



December 10, 2015

Chairman Davis and Committee Members,

Thank you for giving me the opportunity to participate as a committee member on the SCWCC Narcotics Use Advisory Committee. This letter is in response to Chairman Davis request for comments regarding the proposed recommendations offered on the December 1, 2015 memo to committee members.

After review of the documents provided I have two comments / suggestions for the committee to consider and they are:

- Request the use of baseline risk screening prior to initiation of chronic opioid therapy to assist in stratifying the patients risk for abuse by utilizing tools such as [Opioid Risk Tool](#) (ORT) and [Screeener and Opioid Assessment for Patients with Pain-Revised](#) (SOAPP-R). These tools are easy to administer and assists the prescriber in identifying which injured workers may develop or have aberrant behaviors. This allows for quantifiable data which helps the prescriber in determining the Urine Drug testing frequency for an injured worker which takes the “gut” instinct out of the equation. This is in addition to, and not replacing, the use of SCRIPTS the State prescription drug monitoring program. I have attached studies used to validate both the [ORT](#) and [SOAPP-R](#) for your consideration. The ORT takes approximately one minute to administer and SOAPP-R takes approximately 5 minutes to administer. I feel these tools should be utilized by the prescribing physician prior to initiation of therapy. Additionally, the use of these tools should be part of the educational offerings for prescribers in the State.
- The next item was brought to the committee’s attention at our initial meeting last year and it regards allowing access to (Scripts) the State prescription drug monitoring program by managed care plans and Pharmacy Benefit Managers (PBMs). Currently in the State injured workers can obtain their prescription drugs by paying cash, or have the transaction process through their private health insurer or their workers’ compensation plan. At this time neither the private health plan nor the workers’ compensation plan are aware of these transaction is they are not processed through their plans or the injured worker pays cash. This greatly reduces their ability to properly identify potential abuse-misuse of medication by the injured worker. I have included and paper published in November 2015 by John Hopkins Bloomberg School of Public Health titled “[The Prescription Opioid Epidemic: An Evidence-Based Approach](#)” which provides guidance for States regarding this dilemma under section #3 Pharmacy Benefit Managers (PBMs) and Pharmacies:
 - 3.3 EXPAND ACCESS TO PDMP (Prescription Drug Monitoring Program)
 - Amend state PDMP laws to allow managed care plans and PBMs access to PDMP’s to ensure complete history for covered members. These laws must include proper protection for patient privacy.
 - *Rationale:* Allowing managed care plans and PBMs access to PDMP data will improve upon their current controlled substances interventions that have been shown to positively influence controlled substances utilization.



- *Current Status:* PDMP legislation generally prohibits managed care plans and PBMs from accessing PDMP data. State legislatures will need to change their state PDMP laws to allow managed care plans and PBMs access to data.

I have [attached the paper](#) in its entirety for your review and consideration.

Again, thank you for the opportunity to participate in this committee.

Sincerely,

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