



## NEWS RELEASE

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## **DWC Announces Final Approval to Adopt a Drug Formulary for the Medical Treatment of Injured Workers**

Informational Webinars on Implementation Available on December 13 and 14

**Oakland**—The Division of Workers' Compensation (DWC) will adopt an evidence-based drug formulary for medical providers treating injured workers beginning January 1, 2018, following approval by the Office of Administrative Law. The division will host two informational webinars for interested parties on the formulary implementation on December 13 and 14.

The drug formulary establishes a list of medications to guide appropriate care for injured workers, emphasizing their health outcomes and helping them return to work while reducing administrative burdens and costs. Its guidelines include measures to prevent the overuse of opioids, powerful painkillers that must be carefully monitored when used to treat work-related injuries and illnesses.

"The adoption of the drug formulary is a step forward for California's injured workers and should help address the overuse of high-risk medications such as opioids," said DWC Administrative Director George Parisotto. "It is expected to improve patient care and ease approval of appropriate treatment."

The formulary will be part of the Medical Treatment Utilization Schedule (MTUS), which contains guidelines on treatments for injured workers, and is based on medical treatment guidelines created by the American College of Occupational and Environmental Medicine (ACOEM), published by ReedGroup. The formulary adopts a drug list compiled by DWC, with assistance from ReedGroup/ACOEM, and takes into consideration medications frequently prescribed for occupational injuries and the evidence-based drug recommendations in ACOEM's guidelines.

The <u>final regulations</u> approved by the Office of Administrative Law implement the adoption of an evidence-based drug formulary as mandated by Assembly Bill 1124 and include:

- Provisions for phased-implementation of the formulary in conjunction with the recently updated <a href="evidence-based MTUS treatment guidelines">evidence-based MTUS treatment guidelines</a>.
- A list of drugs classified as either "exempt" or "non-exempt" with respect to the requirement to obtain prospective utilization review before dispensing.
- Ancillary formulary rules, including rules regarding physician dispensing, generic versus brand name drugs, off-label use, special-fill, peri-operative fill, compounded drugs and access to unlisted drugs.
- Provisions relating to the Pharmacy & Therapeutics Committee.

To inform and educate the public about the adoption and implementation of the MTUS drug formulary, DIR will host an informative online webinar next week. The webinar will focus on the formulary's regulatory framework and explain the rules that apply to the drug list designations, and how the formulary relates to recent updates of the MTUS guidelines. A demonstration by ReedGroup of the online access to the ACOEM materials and information on how workers' compensation system participants can obtain a license will also be provided during the webinar.

Please register to attend one of the available sessions of the live webinar: <u>Wednesday</u>, <u>December 13, 10 a.m. PST</u> or <u>Thursday</u>, <u>December 14, 2 p.m. PST</u>.

Questions and comments can be emailed to <u>formulary@dir.ca.gov</u> for consideration during the webinar. For those unable to attend one of the listed sessions, the recorded webinar will be posted online for later viewing.

<u>DWC's website</u> will contain resources related to the implementation of the MTUS Drug Formulary, including sign-ups for upcoming webinars, recorded sessions of prior webinars, guidance updates and information on how to apply to become a member of the Pharmacy & Therapeutics Committee. Please check the website on a regular basis for updates.

Members of the press may contact Erika Monterroza or Peter Melton at (510) 286-1161, and are encouraged to subscribe to get email alerts on DIR's press releases or other departmental updates.

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