

# Urine Drug Testing & Monitoring



Coventry has developed a Urine Drug Testing & Monitoring (UDT&M) program (available through the First Script Pharmacy Benefit Management Program) targeted at reducing the over-utilization and inappropriate testing practices that have been identified in the market today. We have partnered with a urine drug testing organization with national coverage/availability to design a comprehensive testing panel tailored for workers' compensation. In addition, leveraging our proprietary risk modeling tools, First Script's UDT&M program ensures that the right injured workers are being tested at the right time, and follows up on any inconsistent test results directly with the provider.

The CDC recommends urine drug testing at least annually for those receiving opioids for chronic pain<sup>1</sup>



## Comprehensive Testing Panel

Screening for the most commonly abused prescription & illicit drug classes to identify potential abuse or diversion. We also test for medications currently being prescribed to ensure adherence to the prescribed medication regimen.



## Integration

Lower testing costs through a national laboratory network & increased patient safety with a comprehensive pharmacy and risk factor profile



## Clinical Management

A comprehensive closed-loop process that takes action on inconsistent test results with on-going monitoring, physician outreach, and recommended next steps

## Why UDT&M?

- Patients are being prescribed narcotics and other medications that create risk for dependence and misuse
- The need to ensure adherence to prescribed medications and promote safety
- Drug testing for prescribed and illicit drugs is a clinical best practice
- Treatment guidelines suggest drug testing without providing detail concerning frequency or type of testing
- Over-utilization of urine drug monitoring tests in the work comp industry is driving unnecessary spending
- Physicians and adjusters need easy-to-understand test result profiles supporting their need to leverage results for patient safety



There are 192 drug overdose deaths every day<sup>2</sup>



From 1999 to 2017, almost 218,000 people died in the US from prescription related opioid overdoses<sup>4</sup>



Opioids are responsible for more than 67% of all drug overdose deaths<sup>3</sup>

# How We're Different

Most urine drug testing programs available today only use medication risk factors when identifying candidates. Our program is capable of taking, or has the functionality to take, a more comprehensive approach by incorporating both medical and medication risk factors. Some of these medical risk factors are commonly identified through the use of nationally recognized screening assessments. The inclusion of medical data allows for higher accuracy when identifying claimants at risk for opioid misuse or abuse.

## Program Goals

**Reduce Morphine  
Equivalence Dosing (MED)**

**Increase patient safety**

**Lower testing costs**

**Reduce fraud, waste, and abuse**

**Appropriate testing frequency**

**Closed-loop follow up**

**Our integrated program  
makes it easy to put  
recommendations into action**

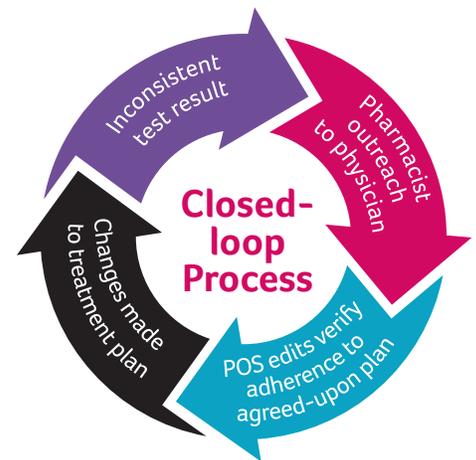
Simple referrals with Coventry Connect:

- Case Manager
- Drug Utilization Assessment
- Peer-to-Peer Review
- Utilization Review
- Independent Medical Exams

## How It Works

- Identification of injured workers' who are candidates for the UDT&M program through our proprietary risk stratification algorithm
- Coordination of testing with lab and the treating physician
- Easy to understand test results
- Provider outreach for all inconsistent test results to determine next steps
- A comprehensive report that includes a copy of the test results, all communication with the provider and a clinical recommendation for the adjuster
- Coordination of clinical interventions
- Closed-loop monitoring to ensure adherence to agreed-upon treatment plan

**First Script  
closes the loop  
by recording any  
changes made to  
the treatment plan  
and confirming  
adherence through  
point-of-service  
(POS) edits**



### References:

1. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
2. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
3. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
4. <https://www.cdc.gov/drugoverdose/data/prescribing/overview.html>

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