

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



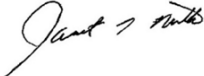
Steve Marshall
Alabama Attorney General



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



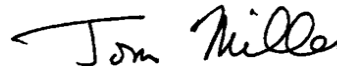
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



Tom Miller
Iowa Attorney General



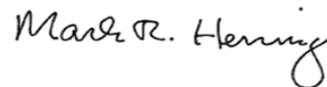
Bill Scheutte
Michigan Attorney General



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



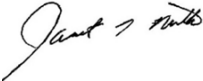
Steve Marshall
Alabama Attorney General



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 Morrissey
West Virginia Attorney General



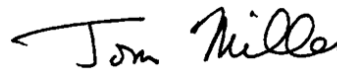
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



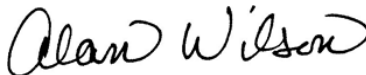
Tom Miller
Iowa Attorney General



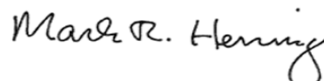
Bill Scheutte
Michigan Attorney General



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

David S. Carlin
October 20, 2017
Page 4

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

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

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 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



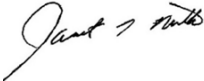
Steve Marshall
Alabama Attorney General



Matt Denn
Delaware Attorney General



Curtis T. Hill
Indiana Attorney General



Janet Mills
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Peter F. Kilmartin
Rhode Island Attorney General



Sean Reyes
Utah Attorney General



Patrick Morrissey
West Virginia Attorney General



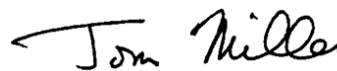
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



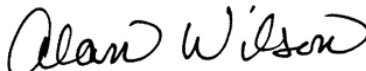
Tom Miller
Iowa Attorney General



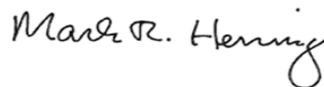
Bill Scheutte
Michigan Attorney General



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

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



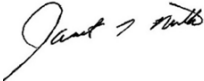
Steve Marshall
Alabama Attorney General



Matt Denn
Delaware Attorney General



Curtis T. Hill
Indiana Attorney General



Janet Mills
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Tim Fox
Montana Attorney General



Peter F. Kilmartin
Rhode Island Attorney General



Sean Reyes
Utah Attorney General



Patrick Morrissey
West Virginia Attorney General



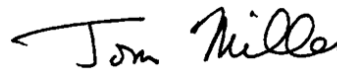
Jeff Landry
Louisiana Attorney General



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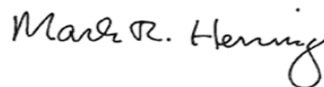
Bill Scheutte
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Alan Wilson
South Carolina Attorney General



Mark R. Herring
Virginia Attorney General



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

Frank J. Sheehy
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

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



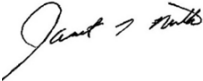
Steve Marshall
Alabama Attorney General



Matt Denn
Delaware Attorney General



Curtis T. Hill
Indiana Attorney General



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West Virginia Attorney General



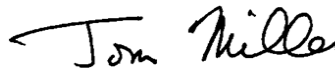
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



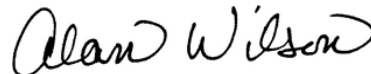
Tom Miller
Iowa Attorney General



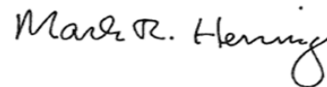
Bill Scheutte
Michigan Attorney General



Gordon MacDonald
New Hampshire Attorney General



Alan Wilson
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Virginia Attorney General



Claude E. Walker
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.

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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Bruce D. Broussard

October 20, 2017

Page 2

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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



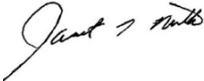
Steve Marshall
Alabama Attorney General



Matt Denn
Delaware Attorney General



Curtis T. Hill
Indiana Attorney General



Janet Mills
Maine Attorney General



Tim Fox
Montana Attorney General



Peter F. Kilmartin
Rhode Island Attorney General



Sean Reyes
Utah Attorney General



Patrick Morrissey
West Virginia Attorney General



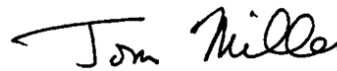
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



Tom Miller
Iowa Attorney General



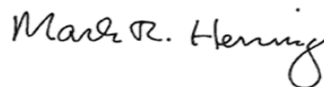
Bill Scheutte
Michigan Attorney General



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, appearing to be 'K. Racine', with a large, stylized loop at the end.

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.

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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 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



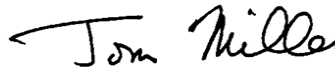
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



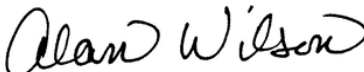
Tom Miller
Iowa Attorney General



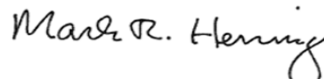
Bill Scheutte
Michigan Attorney General



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

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.

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 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
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
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Sean Reyes
Utah Attorney General



Patrick Morrissey
West Virginia Attorney General




Jeff Landry
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Mark Brnovich
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Christopher M. Carr
Georgia Attorney General



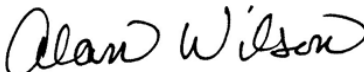
Tom Miller
Iowa Attorney General



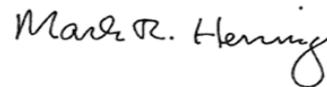
Bill Scheutte
Michigan Attorney General



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

Larry Renfro
October 20, 2017
Page 4

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

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.

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.

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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 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



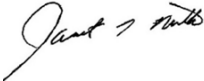
Steve Marshall
Alabama Attorney General



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 Morrissey
West Virginia Attorney General



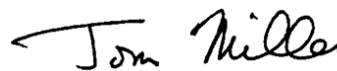
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



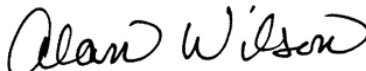
Tom Miller
Iowa Attorney General



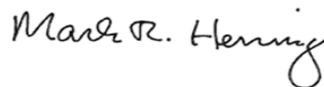
Bill Scheutte
Michigan Attorney General



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Mark R. Herring
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.

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.

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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



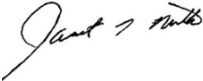
Steve Marshall
Alabama Attorney General



Matt Denn
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Indiana Attorney General



Janet Mills
Maine Attorney General



Tim Fox
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Sean Reyes
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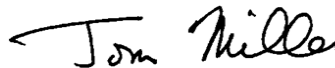
Jeff Landry
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Georgia Attorney General



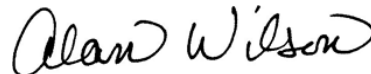
Tom Miller
Iowa Attorney General



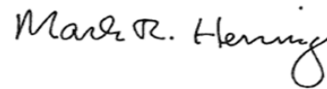
Bill Scheutte
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New Hampshire Attorney General



Alan Wilson
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Mark R. Herring
Virginia Attorney General



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.

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 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



Curtis T. Hill
Indiana Attorney General



Janet Mills
Maine Attorney General



Tim Fox
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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



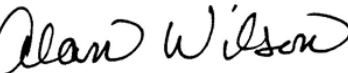
Tom Miller
Iowa Attorney General



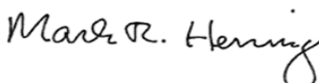
Bill Scheutte
Michigan Attorney General



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

Thomas Anthony Hyde

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

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



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



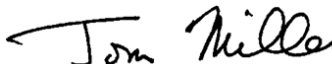
Jeff Landry
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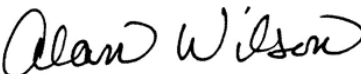
Tom Miller
Iowa Attorney General



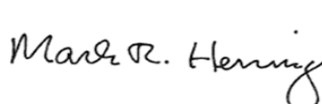
Bill Scheutte
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Claude E. Walker
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Timothy C. Wentworth

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
Montana Attorney General



Peter F. Kilmartin
Rhode Island Attorney General



Sean Reyes
Utah Attorney General



Patrick Morrisey
West Virginia Attorney General



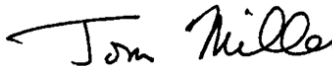
Jeff Landry
Louisiana Attorney General



Mark Brnovich
Arizona Attorney General



Christopher M. Carr
Georgia Attorney General



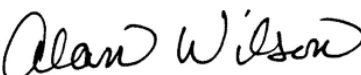
Tom Miller
Iowa Attorney General



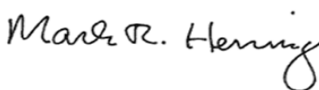
Bill Scheutte
Michigan Attorney General




Gordon MacDonald
New Hampshire Attorney General



Alan Wilson
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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



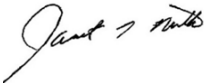
Steve Marshall
Alabama Attorney General



Matt Denn
Delaware Attorney General



Curtis T. Hill
Indiana Attorney General



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Peter F. Kilmartin
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Sean Reyes
Utah Attorney General



Patrick Morrissey
West Virginia Attorney General



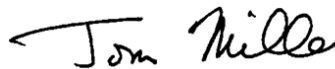
Jeff Landry
Louisiana Attorney General



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Christopher M. Carr
Georgia Attorney General



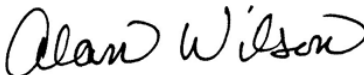
Tom Miller
Iowa Attorney General



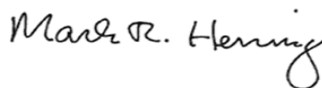
Bill Scheutte
Michigan Attorney General



Gordon MacDonald
New Hampshire Attorney General



Alan Wilson
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Mark R. Herring
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.

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 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



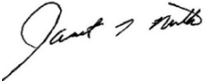
Steve Marshall
Alabama Attorney General



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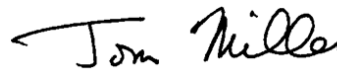
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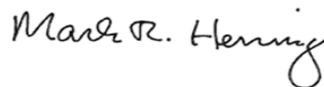
Bill Scheutte
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Terry Seligman
October 20, 2017
Page 4

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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 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 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



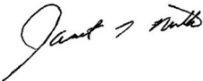
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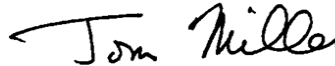
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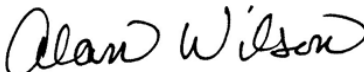
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Iowa Attorney General



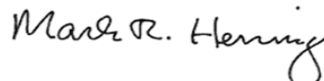
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U.S. Virgin Islands Attorney General

Ravi Ika
October 20, 2017
Page 4

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Karl A. Racine
Washington D.C. Attorney General