

United States Senate

WASHINGTON, DC 20510-4802

February 7, 2013

Ms. Marilyn Tavenner
Acting Administrator and COO
Centers for Medicare and Medicaid Services
200 Independence Avenue, Southwest
Washington, D.C. 20201

Dear Ms. Tavenner,

Thank you for your leadership at the Centers for Medicare and Medicaid Services (CMS) and for your work with my office to address issues of particular concern to West Virginians. As you know, there are various challenges for Medicare and Medicaid beneficiaries in my state, but of urgent concern is the troubling escalation of the misuse and abuse of prescription drugs.

Nationwide, we continue to experience a tragic increase in the number of deaths and overdoses from these strong pain relievers. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. West Virginia has the second highest rate of drug overdose deaths in the country, and nine out of ten of drug related deaths in the state are due to the misuse and abuse of prescription drugs, especially opioid painkillers. The over-prescription, misuse, and abuse of controlled prescription drugs threaten the health and well-being of many Americans while also adding unnecessary costs to the Medicaid and Medicare programs.

As I continue to work with the many coalitions concerned about prescription drug abuse, it would be helpful to me to learn how CMS is monitoring the problem among its beneficiaries, what measures are currently being taken, and how effective those measures are. I would also like to ask that CMS consider taking the following additional steps (if they are not already being undertaken):

- Sending a Dear State Medicaid Director letter outlining the danger of methadone overdoses and best prescribing practices to prevent them;
- Determining which state Medicaid programs have access to prescription drug monitoring program (PDMP) data, which of those programs actually use that information to deter or treat abuse (e.g. lock-in programs), and how best to promote more effective and consistent PDMP use;
- Adding a check of PDMPs as a condition of prior approval for prescribing long acting opioids in certain situations;

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- Investigating the status of methadone on Medicaid preferred drug lists (PDLs) to determine if preferred status for methadone is a predictor of increased overdose rate among beneficiaries;
- Determining which state Medicaid programs require managed care contractors to have lock-in programs to determine if this practice saves money or lowers overdose rates;
- Conducting detailed analysis of lock-in program practices and collecting state effectiveness studies as part of annual CMS comprehensive state Medicaid program integrity reviews;
- Studying the efficacy of the use of naloxone for emergency reversal of opioid overdose, and its availability on state formularies in both intramuscular and intranasal form; and
- Evaluating the availability of drug addiction treatment programs, including but not limited to, those for pregnant women.

Please know that I am deeply committed to this issue, and look forward to a continued dialogue with you regarding the role of CMS in preventing prescription drug misuse and abuse. The prescription drug abuse problem is complicated and growing, and it will take all of us working together to change the landscape.

Thank you for taking time to respond to this important request and for your steadfast efforts to bring the best medical care possible to the beneficiaries of Medicare and Medicaid. I look forward to receiving your response to this request by March 15, 2013. I wish you the very best.

Sincerely,



John D. Rockefeller IV