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First Script Prescription Benefit News
for Workers' Compensation

October 2017

Drug of the Month

Mavyret™ (glecaprevir and pibrentasvir)

A new hepatitis C specialty drug was approved by the U.S. Food and Drug Administration (FDA) in August of this year. Mavyret (glecaprevir and pibrentasvir) is intended to treat adult patients with chronic hepatitis C virus (HCV) genotypes 1-6, and has the benefit of being the first drug of its kind to have an 8-week treatment duration for certain patients. This is a shorter duration compared to similar drugs in the hep C category that are typically used for 12 weeks at minimum.

Mavyret tablets contain a fixed dose combination of 100 mg glecaprevir, an HCV NS3/4A protease inhibitor, and 40 mg pibrentasvir, an HCV NS5A inhibitor. These inhibitors work by blocking a viral enzyme that is critical to hepatitis C virus survival, thus leading to suppressed HCV replication in the liver. AbbVie Inc., the drug's manufacturer, indicates clinical trials have shown that when the drug is taken according to the FDA-approved label directions for 8-, 12-, or 16-week recommended regimens, Mavyret achieves a 98% "cure" rate as defined by a sustained virologic response (i.e., the virus cannot be detected in the blood) 12 weeks after the end of treatment.

The appropriate treatment regimen duration for Mavyret is dependent upon patient factors and previous hep C treatments. The 8-week treatment course is appropriate for individuals with HCV genotypes 1-6 who are treatment naïve (i.e., have not received treatment with similar drug types for HCV) and do not have cirrhosis. A 12-week course is recommended for patients with genotypes 1-6 with compensated cirrhosis (Child-Pugh A) or for genotype 1 patients without cirrhosis who have previously tried an NS3/4A protease inhibitor. The 16-week regimen is reserved for genotype 1 patients who have previously been treated with an NS5A inhibitor. Regardless of the treatment regimen, Mavyret dosing follows the same schedule with 3 tablets taken once daily with food. The most commonly-reported adverse reactions were headache and fatigue. Mavyret should be avoided in patients with severe hepatic (liver) impairment (Chid-Pugh C) or in patients who are also taking the drugs atazanzavir or rifampin. All patients should be tested for hepatitis B virus prior to beginning therapy with Mavyret.

Drugs like Mavyret may be seen in the workers' comp population in patients who could be exposed to hepatitis C infection on the job such as health care workers at risk for infection from needlestick injuries, for example. Other similar brand-name drugs for the treatment of HCV infection include Harvoni®, Sovaldi™, Victrelis®, Olysio®, and Viekira™ Pak. Keep in mind that these medications fall in the "specialty" drug category, and additional oversight is recommended due to the complex or costly nature of these types of treatments. Questions or concerns related to requests for Mavyret may be sent to our team of clinical pharmacists at askthepharmacist@cvty.com.

Drug Utilization Assessment & Peer-to-Peer Interventions

Coventry's Drug Utilization Assessment (DUA) and Peer-to-Peer (P2P) solutions offer customers flexibility in identifying at-risk claims that may be in need of intervention. We deliver positive impact to patient safety and recovery as well as double-digit reductions in spend through the elimination of inappropriate pharmacy utilization. View our DUA/P2P handout to learn how we deliver positive impact to patient safety and recovery as well as double-digit reductions in spend through the elimination of inappropriate pharmacy utilization.

Ask The Pharmacist

To suggest a topic, send an email to: AskThePharmacist@cvty.us.com

When is this year's official drug take back day?

October is National Substance Abuse Prevention Month (NSAPM) and National Pharmacists' Month, so it seems appropriate that the Drug Enforcement Administration's 14th nation-wide drug take back day also falls in October. The next National Drug Take Back Day is scheduled for October 28th, 2017 (for more information or to locate a collection site near you, please visit the DEA's website).

Every year, the White House's Office of National Drug Control Policy (ONDCP) recognizes October as National Substance Abuse Prevention Month in an effort to raise public awareness and prompt community involvement to prevent substance abuse. This year's 2017 theme is the "Power of Investing in Prevention." In light of this observance, provided below is a brief overview of substance use disorder as it relates to the most common drug class seen in workers' comp: opioids. As many of us are now aware, this particular class of pain medications can be associated with several challenging effects that can lead to concerns for addiction or dependence and abuse.

Prevention remains one of the keys to avoiding a decline into substance abuse, and in order to prevent opioid use disorder (OUD), it may be helpful to understand how a diagnosis is reached. Definitions of "abuse" vary depending on the referenced source, but in general, abuse is basically use of an opioid without medical supervision or beyond the scope of medical practice. An example of abuse could be when a person intentionally takes an opioid for the "high" that it gives rather than for pain relief. The way we define issues with opioid use has also changed over the years. Today, the stigma associated with addiction has shifted from one of a punitive focus to that of a chronic disease needing treatment.

The American Psychiatric Association (APA) does not classify addiction or abuse within their Diagnostic and Statistical Manual of Mental Disorders or, as it is commonly-referred to, the "DSM." Instead, two separate disorders (substance abuse and substance dependence) were replaced with a single category of "substance use disorder" when the DSM was updated in 2013. Today, under the diagnostic criteria found in the current edition known as "DSM-5," a person is designated as having opioid use disorder if, within a 12-month period, he or she exhibits a problematic pattern of opioid use that meets with at least 2 of the 9 or 11 characteristics listed here (depending on whether or not the person is taking opioids for a medical purpose), and that pattern of use leads to clinically-significant impairment or distress.

What are some things we can do to help prevent opioid abuse and OUD? Education and communication with the injured worker can be an important step in helping them understand the risks of opioid use and how to proceed in case of emergency or if they feel they are developing a problem. Engaging with the treating provider and additional clinical resources as needed to ensure prescribing best practices are being followed as they relate to pain management can lead to better outcomes with opioid therapy. Suggesting additional screening tools that the prescriber may use such as SOAPP-R, ORT, DIRE, PADT, COMM, or ABC (to name a few), or a query of the state Prescription Drug Monitoring Program database may also be helpful in identifying patterns of abuse. Additional information related to the potential for OUD and/or discussing the need for further assessment or possible referral for treatment or evaluation by a pain specialist (or other specialist well-versed in OUD) may be available to you upon reaching out to your Prescription Benefits Manager (PBM) for assistance.

California Designated September as Prescription Drug Abuse Awareness Month

The State of California officially designated September as the Prescription Drug Abuse Awareness Month, recognizing the opioid epidemic with legislative action. The Senate voted and unanimously agreed that this bill needed to pass. They encourage everyone to focus on opioid, heroin, fentanyl, and prescription drug abuse issues during the month of September.

California's decision was driven by distressing findings

California has provided a list of reasons and statistics that lead them to this important distinction. Among them, they state more Americans use prescription opioids than tobacco. In addition, in 2015, prescribers wrote more than three million opioid prescriptions. Paying for prescription opioid overdoses, abuse, and dependence combined costs $78.5 billion dollars annually.

The number of deaths related to opioid addiction and drug overdose is rising. Drug overdoses kill more Americans than motor vehicle fatalities. In 2015, there were 32,166 fatal motor vehicle crashes in the U.S., while 64,070 Americans died from drug overdoses in 2016. That's twice as many people dying from drug overdoses than car crashes in the span of a year.

(Continued on page 3)

(Continued from page 2)

California Designated September as Prescription Drug Abuse Awareness Month *(cont.)*

The Center for Disease Control (CDC) attests fentanyl is 50 times more potent than heroin and 100 times more powerful than morphine. That makes the rise in fentanyl prescriptions particularly disturbing. According to www.drugabuse.gov, "Prescription opioid pain medicines such as OxyContin® and Vicodin® have effects similar to heroin. Research suggests that misuse of these drugs may open the door to heroin use. Nearly 80 percent of Americans using heroin (including those in treatment) reported misusing prescription opioids first."

First Script supports this call for awareness

California recognizes the long-term damages to individuals and families are very harmful. First Script supports California in highlighting this very real and dangerous issue. We continue to address this issue and pursue new solutions to the problem. First Script believes focusing on and exposing opioid issues is paramount to gaining control over the opioid crisis.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SCR68
http://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview
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