

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Larry J. Merlo  
President and Chief Executive Officer  
CVS Health Corporation  
One CVS Drive  
Woonsocket, Rhode Island 02895

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Merlo,

The undersigned Attorneys General applaud CVS Health Corporation ("CVS") for the recently announced program to mitigate opioid prescription abuse. We are hopeful that the program's mandates – limiting to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy, limiting the daily dosage of opioids dispensed based on the strength of the opioid, and requiring the use of immediate-release formulations of opioids before extended-release opioids are dispensed – will reduce the staggering number of opioid overdoses plaguing our country. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives. We are particularly pleased that CVS is automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We believe that automatic enrollment will make the program more effective than similar but optional programs implemented by other pharmacy benefit management companies.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids

Thank you for take a leading role in addressing this crisis. We hope your efforts yield meaningful results in reducing opioid abuse, and we will be encouraging other pharmacy management companies to implement similar programs on an automatic enrollment basis.

Sincerely,



George Jepsen  
*Connecticut Attorney General*



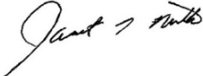
Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



Janet Mills  
*Maine Attorney General*



Tim Fox  
*Montana Attorney General*



Peter F. Kilmartin  
*Rhode Island Attorney General*



Sean Reyes  
*Utah Attorney General*



Patrick Morrisey  
*West Virginia Attorney General*



Jeff Landry  
*Louisiana Attorney General*



Mark Brnovich  
*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



Tom Miller  
*Iowa Attorney General*



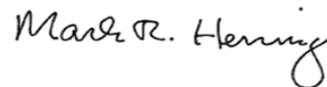
Bill Scheutte  
*Michigan Attorney General*



Gordon MacDonald  
*New Hampshire Attorney General*



Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

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October 19, 2017

**VIA CERTIFIED MAIL**

David S. Carlin  
President  
Benecard Services, LLC  
3131 Princeton Pike  
Building 2B, Suite 103  
Lawrenceville, NJ 08648

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Carlin,

The undersigned Attorneys General write to urge Benecard Services, LLC, ("Benecard") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Benecard, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various

businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Benecard to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

David S. Carlin  
October 20, 2017  
Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



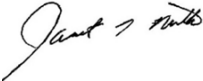
Steve Marshall  
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*Delaware Attorney General*



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*Rhode Island Attorney General*



Sean Reyes  
*Utah Attorney General*



Patrick Morrissey  
*West Virginia Attorney General*



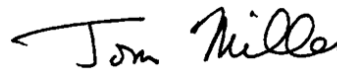
Jeff Landry  
*Louisiana Attorney General*



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*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



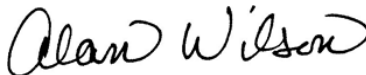
Tom Miller  
*Iowa Attorney General*



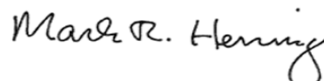
Bill Scheutte  
*Michigan Attorney General*



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Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

David S. Carlin  
October 20, 2017  
Page 4

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, characteristic of Karl A. Racine.

Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Jonathon Boehm, CEO  
DST Pharmacy Solutions  
1300 Washington Street  
Kansas City, MO 64105

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Boehm,

The undersigned Attorneys General write to urge DST Pharmacy Solutions (formerly known as Argus), to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge DST Pharmacy Solutions, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various

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We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge DST Pharmacy Solutions to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Sincerely,



George Jepsen  
*Connecticut Attorney General*



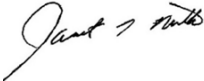
Steve Marshall  
*Alabama Attorney General*



Matt Denn  
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*West Virginia Attorney General*



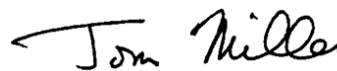
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*Georgia Attorney General*



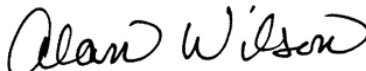
Tom Miller  
*Iowa Attorney General*



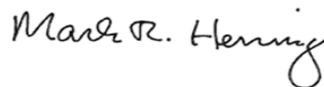
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Alan Wilson  
*South Carolina Attorney General*



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*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Jonathon Boehm  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Frank J. Sheehy, CEO  
Envision Pharmaceutical Services, LLC  
2181 East Aurora Road, Suite 201  
Twinsburg, OH 4408 3

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Sheehy,

The undersigned Attorneys General write to urge Envision Pharmaceutical Services, LLC, ("Envision") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Envision, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Envision to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Frank J. Sheehy  
October 20, 2017  
Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



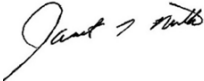
Steve Marshall  
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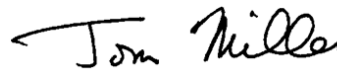
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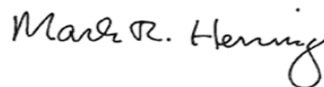
Bill Scheutte  
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*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Frank J. Sheehy  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Donnie Howard  
Chief Executive Officer  
Envolve  
8427 South Park Circle, Suite 400  
Orlando, FL 32819

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Howard,

The undersigned Attorneys General write to urge Envolve, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Envolve, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Envoles to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Sincerely,



George Jepsen  
*Connecticut Attorney General*



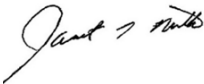
Steve Marshall  
*Alabama Attorney General*



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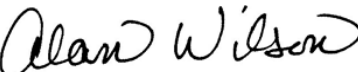
Tom Miller  
*Iowa Attorney General*



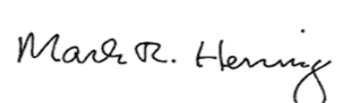
Bill Scheutte  
*Michigan Attorney General*



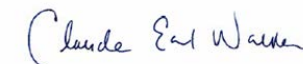
Gordon MacDonald  
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*Virginia Attorney General*



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*U.S. Virgin Islands Attorney General*

Donnie Howard  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Bruce D. Broussard  
CEO, President and Director  
Humana  
500 West Main Street  
Louisville, KY 40202

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Broussard,

The undersigned Attorneys General write to urge Humana Inc., ("Humana") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Humana, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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Bruce D. Broussard

October 20, 2017

Page 2

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Humana to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Bruce D. Broussard

October 20, 2017

Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



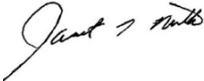
Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



Janet Mills  
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Peter F. Kilmartin  
*Rhode Island Attorney General*



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*Utah Attorney General*



Patrick Morrissey  
*West Virginia Attorney General*



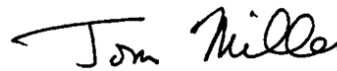
Jeff Landry  
*Louisiana Attorney General*



Mark Brnovich  
*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



Tom Miller  
*Iowa Attorney General*



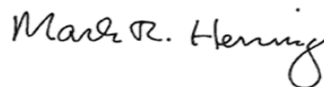
Bill Scheutte  
*Michigan Attorney General*



Gordon MacDonald  
*New Hampshire Attorney General*



Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Bruce D. Broussard

October 20, 2017

Page 4

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, likely representing the name Karl A. Racine.

Karl A. Racine

Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Frederick Howe  
Chairman and CEO  
Medimpact  
10181 Scripps Gateway Ct.  
San Diego, CA 92131

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Howe,

The undersigned Attorneys General write to urge Medimpact, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Medimpact, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

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The undersigned Attorneys General urge Medimpact to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Sincerely,



George Jepsen  
*Connecticut Attorney General*



Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



Janet Mills  
*Maine Attorney General*



Tim Fox  
*Montana Attorney General*



Peter F. Kilmartin  
*Rhode Island Attorney General*



Sean Reyes  
*Utah Attorney General*



Patrick Morrisey  
*West Virginia Attorney General*



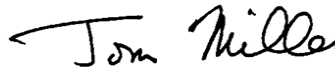
Jeff Landry  
*Louisiana Attorney General*



Mark Brnovich  
*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



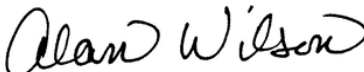
Tom Miller  
*Iowa Attorney General*



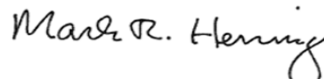
Bill Scheutte  
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Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Frederick Howe  
October 20, 2017  
Page 4

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, characteristic of Karl A. Racine's signature.

Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Larry Renfro, CEO  
Optum RX  
11000 Optum Circle  
Eden Prairie, MN 55344

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Renfro,

The undersigned Attorneys General write to urge Optum RX, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Optum RX, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

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The undersigned Attorneys General urge Optum RX to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Sincerely,



George Jepsen  
*Connecticut Attorney General*



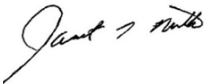
Steve Marshall  
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Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
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Janet Mills  
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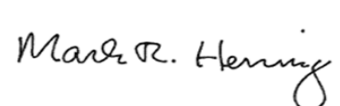
Bill Scheutte  
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Gordon MacDonald  
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Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Larry Renfro  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Mesfin Tegenu, MS, RPh  
President  
PerformRx  
200 Stevens Drive  
Philadelphia, PA 19113

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Tegenu,

The undersigned Attorneys General write to urge PerformRx, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge PerformRx, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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The undersigned Attorneys General urge PerformRx to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Sincerely,



George Jepsen  
*Connecticut Attorney General*



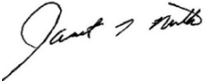
Steve Marshall  
*Alabama Attorney General*



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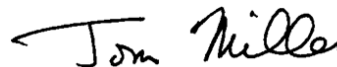
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Tom Miller  
*Iowa Attorney General*



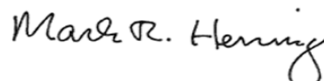
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*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Mesfin Tegenu  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Jim DuCharme  
President and CEO  
Prime Therapeutics  
1305 Corporate Center Drive  
Eagan, MN 55121

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. DuCharme,

The undersigned Attorneys General write to urge Prime Therapeutics, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Prime Therapeutics, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Prime Therapeutics to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Sincerely,



George Jepsen  
*Connecticut Attorney General*



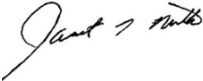
Steve Marshall  
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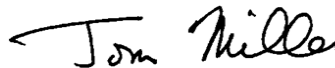
Jeff Landry  
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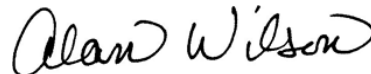
Tom Miller  
*Iowa Attorney General*



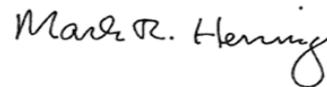
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Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Jim DuCharme  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Thomas Anthony Hyde RPh  
President  
ProCare LTC  
111 Executive Boulevard  
Farmingdale, NY 11735

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Hyde,

The undersigned Attorneys General write to urge ProCare LTC., ("ProCare") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge ProCare, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

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The undersigned Attorneys General urge ProCare to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Thomas Anthony Hyde

October 20, 2017

Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



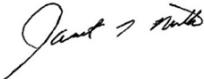
Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



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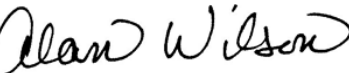
Tom Miller  
*Iowa Attorney General*



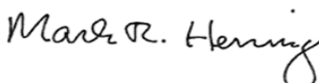
Bill Scheutte  
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*New Hampshire Attorney General*



Alan Wilson  
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Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Thomas Anthony Hyde

October 20, 2017

Page 4

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Karl A. Racine

Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Timothy C. Wentworth  
CEO and President  
Express Scripts Holding Company  
1 Express Way  
St Louis, MO 63121

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Wentworth,

The undersigned Attorneys General write to urge Express Scripts Holding Company, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Express Scripts Holding Company, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various

businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Express Scripts Holding Company to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Timothy C. Wentworth

October 20, 2017

Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



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*Iowa Attorney General*



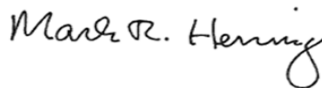
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*U.S. Virgin Islands Attorney General*

Timothy C. Wentworth

October 20, 2017

Page 4

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Karl A. Racine

Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Barry M. Smith  
Chairman and CEO  
Magellan Health, Inc.  
4800 Scottsdale Road  
Scottsdale, Arizona 85251

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Smith,

The undersigned Attorneys General write to urge Magellan Health, Inc., ("Magellan") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Magellan, through its pharmacy benefit management division, Magellan Rx Management, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various

businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge Magellan to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Barry M. Smith  
October 20, 2017  
Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*




Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



Janet Mills  
*Maine Attorney General*



Tim Fox  
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Peter F. Kilmartin  
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*Utah Attorney General*



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*West Virginia Attorney General*



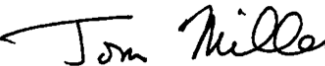
Jeff Landry  
*Louisiana Attorney General*



Mark Brnovich  
*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



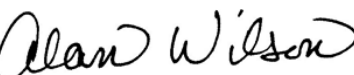
Tom Miller  
*Iowa Attorney General*



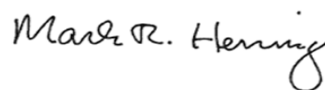
Bill Scheutte  
*Michigan Attorney General*




Gordon MacDonald  
*New Hampshire Attorney General*



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*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Barry M. Smith  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Damien Lamendola  
President and CEO  
WellDyneRx  
7472 S Tucsccon #100  
Englewood, CO 80112-3964

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Lamendola,

The undersigned Attorneys General write to urge WellDyneRx, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge WellDyneRx, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various

businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

Some have argued that measures like these are not sufficiently deferential to prescribing physicians and patients. While we are sensitive to such concerns – including continuing consideration of appropriate means for doctors to demonstrate legitimate needs for immediate dispensing of additional or stronger prescriptions – we note that the CVS and Express Scripts programs substantially echo the opioid prescribing guidelines issued in 2016 by the Centers for Disease Control and Prevention.

The undersigned Attorneys General urge WellDyneRx to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Damien Lamendola

October 20, 2017

Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



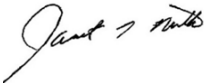
Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
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Janet Mills  
*Maine Attorney General*



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Peter F. Kilmartin  
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*Utah Attorney General*



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*West Virginia Attorney General*



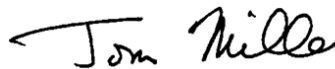
Jeff Landry  
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*Georgia Attorney General*



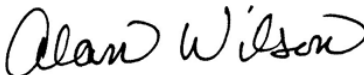
Tom Miller  
*Iowa Attorney General*



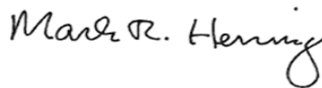
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*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Damien Lamendola

October 20, 2017

Page 4

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Karl A. Racine

Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Terry Seligman RPh, MBA  
CEO and President  
Navitus Health Solutions, LLC  
2601 West Beltline Highway, Suite 600  
Madison, WI 53713

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Seligman,

The undersigned Attorneys General write to urge Navitus Health Solutions, LLC, ("Navitus") to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge Navitus, through its pharmacy benefit management division to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

Opioids – both prescription and illicit – are now the main driver of drug overdose deaths nationwide. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

The opioid epidemic is the most pressing public health crisis our country faces. It affects every state and has a devastating impact on communities – tearing apart families and stretching the budgets of local law enforcement and first responders as they do the difficult work on the front lines. For our part, Attorneys General are pooling resources and coordinating across party lines to address the crisis. Recently, there was announced a coalition of 39 states investigating various businesses for potential violations of state laws in the marketing and/or distribution practices of prescription opioids.

We are encouraged, however, by measures that pharmacy benefit management companies have implemented on their own initiative to mitigate the crisis. CVS's recent announcement is a significant and noteworthy example. In addition, we were pleased to note that Express Scripts launched a program under which new opioid users were limited to seven-day prescription filling, daily dosages were limited in many instances requiring dosage limitations, as well as other measures. According to reports, analysis of 106,000 patients in a year-long pilot of the program showed a 38 percent reduction in hospitalizations and a 40 percent reduction in emergency room visits, compared to a control group.

The program announced by CVS resembles the Express Scripts pilot program, but it appears to be more preventive by automatically enrolling all commercial, health plan, employer and Medicaid clients in the program. We will continue to assess the details and the effectiveness of the program as they develop, and to share our reactions with you, but we are encouraged by the program's objectives.

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The undersigned Attorneys General urge Navitus to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.



Terry Seligman  
October 20, 2017  
Page 3

Sincerely,



George Jepsen  
*Connecticut Attorney General*



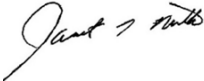
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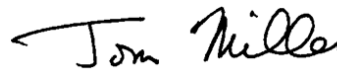
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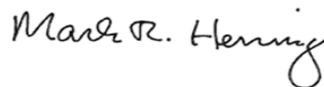
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Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Terry Seligman  
October 20, 2017  
Page 4

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Karl A. Racine  
Washington D.C. Attorney General

**ATTORNEYS GENERAL OF ALABAMA, CONNECTICUT, DELAWARE, GEORGIA, INDIANA, IOWA, LOUISIANA, MAINE, MICHIGAN, MONTANA, NEW HAMPSHIRE, RHODE ISLAND, SOUTH CAROLINA, UTAH, VIRGINIA, WEST VIRGINIA, WASHINGTON, D.C., U.S. VIRGIN ISLANDS**

October 19, 2017

**VIA CERTIFIED MAIL**

Ravi Ika  
President and CEO  
RxAdvance  
2 Park Central Drive  
Southborough, MA 01772

**Re: Initiatives to Mitigate Opioid Abuse Crisis**

Dear Mr. Ika,

The undersigned Attorneys General write to urge RxAdvance, to implement a program, similar to the program recently announced by CVS Health Corporation ("CVS"), to mitigate opioid prescription abuse. Specifically, the Attorneys General urge RxAdvance, through its pharmacy benefit management division, to (1) limit to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to the therapy, (2) limit the daily dosage of opioids dispensed based on the strength of the opioid, and (3) require the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the last two decades, opioid prescribing rates have increased nearly three-fold, from 76 million prescriptions in 1991 to approximately 207 million prescriptions in 2013. Since the expansion of Medicaid, some states have seen the number of opioid prescriptions double. This type of dramatic increase in prescriptions is of grave concern and could be attributed to fraudulent activities.

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The undersigned Attorneys General urge RxAdvance to implement a similar program with automatic client enrollment. While there are no doubt additional measures that pharmacy benefit managers could take to combat prescription opioid abuse, we believe over-prescribing of opioids could be curtailed by the implementation of a CVS-type program. Thank you for your consideration of these important issues. Government and private actors, including members of your industry, must continue to seek effective responses to the opioid crisis. While we may not always agree on what those are, it is important to recognize and applaud promising efforts like those discussed herein.

We would welcome any feedback or information you would like to offer.

Sincerely,



George Jepsen  
*Connecticut Attorney General*



Steve Marshall  
*Alabama Attorney General*



Matt Denn  
*Delaware Attorney General*



Curtis T. Hill  
*Indiana Attorney General*



Janet Mills  
*Maine Attorney General*



Tim Fox  
*Montana Attorney General*



Peter F. Kilmartin  
*Rhode Island Attorney General*



Sean Reyes  
*Utah Attorney General*



Patrick Morrisey  
*West Virginia Attorney General*



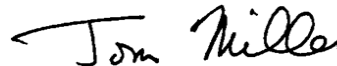
Jeff Landry  
*Louisiana Attorney General*



Mark Brnovich  
*Arizona Attorney General*



Christopher M. Carr  
*Georgia Attorney General*



Tom Miller  
*Iowa Attorney General*



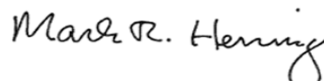
Bill Scheutte  
*Michigan Attorney General*



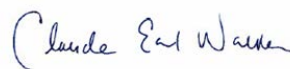
Gordon MacDonald  
*New Hampshire Attorney General*



Alan Wilson  
*South Carolina Attorney General*



Mark R. Herring  
*Virginia Attorney General*



Claude E. Walker  
*U.S. Virgin Islands Attorney General*

Ravi Ika  
October 20, 2017  
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A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, likely representing the name Karl A. Racine.

Karl A. Racine  
Washington D.C. Attorney General