interpreted by a clinical pharmacist, and any inconsistent results are communicated for recommendations and action to involved parties, such as the claims examiners, case managers, or nurses. Additionally, the program is designed to coordinate clinical interventions in an effort to make changes to the treatment plan and continue to monitor prescribing behaviors.

Further supporting the response to the opioid crisis are the overdose prevention strategies that are used to mitigate a portion of the risks associated with chronic prescribing and dispensing of opioid analgesics.

The analytics innovation involving identification of risk includes biopsychosocial markers to determine co-morbidities and traits that make addiction and abuse more prevalent. Evidence-based recommendations, including the CDC opioid guidelines, are incorporated into identifying patients who may be candidates for naloxone consideration and/or referral to addiction/dependence treatment. The opioid overdose prevention and recovery program is specially tailored to meet the needs of the chronic opioid utilization population. By ensuring availability of opioid antagonists and partnering with industry-leading experts in the opioid additcion recovery field, we are able to provide an environment for safe and effective discontinuation of opioids.

National Union Fire Insurance CO of Pittsburgh, PA

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

New Hampshire Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In accordance with Utah Insurance Opioid Regulation (H.B. 90), U.C.A. 1953, Section 31A-22-615(5)(a), please accept the following Opioid Prescribing Policy description submitted by Health Direct, Inc., on behalf of AIG Claims Inc.

Heath Direct, Inc. (HDI), a medical management company and subsidiary of AIG Claims, Inc., has adopted policies and procedures intended to identify claims where a heightened risk exists for opioid overdose and/or addiction in Utah workers' compensation cases. HDI conducts nurse case management, utilization review and peer review coordination services on behalf of AIG Claims Inc. On Utah claims, and as a matter of policy, HDI's programs utilize the Official Disability Guidelines (ODG) published by MCG Health and its component, Appendix A, the Workers' Compensation Drug Formulary. The ODG Drug Formulary is an evidence based guideline that includes prescribing guidelines for opioids.

The ODG Drug Formulary provides a listing of medications used in workers' compensation cases. The Formulary includes hyperlinks to the entries within the treatment guidelines section where the medical evidence supporting each recommendation is summarized, along with patient selection criteria and dosage guidelines, where appropriate. The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain are both incorporated by reference.

HDI's clinical review staff is trained to identify treatment that increases risk of opioid addiction and overdose, including but not limited to:

(1) Long-term prescription of opioids concurrent with benzodiazepines or other sedatives;

(2) Prescription of high dose opioids, particularly when the daily morphine equivalent exceeds evidence based guideline upper limit recommendations;

(3) Transition of short-term opioid use into long-term use, particularly over 90 days.

NGM Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

NGM Insurance Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

North River Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The North River Insurance Company partnered with its pharmacy benefit management vendor (Optum) to develop clinical programs to help minimize opioid overdose and addiction for its workers compensation claims. The program includes:

Formulary

- Formularies are designed to allow medications to pass through that have a high degree of relatedness to typical injuries found in workers' compensation while reducing the risk of exposure to potentially unrelated medications
- Formularies have been developed utilizing evidence-based guidelines, including Official Disability Guidelines (ODG), Centers for Disease Control Guidelines (CDC), Utah Clinical Guidelines and the Optum Workers' Comp Pharmacy & Therapeutics (P&T) oversight committee
- Formularies are separated into both acute and chronic phases that are actively managed by the Optum P&T oversight committee and the Optum clinical formulary team

Predictive Analytics/Clinical Triage

- Examines claimant data early in the claim to identify and mitigate potential clinical issues that may arise, including the use of opioid analgesics and other medications

Multiple Prescriber Letter

- Identification of claimants receiving opioid analgesics from two or more prescribers in the previous 30 days
- Letter sent to alert all prescribers of others treating with opioid analgesics

High Risk Profiling

- Clinical pharmacist evaluation of pharmacy transactions to identify high-risk claims with therapeutic concerns in the previous 30 days
- High -risk claims prompt a clinical review, and may result in letter to the prescriber
- Focus on therapeutic clinical concerns, including opioid utilization

Clinical Escalation Alerts

- Notification provided when a prescription dispensed reaches a medication therapy milestone or outside of clinical treatment guidelines as defined by CDC, ODG
- Alerts primarily designed to reduce overall risks of opioid utilization

Medication Review & Peer-to-Peer Service

- Comprehensive review of medication history and medical records by a clinical pharmacist in order to provide actionable plans to resolve therapeutic issues
- Engages the prescriber in a discussion regarding issues identified by a specialty-matched peer reviewer to drive changes in therapy
- Where appropriate, goal may include to rotate, taper and/or wean opioid analgesics or other medications

Drug Testing & Monitoring Service

- Provide and improve quality of care for claimants through appropriate oversight and follow up
- Reduces the overall risks associated with the misuse of controlled substances and opioids

Oak River Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have an Injury-specific formulary based on body part and injury type. On some of the injury-based modules, all opioids always require client review. On the other injury-based modules where limited opioid coverage exists, selected opioids still always require client review. For opioids that are allowed, their coverage is limited by adding limits to the number of fills and/or limits based on the date of Injury (acute vs. chronic).

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting oploids using lowest dosage on product labeling.
- Schedule initial reassessment within 1- 4 weeks.

In addition, we have outreach programs to physicians which bring certain opioid utilization patterns to their attention for review. Outreaches are initiated when we detect: opioid overutilization In the acute and chronic phases of Injury, the presence of multiple opioid prescribers, dangerous combinations of opioids with other selected medications, as well as Inappropriate opioid utilization. In addition, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined client threshold, we can require a review of the opioid prescription prior to dispensing.

OBI America Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Although there is no formal Prescribing Policy which is applied to all claims, a notification alert is sent to the GB Resolution Manager (RM) in the event that an opioid supply greater than 7 days is submitted at a pharmacy. The alert reads: “The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription relates to a surgical procedure. Please review the injured workers file for evidence of exception before processing this transaction." The recommendation is that the RM review claim specific medical documentation and history prior to approving the dispensing of the medications.

OBI National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Although there is no formal Prescribing Policy which is applied to all claims, a notification alert is sent to the GB Resolution Manager (RM) in the event that an opioid supply greater than 7 days is submitted at a pharmacy. The alert reads: “The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription relates to a surgical procedure. Please review the injured workers file for evidence of exception before processing this transaction." The recommendation is that the RM review claim specific medical documentation and history prior to approving the dispensing of the medications.

Ohio Casualty Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Ohio Security Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Old Republic General Insurance Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when an opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (POMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1 - 4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling;
- Match duration to scheduled reassessment.

Old Republic Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Old Republic Insurance Company (ORINSCO) uses third parties to manage claims and benefits. All those third parties have prescribing policies that include evidence based guidelines from the CDC. All but one of the third parties have prescribing policies that include evidence based guidelines from the Utah Clinical Guidelines. Each policy is available upon request, but, in general:

- close monitoring of prescriptions, clinical appropriateness, and potential abuse
- differentiated approaches for acute (0-89 days) and chronic phases (90+ days)
- encouragement to reach out to the prescribing physician to set goals and criteria, evaluate and discuss with patient risks and benefits, schedule reassessment, and evaluate non-opioid therapies and short-acting or long-acting opioids at the lowest dose

An ORINSCO insured that manages its own claims and benefits does not currently have a prescribing policy.

Peerless Indemnity Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Pennsylvania Manufacturers' Association Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

PMA has an injury-specific formulary based on body part and injury type. Some of the injury-based modules require PMA review and approval for all opioids. Other injury-based modules have varied levels of opioid coverage. Where opioid coverage exists, it is limited by either number of fills and/or limits based on date of injury (acute versus chronic care). Selected opioids on these modules have no coverage and will always require PMA review and approval.

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

In addition, PMA utilizes written outreach programs to physicians which bring certain opioid utilization patters to their attention for review. Outreaches are initiated when the following are detected:

- opioid over-utilization in the acute and chronic phases of injury;
- the presence of multiple opioid prescribers;
- dangerous combinations of opioids with other selected medications;
- inappropriate opioid utilization.

Additionally, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined threshold, PMA outreaches to the treating physician in writing to promote injured worker safety. Also, when MED thresholds are elevated, they may require review and approval of the opioid prescription prior to dispensing.

Pennsylvania Manufacturers Indemnity Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

PMA has an injury-specific formulary based on body part and injury type. Some of the injury-based modules require PMA review and approval for all opioids. Other injury-based modules have varied levels of opioid coverage. Where opioid coverage exists, it is limited by either number of fills and/or limits based on date of injury (acute versus chronic care). Selected opioids on these modules have no coverage and will always require PMA review and approval.

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

In addition, PMA utilizes written outreach programs to physicians which bring certain opioid utilization patters to their attention for review. Outreaches are initiated when the following are detected:

- opioid over-utilization in the acute and chronic phases of injury;
- the presence of multiple opioid prescribers;
- dangerous combinations of opioids with other selected medications;
- inappropriate opioid utilization.

Additionally, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined threshold, PMA outreaches to the treating physician in writing to promote injured worker safety. Also, when MED thresholds are elevated, they may require review and approval of the opioid prescription prior to dispensing.

Pharmacists Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Pharmacist Mutual Group (PM) is a workers' compensation insurer that has an opioid prescribing policy that is administered by our Third Party Administrator, TRISTAR, and our Pharmacy Benefit Manager, Healthesystems. PM utilizes not only the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, but also ODG and ACOEM guidelines in order to ensure the opioid meets evidenced-based guidelines. Note that PM is not a health insurer, nor is PM directly involved in the prescribing of medications to workers' compensation claimants. A summary of our policy is below:

A clinical team is responsible for reviewing all opioids prescriptions to ensure

1) The medication is appropriate

2) There is an appropriate duration of medication, complete with an end date

3) There is sound rationale for the medication

4) The claimant is compliant with all instructions

5) Both the patient and the prescriber are knowledgeable of the side effects of opioids

For any claim in which a physician prescribes an opioid, our goal is to have a medication plan in place to initiate the weaning process prior to the next request for the medication. Our case manager works with the prescriber and patient to address medication goals, alternative medications or treatment, and will immediately begin the weaning process. Complex cases requiring additional intervention will be referred to our pharmacy peer physician for a review of records, medication history, and most likely, a peer to peer discussion with the prescribing physician. This team will work to set specific goals.

Our policy statement addresses the following:

1) Considerations for cessation of Opioid Therapy : Excessive duration, dosages and patient behavior

2) Appropriate jurisdictional disclaimers

3) Recommendations for weaning

4) Acceptable rationale for continuance of opioid therapy

TRISTAR staffs the weaning team with a Registered Pharmacist and Registered Nurses specialized in medication weaning. All are under the guidance of Dr. Michael Wald, MD, TRISTAR's medical director. In addition, PM has a team of pharmaceutical professionals though our PBM, Healthesystems. The PBM is responsible for flagging cases for review by our staff as well as managing our formulary.

Phoenix Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Protective Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Protective Insurance Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Redwood Fire & Casualty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have an Injury-specific formulary based on body part and injury type. On some of the Injury-based modules, all opioids always require client review. On the other Injury-based modules where limited opioid coverage exists, selected opioids still always require client review. For opioids that are allowed, their coverage is limited by adding limits to the number of fills and/or limits based on the date of Injury (acute vs. chronic).

Per the CDC and/or appropriate state opioid guidelines, when an opioid medication rejects, the Claims Examiner/Nurse utilizes evidence-based decision making for the appropriateness of opioid therapy. Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting oploids using lowest dosage on product labeling.
- Schedule initial reassessment within 1- 4 weeks.

In addition, we have outreach programs to physicians which bring certain opioid utilization patterns to their attention for review. Outreaches are initiated when we detect: opioid overutilization In the acute and chronic phases of Injury, the presence of multiple opioid prescribers, dangerous combinations of opioids with other selected medications, as well as Inappropriate opioid utilization. In addition, when opioid morphine equivalent dosing (MED) levels elevate above a predetermined client threshold, we can require a review of the opioid prescription prior to dispensing.

Riverpoint Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Refer to Optum for more info

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to objectify and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

As with most medication therapy regimens, using the lowest possible dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications.

Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MEDs).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury or its current duration.
- Meld data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements, especially when a prescriber is treating chronic, non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resource.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources useful in managing the use of all medications are detailed below. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Rockwood Casualty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Rockwood Casualty Insurance Company utilizes a pharmacy benefit manager and formulary to address prescribing of opioids in workers' compensation claims. Under the formulary program, non-formulary medications -- including certain opioids -- are subject to prior authorization prior to dispensing. As part of the prior authorization process, the pharmacy benefit manager notifies the claims administrator, and the claims administrator determines whether (1) the fill should be approved for dispensing/reimbursement, (2) the fill should be rejected as not compensable under the workers' compensation benefit program, or (3) additional steps are necessary to determine whether the fill should be approved for dispensing/reimbursement. The formulary applied is developed using a nationwide standard; however, the formulary may be modified at a claim jurisdiction/state level or at a claim-by-claim level to accommodate changes to any state's requirements with respect to opioid prescriptions and to accommodate changes in the clinical needs of individual injured workers. In addition, field and telephonic nurse case managers are assigned dependent upon each case's severity and medical needs in order to provide the best medical management for care and prescriptions.

Sagamore Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sagamore Insurance Company adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Security National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. Although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

When the use of opioid analgesics is part of the treatment regimen, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. Benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed at the right dose and for an appropriate duration. The treatment should have ongoing monitoring and management to ensure patient safety and treatment efficacy.

To this goal, we have designed our opioid program to reduce the risks associated with opioid analgesic use, misuse, and abuse. We utilize comprehensive utilization management strategies: (1) emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim because it is more difficult to change behavior or therapy regimens after ongoing opioid therapy is established, (2) utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes and limit utilization of long-acting opioid analgesics in the acute phase -up to 90-days post injury based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED), (3) utilize nurses in our opioid authorization process when necessary, (4) educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources (5) stress the importance of collaborative, goal-oriented, multidisciplinary care plans, (6) encourage best prescribing practices such as the use of medication agreements, urine drug testing, and use of prescription drug monitoring programs (PDMPs), (7) use technology to facilitate timely, secure communication and claim management, and (8) combine data with clinical expertise to provide insight into prescription use and prescribing practices which helps guide intervention efforts when there is a potential clinical or safety concern.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that clinical recommendations are appropriately applied to our programs and prior to making changes to our injury based formularies.

Sentry Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Casualty Company utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Casualty Company utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Senture Insurance A Mutual Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance a Mutual Company utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance a Mutual Company utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Sentry Select Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Select Insurance Company utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Select Insurance Company utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

SFM Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Gallagher Bassett's clinical guidelines and recommendations are based on a combination of recognized, medical evidence based guidelines (e.g., CDC, ODG, state guidelines), and are customized for any state specific guidelines or regulations. GB adjusters are required to review prescribed opioids that fall outside of the clinical guidelines to determine if the medication is appropriate.

In response to (2) (a) (b) (c):

Gallagher Bassett's overall pharmacy management includes several programs to address “high risk” of opioid prescriptions, dangerous combinations, and possible opioid dependence. These programs include:

- Medication Monitoring/Drug Testing - Gallagher Bassett has a drug testing program associated with a national laboratory to provide a consistent WC Comprehensive Panel of testing at a significant discount for clients. The drug test includes testing for multiple common therapeutic classes of drugs, alcohol use, illicit drug use, non-prescribed medication use, and potentially dangerous interactions between prescribed medications and alcohol use. Injured Workers, whose medication usage meets specific criteria and meet jurisdictional requirements, are triggered for testing. All inconsistent results of drug testing are reviewed by the Gallagher Bassett nurse, and discussed during the weekly roundtable. As allowed by jurisdiction, a copy of the drug test is maintained in the Gallagher Bassett claim system.

- Integrated Rx Profile/Inconsistent Drug Test Results - Gallagher Bassett runs weekly analysis to identify high risk prescribing patterns. The analysis includes an algorithm of prescription data, medical data, and claim data. Drug tests results include review of potentially lethal combinations of prescribed medications mixed with alcohol which can result in death. Identified claims are triaged by a Gallagher Bassett nurse to determine current medical status and to prepare for discussion in the weekly roundtable.

- Weekly Roundtable - The weekly roundtable includes reviewing nurse, adjuster, and Branch Management to coordinate Plan of Action and next steps. Results of the roundtable discussion are documented in the Gallagher Bassett claim system.

- Drug Utilization Assessments (DUA) - DUAs are completed by clinical pharmacists and physicians who review medication regimens and medical records related to the work injury. The goal of the review is to recommend alternatives to current prescribing patterns, and is based on jurisdictional requirements and/or ODG guidelines. The DUA report provides the treating physician and the adjuster with clear recommendations for proper dosage, frequency, and contraindications. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Physician to Physician (P2P) Discussion - Gallagher Bassett uses the DUA report to support engagement by a physician with specialized training to meet with the treating physician. The goal of the discussion is to gain concurrence with recommended changes to the drug regimen. Additionally, the P2P process includes recommended weaning protocols to assist the treater in the weaning process. A signed agreement is obtained from the treater whenever possible and the P2P report is provided to the treating physician and RM to facilitate change and on-going monitoring. Files are monitored for a period of time subsequent to the discussion to ensure compliance. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Review of Prescribing Patterns - Gallagher Bassett consistently monitors prescribing patterns of physicians and alerts physician of potential savings or overutilization. Communications include: brand vs. generic, over utilization of muscle relaxants, Morphine Equivalent Dose (MED) over acceptable guidelines, over utilization of benzodiazepines, over utilization of hypnotics/sedatives, possible drug interactions, combination of drugs that result in known “cocktails,” multiple prescribers, therapeutic duplication, acute phase long acting narcotic use, off label fentanyl use, etc.

- Narcotic Management - Gallagher Bassett leaders are mindful of the potential for abuse of narcotics andhave implemented multiple programs to manage the risk associated. Initial narcotic prescriptions are limited to fourteen (14) days, or less as allowed per jurisdiction. If allowed in the jurisdiction, Gallagher Bassett contacts the IW and the prescribing physician at first fill of a narcotic. This early outreach program is designed to educate the Injured Worker regarding risks associated with ongoing use of narcotics, and to manage the prescribing physician regarding future narcotic prescriptions.

Sompo America Fire & Marine Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

At Broadspire the appropriate and safe use of opioids is our goal to ensure that our injured workers are getting the care they need in a safe manner. To align with medical, national, and state-based treatment guidelines we collobarate with our Pharmacy Benefit Managers (PBMs) to create specific programs and services to address opioid prescribing.

i. Broadspire's First Opioid Fill (FOF) program is implemented in the early phase of opioid use to begin tracking opioid use and to prevent over utilization. Our program consist of and utilize Urine Drug screen monitoring, Cognitive Behavioral therapy and opioid tapering.

ii. We utilize injury-based and workers' compensation specific formularies to help manage medication treatments appropriate for the injury through automated processes for those that are eligible.

iii. Broadspire focuses on limiting the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.

iv. Our opioid medication program maintains an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidelines. We review reports on a weekly basis to monitor the MED and conduct specific opioid reviews to address claims that are above 90 MED.

v. We consistently communicate and work with our PBMs to identify escalating opioid utilization through real time Clinical Escalation Alerts and monthly Medication Risk Review Reports.

vi. For additional monitoring, we combine data with clinical expertise to provide insight into prescription use and prescribing practices.

vii. At Broadspire we use technology to facilitate timely, secure communications and claim management.

viii. Our utilization review department encourage prescribing best practices through the use of Pharmacy Medication Reviews and peer to peer reviews between our physician and the prescribing physician.

ix. We continue to educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources including Field Case Management collaboration.

x. We recognize the utility of prescription drug monitoring programs (PDMPs) and stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

Sompo America Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Gallagher Bassett Prescribing Policy/Programs - 2020

In Utah, adjusters are notified of opioid prescriptions with prior authorization notice that says, "The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription relates to a surgical procedure. Please review the injured workers file for evidence of exception before processing this transaction.'

Gallagher Bassett's clinical guidelines and recommendations are based on a combination of recognized, medical evidence based guidelines (e.g., CDC, ODG, state guidelines), and are customized for any state specific guidelines or regulations. GB adjusters are required to review prescribed opioids that fall outside of the clinical guidelines to determine if the medication is appropriate.

Gallagher Bassett's overall pharmacy management includes several programs to address "high risk" of opioid prescriptions, dangerous combinations, and possible opioid dependence. These programs include:

- Medication Monitoring/Drug Testing - Gallagher Bassett has a drug testing program associated with a national laboratory to provide a consistent WC Comprehensive Panel of testing at a significant discount for clients. The drug test includes testing for multiple common therapeutic classes of drugs, alcohol use, illicit drug use, non-prescribed medication use, and potentially dangerous interactions between prescribed medications and alcohol use. Injured Workers, whose medication usage meets specific criteria and meet jurisdictional requirements, are triggered for testing. All inconsistent results of drug testing are reviewed by the Gallagher Bassett nurse, and discussed during the weekly roundtable. As allowed by jurisdiction, a copy of the drug test is maintained in the Gallagher Bassett claim system.

- Integrated Rx Profile/Inconsistent Drug Test Results - Gallagher Bassett runs weekly analysis to identify high risk prescribing patterns. The analysis includes an algorithm of prescription data, medical data, and claim data. Drug tests results include review of potentially lethal combinations of prescribed medications mixed with alcohol which can result in death. Identified claims are triaged by a Gallagher Bassett nurse to determine current medical status and to prepare for discussion in the weekly roundtable.

- Weekly Roundtable - The weekly roundtable includes reviewing nurse, adjuster, and Branch Management to coordinate Plan of Action and next steps. Results of the roundtable discussion are documented in the Gallagher Bassett claim system.

- Drug Utilization Assessments (DUA) - DUAs are completed by clinical pharmacists and physicians who review medication regimens and medical records related to the work injury. The goal of the review is to recommend alternatives to current prescribing patterns, and is based on jurisdictional requirements and/or ODG guidelines. The DUA report provides the treating physician and the adjuster with clear recommendations for proper dosage, frequency, and contraindications. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Physician to Physician (P2P) Discussion - Gallagher Bassett uses the DUA report to support engagement by a physician with specialized training to meet with the treating physician. The goal of the discussion is to gain concurrence with recommended changes to the drug regimen. Additionally, the P2P process includes recommended weaning protocols to assist the treater in the weaning process. A signed agreement is obtained from the treater whenever possible and the P2P report is provided to the treating physician and RM to facilitate change and on-going monitoring. Files are monitored for a period of time subsequent to the discussion to ensure compliance. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Review of Prescribing Patterns - Gallagher Bassett consistently monitors prescribing patterns of physicians and alerts physician of potential savings or overutilization. Communications include: brand vs. generic, over utilization of muscle relaxants, Morphine Equivalent Dose (MED) over acceptable guidelines, over utilization of benzodiazepines, over utilization of hypnotics/sedatives, possible drug interactions, combination of drugs that result in known "cocktails," multiple prescribers, therapeutic duplication, acute phase long acting narcotic use, off label fentanyl use, etc.

- Narcotic Management - Gallagher Bassett leaders are mindful of the potential for abuse of narcotics and have implemented multiple programs to manage the risk associated. Initial narcotic prescriptions are limited to fourteen (14) days, or less as allowed per jurisdiction. If allowed in the jurisdiction, Gallagher Bassett contacts the IW and the prescribing physician at first fill of a narcotic. This early outreach program is designed to educate the Injured Worker regarding risks associated with ongoing use of narcotics, and to manage the prescribing physician regarding future narcotic prescriptions.

St. Paul Fire and Marine Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Standard Fire Insurance Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
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The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Star Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1-4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling;
- match duration to schedule reassessment.

Starnet Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In Utah, adjusters are notified of opioid prescriptions with prior authorization notice that says, "The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription relates to a surgical procedure. Please review the injured workers file for evidence of exception before processing this transaction.'

Gallagher Bassett's clinical guidelines and recommendations are based on a combination of recognized, medical evidence based guidelines (e.g., CDC, ODG, state guidelines), and are customized for any state specific guidelines or regulations. GB adjusters are required to review prescribed opioids that fall outside of the clinical guidelines to determine if the medication is appropriate.

Gallagher Bassett's overall pharmacy management includes several programs to address "high risk" of opioid prescriptions, dangerous combinations, and possible opioid dependence. These programs include:

- Medication Monitoring/Drug Testing - Gallagher Bassett has a drug testing program associated with a national laboratory to provide a consistent WC Comprehensive Panel of testing at a significant discount for clients. The drug test includes testing for multiple common therapeutic classes of drugs, alcohol use, illicit drug use, non-prescribed medication use, and potentially dangerous interactions between prescribed medications and alcohol use. Injured Workers, whose medication usage meets specific criteria and meet jurisdictional requirements, are triggered for testing. All inconsistent results of drug testing are reviewed by the Gallagher Bassett nurse, and discussed during the weekly roundtable. As allowed by jurisdiction, a copy of the drug test is maintained in the Gallagher Bassett claim system.

- Integrated Rx Profile/Inconsistent Drug Test Results - Gallagher Bassett runs weekly analysis to identify high risk prescribing patterns. The analysis includes an algorithm of prescription data, medical data, and claim data. Drug tests results include review of potentially lethal combinations of prescribed medications mixed with alcohol which can result in death. Identified claims are triaged by a Gallagher Bassett nurse to determine current medical status and to prepare for discussion in the weekly roundtable.

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- Drug Utilization Assessments (DUA) - DUAs are completed by clinical pharmacists and physicians who review medication regimens and medical records related to the work injury. The goal of the review is to recommend alternatives to current prescribing patterns, and is based on jurisdictional requirements and/or ODG guidelines. The DUA report provides the treating physician and the adjuster with clear recommendations for proper dosage, frequency, and contraindications. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Physician to Physician (P2P) Discussion - Gallagher Bassett uses the DUA report to support engagement by a physician with specialized training to meet with the treating physician. The goal of the discussion is to gain concurrence with recommended changes to the drug regimen. Additionally, the P2P process includes recommended weaning protocols to assist the treater in the weaning process. A signed agreement is obtained from the treater whenever possible and the P2P report is provided to the treating physician and RM to facilitate change and on-going monitoring. Files are monitored for a period of time subsequent to the discussion to ensure compliance. As allowed by jurisdiction, a copy of the report is maintained in the Gallagher Bassett claim system.

- Review of Prescribing Patterns - Gallagher Bassett consistently monitors prescribing patterns of physicians and alerts physician of potential savings or overutilization. Communications include: brand vs. generic, over utilization of muscle relaxants, Morphine Equivalent Dose (MED) over acceptable guidelines, over utilization of benzodiazepines, over utilization of hypnotics/sedatives, possible drug interactions, combination of drugs that result in known "cocktails," multiple prescribers, therapeutic duplication, acute phase long acting narcotic use, off label fentanyl use, etc.

- Narcotic Management - Gallagher Bassett leaders are mindful of the potential for abuse of narcotics and have implemented multiple programs to manage the risk associated. Initial narcotic prescriptions are limited to fourteen (14) days, or less as allowed per jurisdiction. If allowed in the jurisdiction, Gallagher Bassett contacts the IW and the prescribing physician at first fill of a narcotic. This early outreach program is designed to educate the Injured Worker regarding risks associated with ongoing use of narcotics, and to manage the prescribing physician regarding future narcotic prescriptions.

Starr Indemnity & Liability Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Starr Companies prescribing policy is in accordance with all state guidelines and regulations as the clinical guidelines and recommendations are based on recognized, medical evidence based guidelines.

Starr Companies is an insurer that contracts Workers' Compensation claims handling to Third Party Administrators (TPA). The contracted TPA entities have policies enacted to mitigate the risk of an opioid addiction and overdose by facilitating "non-narcotic treatment alternatives for patients who have chronic pain; and medication-assisted treatment for patients who have opioid dependence disorder."

Adjusters are instructed to review prescribed opioids along with the clinical guidelines and closely review that the medication supplied is appropriate. Any prescription of Opioids exceeding the legal 7 day supply requires enhanced oversight and ensures patient meets the proper expectations, which includes containing a complex/chronic condition or having just undergone a surgical procedure.

Starr monitors the Third Party Administrators prescribing policies and ensures that relevant changes in the state guidelines are addressed on the basis occurred. The policies of our claims handlers incorporates the Utah guidelines for prescribing opioids, the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain.

Starr Specialty Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Starr Companies prescribing policy is in accordance with all state guidelines and regulations as the clinical guidelines and recommendations are based on recognized, medical evidence based guidelines.

Starr Companies is an insurer that contracts Workers' Compensation claims handling to Third Party Administrators (TPA). The contracted TPA entities have policies enacted to mitigate the risk of an opioid addiction and overdose by facilitating "non-narcotic treatment alternatives for patients who have chronic pain; and medication-assisted treatment for patients who have opioid dependence disorder."

Adjusters are instructed to review prescribed opioids along with the clinical guidelines and closely review that the medication supplied is appropriate. Any prescription of Opioids exceeding the legal 7 day supply requires enhanced oversight and ensures patient meets the proper expectations, which includes containing a complex/chronic condition or having just undergone a surgical procedure.

Starr monitors the Third Party Administrators prescribing policies and ensures that relevant changes in the state guidelines are addressed on the basis occurred. The policies of our claims handlers incorporates the Utah guidelines for prescribing opioids, the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain.

Starstone National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

StarStone National Insurance Company ("SNIC"), as a member of the Enstar Group Limited ("Enstar"), has procedures in place to minimize the risk of opioid addiction and overdose. Requests for opioid medications are thoroughly evaluated and reviewed with the use of ACOEM and ODG guidelines, as well as evidence-based practices. Optum WC has been retained as the Pharmacy Benefit Manager ("PBM") to employ a formulary that identifies narcotics and other medications at Pont-of-Sale that may require pre-authorization.

In addition, Paladin Managed Care Services, an Enstar affiliate, offers the "RxUM Program" which is a proactive physician-based review of medications, focusing on management of narcotics and compounds through Peer-to-Peer outreach. Enstar, in conjunction with Optum, runs reports on Morphine Equivalent Dose ("MED") levels, days supplied, short vs. long acting, and the prescribed drug classes. Finally, Enstar supports weaning efforts, including in-patient detoxification programs for severe cases of addiction, as well as "Case Management" follow-up on weaning and drug modification plans.

The policies are reviewed at least annually to ensure any necessary changes are addressed in a timely manner.

State Farm Fire & Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain opioid analgesics are the right medication for the claimant and their injury, as well as prescribed at the right time of the recovery, at the right dose for the patient, and for the right duration of time. Equally important, the treatment should have ongoing monitoring and management to ensure clinical safety and treatment efficacy.

As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications. Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury, prescribing patterns or recommended duration.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing the use of all medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Government Affairs team. Our Government Affairs team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

State National Insurance Company, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for shorting acting opioids to process during the acute and sub-acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness fr prescribing opioids into the chronic phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g. walk around the block)
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g. addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g. PEG scale).
- Schedule initial reassessment within 1-4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling.
- Match duration to scheduled reassessment.

Technology Insurance Company, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. Although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

When the use of opioid analgesics is part of the treatment regimen, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. Benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed at the right dose and for an appropriate duration. The treatment should have ongoing monitoring and management to ensure patient safety and treatment efficacy.

To this goal, we have designed our opioid program to reduce the risks associated with opioid analgesic use, misuse, and abuse. We utilize comprehensive utilization management strategies: (1) emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim because it is more difficult to change behavior or therapy regimens after ongoing opioid therapy is established, (2) utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes and limit utilization of long-acting opioid analgesics in the acute phase -up to 90-days post injury based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED), (3) utilize nurses in our opioid authorization process when necessary, (4) educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources (5) stress the importance of collaborative, goal-oriented, multidisciplinary care plans, (6) encourage best prescribing practices such as the use of medication agreements, urine drug testing, and use of prescription drug monitoring programs (PDMPs), (7) use technology to facilitate timely, secure communication and claim management, and (8) combine data with clinical expertise to provide insight into prescription use and prescribing practices which helps guide intervention efforts when there is a potential clinical or safety concern.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that clinical recommendations are appropriately applied to our programs and prior to making changes to our injury based formularies.

TNUS Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services:

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Tokio Marine America Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services:

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Trans Pacific Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services:

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs).

Transportation Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence of exception before processing this transaction."

Travelers Casualty and Surety Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Travelers Casualty Insurance Company of America

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Travelers Indemnity Company of America, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Travelers Indemnity Company of Connecticut, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Travelers Indemnity Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Travelers Property Casualty Company of America

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The Travelers utilizes the Healthesystems Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates prior authorization requirements for opioids during the acute and chronic phases of pain.

The Healthesystems PBM program consists of:

- Real-time on-line pharmacy bill processing
- Electronic prior authorizations
- Acute and Chronic Formulary management
- Therapeutic Alerts and Letters of Medical Necessity
- Independent Pharmaceutical Evaluation (IPE) Plus Program
- Risk Management Dashboard
- Morphine Equivalent Dose (MED) calculations

The Healthesystems PBM program identifies high risk prescription behaviors, such as high doses of opioids (using a Morphine Equivalent Dose (MED) calculation); risky drug combinations; and drug-to-drug interactions. The IPE Plus Program educates prescribers of risks associated with such prescribing behaviors.

The Healthesystems PBM program subscribes to medical treatment guidelines such as those published by CDC, ACOEM and ODG for the purposes of performing Formulary Management.

Tri-State Insurance Company of Minnesota

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Refer to Optum for more info

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to objectify and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important.

As with most medication therapy regimens, using the lowest possible dose for the shortest duration of time is a best practice in opioid therapy management. The use of non-medication therapy, including physical or occupational therapy and home exercise programs may also be an appropriate first-line therapy approach to utilize for acute injuries thus reducing or eliminating the need for opioid or non-opioid medications.

Furthermore, the benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed in the right dose and for the right duration. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill, because it is always more difficult to change behavior or therapy regimens after-the-fact by limiting opioid dispensing in the early days of the claim.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90-days post injury, based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MEDs).
- Use clinical alerts to inform claims professionals of escalating opioid utilization as well as other medication regimens inconsistent with the injury or its current duration.
- Meld data with clinical expertise to provide insight into prescription use and prescribing practices, to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communication and claim management.
- Encourage many prescribing best practices, for example, the use of medication agreements, especially when a prescriber is treating chronic, non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resource.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources useful in managing the use of all medications are detailed below. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data and analytics, and are delivered by experienced professionals with deep domain workers' compensation expertise.

Triumphe Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable.

Truck Insurance Exchange

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The following drug utilization review policy has been implemented by Farmers Insurance Group of Companies.

Genex utilizes Utah Clinical evidence-based guidelines on Prescribing Opioids for Treatment of Pain. Our reviewers reference these guidelines first, and if no applicable recommendation can be found they look to the ODG for secondary guideline recommendations.

Union Insurance Company of Providence

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute and sub-acute phases, which is 0-90 days post injury. However, all opioids reject after the 90th day and require further review to determine the appropriateness for prescribing opioids into the chronic phase.

Per the CDC opioid guidelines, when an opioid medication rejects the Claims Examiner/Nurse utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The Claims Examiners/Nurses are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (i.e., walking around the block, or desired activities of daily living).
- Check that non-opioid therapies have been tried and optimized.
- Discuss benefits and risks (i.e., side effects, addiction, overdose) with patient.
- Evaluate risk of harm or misuse:
    - Discuss risk factors with patient.
    - Check prescription drug monitoring program (PDMP) data.
    - Check urine drug screen.
- Set criteria for discontinuing or remaining on opioid therapy.
- Assess baseline pain and function (i.e., PEG scale).
- If necessary, prescribe short-acting opioids using lowest dosage on product labeling.
- Schedule initial reassessment within 1 - 4 weeks.

United States Fire Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

United States Fire Insurance Company partnered with its pharmacy benefit management vendor (Optum) to develop clinical programs to help minimize opioid overdose and addiction for its workers compensation claims. The program includes:

Formulary

- Formularies are designed to allow medications to pass through that have a high degree of relatedness to typical injuries found in workers' compensation while reducing the risk of exposure to potentially unrelated medications
- Formularies have been developed utilizing evidence-based guidelines, including Official Disability Guidelines (ODG), Centers for Disease Control Guidelines (CDC), Utah Clinical Guidelines and the Optum Workers' Comp Pharmacy & Therapeutics (P&T) oversight committee
- Formularies are separated into both acute and chronic phases that are actively managed by the Optum P&T oversight committee and the Optum clinical formulary team

Predictive Analytics/Clinical Triage

- Examines claimant data early in the claim to identify and mitigate potential clinical issues that may arise, including the use of opioid analgesics and other medications

Multiple Prescriber Letter

- Identification of claimants receiving opioid analgesics from two or more prescribers in the previous 30 days
- Letter sent to alert all prescribers of others treating with opioid analgesics

High Risk Profiling

- Clinical pharmacist evaluation of pharmacy transactions to identify high-risk claims with therapeutic concerns in the previous 30 days
- High -risk claims prompt a clinical review, and may result in letter to the prescriber
- Focus on therapeutic clinical concerns, including opioid utilization

Clinical Escalation Alerts

- Notification provided when a prescription dispensed reaches a medication therapy milestone or outside of clinical treatment guidelines as defined by CDC, ODG
- Alerts primarily designed to reduce overall risks of opioid utilization

Medication Review & Peer-to-Peer Service

- Comprehensive review of medication history and medical records by a clinical pharmacist in order to provide actionable plans to resolve therapeutic issues
- Engages the prescriber in a discussion regarding issues identified by a specialty-matched peer reviewer to drive changes in therapy
- Where appropriate, goal may include to rotate, taper and/or wean opioid analgesics or other medications

Drug Testing & Monitoring Service

- Provide and improve quality of care for claimants through appropriate oversight and follow up
- Reduces the overall risks associated with the misuse of controlled substances and opioids

United Wisconsin Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

AF Group Early Detection of Opioid Program

Program focus is to identify through data analytics those injured workers who are/have been prescribed opioids as part of their medical treatment and who meet specific criteria such as those injured workers who have been prescribed multiple Opioid prescriptions within the first 8 weeks of injury, injured workers who have more than 2 providers prescribing opioids, injured workers who have had subsequent fills of opioids and those injured workers that have had a long acting opioid prescribed with in the first 90 days of a claim.

Nurse Case Management intervention is utilized to validate the opioid usage and to collaboratively work with the injured worker and the providers (where jurisdictional rules allow) to develop a comprehensive treatment plan for the use of the prescribed opioids, to assist the injured worker when possible, to minimize or eliminate the use of opioids for long term pain management as stated in ODG (Official Disability Guidelines) for pain management.

Utah Business Insurance Company, Inc

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Alius Health, through our claims TPA Risk Administration Services, provides pharmacy benefit management services across the United States and to a variety of clientele. This policy is not meant to supersede the specific state regulatory requirements or client requested formulary and authorization process considerations. The purpose of this policy is to provide general guidance on what we recommend as the gold standard of care pertaining to the prescribing of opioid medications in the workers' compensation industry.

First Fill formulary plans play a critical role in the workers' compensation market. They allow medications to be dispensed before a claim is deemed compensable. This program is designed to cover a broad range of injury types. Per CDC Guideline for Prescribing Opioids for Chronic Pain, first-line medications like acetaminophen, anti-inflammatory drugs, and topical medications are covered. For more traumatic cases, a limited number of short-acting opioids are allowed up to a 7-day supply. The CDC guidelines cite that more than seven days of opioid medication will rarely be needed.

When injured workers require ongoing medications beyond the first fill, they are enrolled into the pharmacy program. In our program, there are multiple formulary plans available. The management of opioid medication is based on state adopted formularies and treatment guidelines; CDC Guideline for Prescribing Opioids for Chronic Pain; and client-specific requests. The drug plans typically cover non-opioid treatment, as indicated by the CDC as the preferred first-line treatment for pain, including:

- NSAIDS, acetaminophen
- Tricyclic antidepressants (neuropathic pain)
- Anti-epileptics (neuropathic pain)
- Antidepressants
- Topical medications

Long-acting opioids require prior authorization on most of our plans. Messaging to the prescribers via the e-prescribing platform also informs them that these medications are not covered as first-line treatment and the injured worker must "step up" to this treatment after receiving short-acting opioid treatment.

Based on the CDC thresh hold of 90 morphine milligram equivalents (MMEs) per day, some plans require the pharmacist to enter drug utilization review and outcome codes during the dispensing process or the prescriber must obtain a prior authorization. Prescribers are directed to fill out opioid-specific prior authorization forms that ask the prescriber to verify information that is recommended by the CDC (e.g. checked their state's prescription monitoring program, patient screened for addiction, conducted a urine drug screen, etc.).

For concurrent sedative/hypnotic drug use with an opioid, point-of-sale notices are sent to the dispensing pharmacist and are tracked in our claims system for clinical staff to review. In the not-so-distant future, we will be integrating clinical direct messaging in the prescriber electronic medical record systems to alert them of high opioid dose with combined sedative use.

Utica Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

"Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., Clinical Escalation Alerts, Medication Risk Review Reports) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

Valley Forge Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We give smart prior authorization to the claim professional as follows -

"The State of Utah limits the prescribing of opioids to a 7-day supply, except in the event that the patient has a complex/chronic condition or if the prescription related to a surgical procedure. Please review the injured worker's file for evidence of exception before processing this transaction."

Vanliner Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

Recognize the utility of prescription drug monitoring programs (PDMPs).

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable.

WCF Mutual Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

WCF Mutual Insurance Company (Company), has partnered with Mitchell Pharmacy Solutions to apply utilization-review protocols based on the ACOEM Practice Guidelines to all opioid prescriptions. The ACOEM Practice Guidelines are evidence-based, peer-reviewed guidelines published by Reed Group for use by occupational physicians, nurses, and others who work with industrial patients.

Mitchell, on the Company's behalf and in close consultation with its claims staff, reviews every request for first-fill opioids and applies the standards laid out in the ACOEM Practice Guidelines. While every case is different and the Company and Mitchell work closely together to make the most appropriate and responsible decision in each, these are the foundational elements of the program:

ACUTE PHASE:

We do not approve opioids for treatment of non-severe, acute pain related to minor injuries. If opioid treatment is appropriate during the acute phase, that therapy cannot exceed 50 MED daily for one to three weeks. The first fill is limited to a 14-day supply. In most cases, refills are subject to medically documented functional improvement.

SUB-ACUTE PHASE:

We may approve opioid therapy if the patient demonstrates functional improvement and is not at increased risk for adverse effects based on one of these or other known complicating factors: depression, anxiety, personality disorder, ADHD, substance-abuse history, untreated sleep disorders, COPD, asthma, aberrant drug behaviors.

CHRONIC PHASE:

We may approve chronic treatment with opioids if the patient is involved in a functional-restoration program as long as there is a planned taper when function improves or active care ends. Physicians who prescribe opioids for chronic conditions must conduct regular random drug screens and reviews of the DOPL controlled-substance database.

Those physicians must address all results of testing and database checks that suggest diversion, non-compliance, or other aberrant behaviors. In those cases, we will work with the prescriber to discontinue opioid use responsibly.

WCF National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

WCF National Insurance Company (Company), a subsidiary of WCF Mutual Insurance Company, has partnered with Mitchell Pharmacy Solutions to apply utilization-review protocols based on the ACOEM Practice Guidelines to all opioid prescriptions. The ACOEM Practice Guidelines are evidence-based, peer-reviewed guidelines published by Reed Group for use by occupational physicians, nurses, and others who work with industrial patients.

Mitchell, on the Company's behalf and in close consultation with its claims staff, reviews every request for first-fill opioids and applies the standards laid out in the ACOEM Practice Guidelines. While every case is different and the Company and Mitchell work closely together to make the most appropriate and responsible decision in each, these are the foundational elements of the program:

ACUTE PHASE:

We do not approve opioids for treatment of non-severe, acute pain related to minor injuries. If opioid treatment is appropriate during the acute phase, that therapy cannot exceed 50 MED daily for one to three weeks. The first fill is limited to a 14-day supply. In most cases, refills are subject to medically documented functional improvement.

SUB-ACUTE PHASE:

We may approve opioid therapy if the patient demonstrates functional improvement and is not at increased risk for adverse effects based on one of these or other known complicating factors: depression, anxiety, personality disorder, ADHD, substance-abuse history, untreated sleep disorders, COPD, asthma, aberrant drug behaviors.

CHRONIC PHASE:

We may approve chronic treatment with opioids if the patient is involved in a functional-restoration program as long as there is a planned taper when function improves or active care ends. Physicians who prescribe opioids for chronic conditions must conduct regular random drug screens and reviews of the DOPL controlled-substance database.

Those physicians must address all results of testing and database checks that suggest diversion, non-compliance, or other aberrant behaviors. In those cases, we will work with the prescriber to discontinue opioid use responsibly.

WESCO Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Treating both acute and chronic pain following a workplace injury can be complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective. The pain experience is just as unique as the individual experiencing it. Although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important

When the use of opioid analgesics is part of the treatment regimen, using the lowest effective dose for the shortest duration of time is a best practice in opioid therapy management. Benefits of therapy must outweigh the risks and care must be taken to confirm opioid analgesic medications are right for the claimant and their injury, as well as prescribed at the right dose and for an appropriate duration. The treatment should have ongoing monitoring and management to ensure patient safety and treatment efficacy.

To this goal, we have designed our opioid program to reduce the risks associated with opioid analgesic use, misuse, and abuse. We utilize comprehensive utilization management strategies: (1) emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim because it is more difficult to change behavior or therapy regimens after ongoing opioid therapy is established, (2) utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatment appropriate for the injury through automated processes and limit utilization of long-acting opioid analgesics in the acute phase -up to 90-days post injury based on evidence-based medicine and accepted medical guidelines which helps to reduce escalating morphine equivalent dose (MED), (3) utilize nurses in our opioid authorization process when necessary, (4) educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources (5) stress the importance of collaborative, goal-oriented, multidisciplinary care plans, (6) encourage best prescribing practices such as the use of medication agreements, urine drug testing, and use of prescription drug monitoring programs (PDMPs), (7) use technology to facilitate timely, secure communication and claim management, and (8) combine data with clinical expertise to provide insight into prescription use and prescribing practices which helps guide intervention efforts when there is a potential clinical or safety concern.

Our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that clinical recommendations are appropriately applied to our programs and prior to making changes to our injury based formularies.

West American Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Liberty Mutual opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Westfield Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We utilize Broadspire Services Inc. to handle our Utah claims. Broadspire follows all the accepted evidence-based guidelines (ODG, ACOEM and state specific) as adopted by a particular jurisdiction.

Williamsburg National Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

We have a Phase of Care formulary that follows the Evidence-based CDC Opioid guidelines. The formulary allows for short-acting opioids to process during the acute phases which is 0-89 days post injury. However, all opioids reject after the 89th day and require further review to determine the appropriateness for prescribing opioids into the chronice phase.

Per the CDC opioid guidelines when a opioid medication rejects the adjuster utilizes the CDC checklist for prescribing long-term (chronic) opioid therapy. The adjusters are encouraged to reach out to the prescribing physician to make sure they have:

- Set realistic goals for pain and function based on diagnosis (e.g., walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (e.g., addiction, overdose) with patient.
- Evaluate risk of harm or misuse.
- Discuss risk factors with patient.
- Check prescription drug monitoring program (PDMP) data.
- Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (e.g., PEG scale).
- Schedule initial reassessment within 1-4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling;
- match duration to schedule reassessment.

Work First Casualty Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Mitigating situations of opioid analgesic misuse and abuse

Treating both acute and chronic pain following a workplace or auto injury can be very complex. Pain is difficult to measure objectively and while there are some signs that help prescribers evaluate pain in individuals, the experience of pain is subjective: the pain experience just as unique as the individual experiencing it. To assist in the process of evaluating the use of opioid analgesic medications for the treatment of pain in workers' compensation and auto no-fault, many national and state-based treatment guidelines have been published. And although there is evidence of reduced efficacy and lack of benefit surrounding the use of opioid analgesics for chronic, non-cancer pain, a balanced approach is important to alleviate the pain, discomfort, and dysfunction associated with the original or complicated injury.

- Acute pain of a severe nature, often attributed to accidental trauma, surgery, or even recreational injury may need to be treated with short-acting (SA) opioid analgesics.
- A patient with chronic pain may utilize SA opioid analgesics and/or long-acting (LA) opioid analgesics as part of their therapy plan as long as the benefits of the opioid analgesics outweigh their risks. Benefits may include reduced pain, restored function, improved participation in activities of daily living, and potentially even returning to work. Remaining compliant with the therapy regimen, without showing signs of misuse and/or abuse, is also necessary.

As with most medication therapy regimens, using the lowest effective dose for the shortest duration of time is one component in opioid therapy management best practices. The use of non-medication therapy, including physical or occupational therapy and a home exercise program may also be an appropriate first-line therapy approach to utilize for acute injuries, thus reducing or eliminating the need for opioid analgesic or non-opioid medications. This too may be considered best practices.

In all situations, where the use of opioid analgesics is part of the treatment regimen, the key is making certain that opioid analgesics are the right medications for the claimant's injury and that they are prescribed at the right time, at the right dose, and for the right duration of time. Equally important, opioid analgesics should have ongoing monitoring and management to ensure clinical safety and treatment efficacy. To this goal, we have designed our products and services to reduce the risks associated with opioid analgesic use, misuse, and abuse. Our well-established, comprehensive utilization management strategies:

- Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.
- Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.
- Limit the utilization of long-acting opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines.
- Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.
- Use clinical communication (e.g., CEAs) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

- Combine data with clinical expertise to provide insight into prescription use and prescribing practices to guide intervention efforts in situations of potential clinical concern.
- Use technology to facilitate timely, secure communications and claim management.
- Encourage prescribing best practices, such as the use of medication agreements and urine drug testing, especially when a prescriber is treating non-cancer pain.
- Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.
- Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Implemented differently by each and every payer, available clinical tools and resources are useful in managing medications. These programs work in conjunction with prescription capture and network enforcement efforts, are powered by data analytics, and are delivered by experienced professionals with deep domain workers' compensation and auto no-fault expertise.

Lastly, our clinical programs utilize evidence-based guidelines and national standards of care, including but not limited to, U.S. Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), ODG, American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines, when applicable. Guidelines are reviewed on a regular basis by our team of clinical and regulatory experts to ensure that appropriate clinical recommendations are applicable to our programs. Changes in guidelines regarding medications are reviewed monthly and discussed quarterly, as necessary, during our Pharmacy and Therapeutics (P&T) Committee prior to applying changes to our P&T managed formularies. In addition, legislative, regulatory and workers' compensation industry trends are reviewed on a regular basis by our Public Policy and Regulatory Affairs team. This team communicates any relevant changes in state and federal guidelines to the appropriate internal stakeholders within our division on a regular basis as they occur.

Zenith Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., Clinical Escalation Alerts, Medication Risk Review Reports) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

ZNAT Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

a. "Appropriate and safe use of opioids is our goal to ensure patients are getting the care they need in a safe manner. To align with Medical, national, and state-based treatment guidelines we utilize several of our PBM, Optum's, programs and services

i. Emphasize prevention from the first fill by limiting opioid dispensing in the early days of the claim, because it is always more difficult to change behavior or therapy regimens after-the-fact.

ii. Utilize injury-based and workers' compensation specific formularies at eligibility to help manage medication treatments appropriate for the injury through automated processes.

iii. Limit the utilization of long-acting (LA) opioid analgesics in the acute phase, up to 90-days post-injury, based on evidence-based medicine and accepted medical guidelines and to select LA opioids only.

iv. Maintain an overall low morphine equivalent dose (MED) as a guideline to therapy and reassess at intervals when MEDs begin to escalate above published criteria and guidance.

v. Use clinical communication (e.g., Clinical Escalation Alerts, Medication Risk Review Reports) to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.

vi. Combine data with clinical expertise to provide insight into prescription use and prescribing practices to provide additional monitoring and guide intervention efforts in situations of potential clinical concern.

vii. Use technology to facilitate timely, secure communications and claim management.

viii. Encourage prescribing best practices through the use of Pharmacist Medication Reviews and Peer Provider Collaborative Reviews.

ix. Educate prescribers and claims professionals on the risks and benefits of using opioid analgesics through clinical letter programs, continuing education, and other tools and resources.

x. Stress the importance of collaborative, goal-oriented, multidisciplinary care plans.

xi. Recognize the utility of prescription drug monitoring programs (PDMPs)."

Zurich American Insurance Company

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Claims identified by our claim professionals where opioid use is active and there are concerns, our National Medical Director may be consulted to determine if a review by our Utilization Review department is warranted. Should a review be warranted, the review will use nationally recognized evidenced based Official Disability Guidelines (ODG) guidelines.

Zurich American Insurance Company of Illinois

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Claims identified by our claim professionals where opioid use is active and there are concerns, our National Medical Director may be consulted to determine if a review by our Utilization Review department is warranted. Should a review be warranted, the review will use nationally recognized evidenced based Official Disability Guidelines (ODG) guidelines.

Self – Insured Employers

Brunswick Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Brunswick Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Brunswick Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Cabela's Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Cabela's Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Cabela's Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Cerner Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Cerner Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Cerner Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Costco Wholesale Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Dayco Incorporated

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Dayco Incorprated utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Dayco Incorporated utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Dial Corporation, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for The Dial Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for The Dial Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Floor and Décor Outlets of America, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Floor and Decor Outlets of America, Inc. adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Home Depot USA, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Humana, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Humana Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Humana Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Icahn Automotive Group

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Icahn Automotive Group adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Kayser-Roth Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Kayser-Roth Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Kayser-Roth Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Kimberly-Clark Corporation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Kimberly-Clark Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Kimberly-Clakr Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Knight Transportation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Knight Transportation adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. We have practices in place to address whether opioid analgesics are the right medication for the injured worker and the injury, as well as prescribed at the right time in the recovery, at the right dose and duration. Ongoing monitoring and management occur to ensure clinical safety and treatment effectiveness.

Prescription transactions flowing through our network follow one of three paths - the prescription is approved and is filled, the prescription requires additional information or prior authorization before being filled, or the prescription does not fall within the program criteria and is not filled.

The following strategies are also utilized:

- Documentation from the prescriber is required. A letter of medical necessity is sent to the prescribing physician if no documentation exists.
- Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances.
- Efforts are made to confirm medications are prescribed to treat the workers' compensation injury.
- Limit utilization of long-acting opioid analgesics in the acute phase, up to 90 days post injury, based upon medical guidelines.
- Records are reviewed to confirm that all other pain management regimens have failed; and verification is sought to ensure potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these.
- Confirm whether a urine drug screen has been recently completed. [chronic therapy only]
- Offer services to evaluate use and identify a weaning schedule, if applicable [chronic therapy only].
- Recognize the utility of prescription drug monitoring programs (PDMPs).

Matthews International Corp

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Matthews International Corp utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Matthews International Corp utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

May Trucking

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

May Trucking adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Pictsweet Company, The

Includes evidence based guidelines from the 2016 Center for Disease Control? **NO**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

PPG Industries Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for PPG Industries Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for PPG Industries Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Reebok International LTD

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Reebok International LTD utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Reebok International LTD utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Rio Tinto American, Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **NO**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

The following Opioid Policy applies to workers' compensation claims that occurred during the period Rio Tinto America Inc. was a self-insured employer.

Opioid management strategies are injury-based and apply nationally accepted, evidence-based guidelines such as ODG, ACOEM, and Centers for Disease Control and Prevention (CDC). Strategies differentiate for the acute phase (days 0-89) and the chronic phase (days 90 and above) of injury, taking into account the specific circumstances of each claim. When appropriate, based on case facts and subject to any applicable formulary, short-acting and long acting opioid analgesics are evaluated in accordance with CDC and other guidelines to ensure injured workers receive only those that are clinically appropriate. Treating providers should utilize and apply evidence-based guidelines when prescribing opioid medications to ensure the injured worker receives the appropriate medication, at the right dose for the right duration. Our proprietary pharmacy strategy helps us to identify claims with potential medication issues. Our case owners, nurses and regional medical directors communicate regularly with prescribers to address high-risk pharmacy claims and to help ensure a clinically appropriate medication plan is in place for each claim.

Salt Lake City Corportation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Salt Lake City Corporation adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Spencer Gifts LLC

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Spencer Gifts LLC utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Spencer Gifts LLC utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Sun Healthcare Group Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Sun Healthcare Group Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Sun Healthcare Group Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Swift Transportation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Swift Transportation adheres to both the CDC guidelines and Utah's state guidelines for prescribing opioids. When prescribed for acute pain for a new injury or surgery, any fill over a three day supply stops for review. Documentation from the prescriber is required when an initial fill exceeds seven days.

A letter of medical necessity request (as detailed below) is sent to the prescribing physician if these recommendations are exceeded, and no documentation exists.

Any ongoing opioid therapy for chronic pain requires documentation from the prescribing physician. Letters of medical necessity are also requested in these instances; the prescribing physician must:

- confirm medications are prescribed to treat the workers' compensation injury;
- confirm that all other pain management regimens have failed;
- confirm existence of a pain contract, and provide a copy, if one exists [chronic therapy only];
- verify that potential risk factors and side effects have been discussed with the patient, and that they have a clear understanding of these;
- provide an answer as to whether a urine drug screen has been recently completed, and when [chronic therapy only];
- attest to PDMP compliance;
- offer a weaning schedule, if applicable [chronic therapy only];
- provide an anticipated length of use.

All weaning plans and UR determinations are enforced at the point of sale. Continued opioid therapy, including benzodiazepine and muscle relaxant combined therapies, are closely monitored. NARCAN, an opioid overdose reversal agent, is included on the standard workers' compensation formulary.

Telephone and Data Systems Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Telephone and Data Systems Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Telephone and Data Systems Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

Transamerica Corportation

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for Transamerica Corporation utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for Transamerica Corporation utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

True Temper Sports Inc.

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

Sentry Insurance performing workers' compensation claims handling for True Temper Sports Inc. utilizes an Opioid prescribing policy to minimize the risk of opioid addiction and/or overdose for Workers' Compensation Injured Workers. This prescribing policy incorporates evidence based guidelines from The 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain and The Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain.

Sentry Insurance performing workers' compensation claims handling for True Temper Sports Inc. utilizes the Optum Pharmacy Benefits Management (PBM) program to facilitate the application of a drug formulary which incorporates preauthorization requirements for opioids during the acute and chronic stages of pain.

The Optum PBM program consists of:

- Real Time Online Pharmacy Bill Processing
- Utilizes Injury-based and Workers' Compensation Specific Formularies
- Acute & Chronic Formulary Management including state-imposed limits on opioid prescriptions
- Electronic prior authorizations
- Drug Utilization Review
- Clinical Alerts to inform claims professionals of escalating opioid utilization as well as the use of other medication regimens that are inconsistent with the injury, prescribing guidelines or recommended therapy durations.
- Letters of Medical Necessity
- Medication Review and/or Medication Review with Peer-to-Peer Outreach Programs
- Encourage prescribing best practices, such as the use of medication agreements and urine
- drug testing, especially when a prescriber is treating non-cancer pain.
- Adjuster Education Program
- Risk Management Dashboard
- Recognize the utility of prescription drug monitoring programs (PDMPs).

The Optum PBM clinical program utilizes evidence based guidelines and national standards of care, including but not limited to, Official Disability Guidelines (ODG), Centers for Disease Control and Prevention (CDC), American College of Occupational and Environmental Medicine (ACOEM), as well as state workers' compensation medical treatment guidelines and formularies, when applicable.

The Optum PBM utilizes the Morphine Equivalent Dose (MED) calculation to identify high risk prescribing behaviors. The Medication Review with Peer-to-Peer Outreach Program educates prescribers of risks associated with medication therapy plans, moreover identifies issues like polypharmacy, high MED levels and drug-to-drug interactions.

University of Utah Health Plans-Healthy U

Includes evidence based guidelines from the 2016 Center for Disease Control? **YES**

Includes evidence based guidelines from the Utah Clinical Guidelines? **YES**

General description of the Opioid Prescribing Policy (as provided to the Insurance Department):

In response to the growing concern over the opioid epidemic as a national health care crisis, University of Utah Health Plans (UUHP)/Healthy U has developed two specific policies to address over utilization of opioids by its members.

These policies are based on the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain and the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain, as well as the most current evidence-based compendia and medical literature.

The UUHP/Healthy U Opioid Limitation Policy describes the prescribing limitations of opioids for our health plans. Members with a cancer diagnosis are exempt from this policy. The policy states there is a 7 day limit on new short acting opioid prescriptions, whereby a Prior Authorization is required for quantities that exceed a 7 day acute fill of a short acting opioid or for any new short acting prescriptions of the same drug (GPI8) after that 7 day acute fill. The pharmacy claims system will look back 60 days for opioid fill history. A subsequent fill for the same GPI8 or Label Name after an acute fill requires a prior authorization (PA) and will require provider reassessment of member pain levels and need for continued opioid use beyond 7 days. This is in alignment with the CDC guidelines, which states when opioids are prescribed for acute pain, the lowest effective dose of immediate-releaseor short-acting opioids should be prescribed in no greater quantity than needed for the expected duration of pain severe enough to require opioids (usually 3-7 days). The policy outlines that all opioids are subject to quantity limits, step therapy, or PA, as designated in the applicable formulary and when exceptions to the policy may be allowed. Dual short-acting opioids are not allowed. Aberrant behavior and illicit drug use are taken into consideration for opioid authorization determinations.

The second opioid policy is our Chronic Opioid Use Policy. This policy outlines the criteria for chronic opioid use and the documentation and monitoring that is required for approval and continued approval of chronic opioids. All new long acting opioid prescriptions require a PA. This policy also outlines under what conditions the quantity limit or milligram morphine equivalent (MME) limits may be exceeded, as well as what is required for co-prescription of opioids and benzodiazepines. UUHP/Healthy U also maintains a list of quantity limits for all opioids that is consistent with that of the Utah State Department of Health and safe prescribing guidelines.

In accordance with CDC guidelines for MMEs, UUHP/Healthy U is working toward a goal of reducing the MMEs for its members to less than 90 MMEs/member/day. Members presenting prescriptions with MMEs in excess of 200 MMEs/day at the retail pharmacy point of sale (POS) will reject and require prior authorization. Taper plans to reduce the MME to less than 90 per day are requested or a benefit taper is implemented, whereby the amount of drug covered reduces each month until the member is in compliance with the plan quantity limits or MMEs . In addition, any prescription with an MME more than 90 per day requires a pharmacist override at the POS. This includes all opioids for any given member for any given month. Dual long-acting opioids are not allowed.

Because of the added risk of overdose and death associated with concomitant opioids and benzodiazepines, warnings are going out to prescribers when an opioid is co-prescribed with a benzodiazepine and a POS rejection for co-prescription of an opioid and a benzodiazepine to require Prior Authorization is pending implementation.