



MTUS Drug List v. 4

Pharmacy and Therapeutics Committee Meeting

January 23, 2019

Addition of drugs addressed in the Traumatic Brain Injury Guideline

The screenshot displays the MDGuidelines website interface. At the top, there is a dark blue header with the MDGuidelines logo on the left, a search bar with the placeholder text "Enter search terms..." and a magnifying glass icon on the right, and navigation links for "Print", "Resources", and "HI, Raymond". Below the header is a white navigation bar with links for "DURATION VIEWS", "ICD MAPPING", "CROSSWALKS", "DART", and "FORMULARY". The main content area has a blue background with the title "Traumatic Brain Injury" in white. Below the title is a breadcrumb trail: "RESOURCES > STATE TREATMENT GUIDELINES > CALIFORNIA MTUS-ACOEM > TRAUMATIC BRAIN INJURY". The central part of the page features a list of 16 items, each preceded by a blue dot, representing the structure of the guideline document.

MDGuidelines Enter search terms... [Print](#) [Resources](#) [HI, Raymond](#)

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Traumatic Brain Injury

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New and Revised, Drug Recommendations related to the Traumatic Brain Injury Guideline

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Formulary Changes

Updated October 27, 2018

Attached Reports:

1. [New Drug Recommendations*](#)

*Average Estimated Cost information has also been updated throughout the Formulary.

Designation of additional drugs as “special fill” eligible, due to treatment recommendation in the Traumatic Brain Injury Guideline

1. New drug recommendations (see [Formulary tool](#) for details)

Condition	Drug	Phase	Pain Type	Recommendation
Traumatic Brain Injury	ALMOTRIPTAN MALATE (Axert)	Acute		Yes, Insufficient Evidence (I)
	ALMOTRIPTAN MALATE (Axert)	Chronic		Yes, Insufficient Evidence (I)
	AMANTADINE HCL (Symmetrel)	Acute	Mild, Including pre/peri/postoperative	No Recommendation
	AMANTADINE HCL (Symmetrel)	Chronic	Mild, Including pre/peri/postoperative	No Recommendation
	AMANTADINE HCL (Symmetrel)	Chronic	Moderate, Including subacute	Yes, Insufficient Evidence (I)
	AMANTADINE HCL (Symmetrel)	Chronic	Severe, Including subacute	Yes, Moderate Evidence (B)
	ATENOLOL (Tenormin)	Acute	Severe, Moderate, Pre/peri/postoperative	Yes, Limited Evidence (C)
	ATENOLOL (Tenormin)	Chronic	Mild, Including subacute	Yes, Insufficient Evidence (I)
	BACLOFEN (Lioresal)	Acute		Yes, Limited Evidence (C)
	BACLOFEN (Lioresal)	Chronic		Yes, Limited Evidence (C)
	BACLOFEN (Lioresal)	Chronic	Severe	Yes, Insufficient Evidence (I)

NEWSLINE

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DWC Posts Updated MTUS Drug List Effective February 15

The Division of Workers' Compensation (DWC) Administrative Director George Parisotto has [issued an Order](#) updating the Medical Treatment Utilization Schedule (MTUS) Drug List effective February 15, pursuant to Labor Code section 5307.29.

The Administrative Director's update Order adopts changes to the MTUS Drug List, based on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, including the following:

- Addition of drugs addressed in the Traumatic Brain Injury Guideline
- New and Revised, Drug Recommendations (related to the Traumatic Brain Injury Guideline)
- Designation of additional drugs as "special fill" eligible, due to treatment recommendation in the Traumatic Brain Injury Guideline

Additional information regarding the MTUS drug formulary may be found on the [MTUS Drug Formulary webpage](#).



[DWC](#) | [Medical Treatment Utilization Schedule - drug formulary](#)

Medical Treatment Utilization Schedule - drug formulary

The Division of Workers' Compensation has adopted a drug formulary to implement [Assembly Bill 1124](#) (Statutes 2015, Chapter 525). The regulations establish an evidence-based drug formulary, consistent with California's [Medical Treatment Utilization Schedule](#) (MTUS), to augment the provision of high-quality medical care, maximize health, and promote return to work in a timely fashion, while reducing administrative burden and cost.

MTUS Drug Formulary – effective January 1, 2018

[Formulary regulations](#)

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- California medical providers who are new subscribers may obtain an [annual commercial license](#) to the ACOEM guidelines and formulary at a discounted rate of \$100/year
- Other users will need to obtain license information by contacting ReedGroup / Joe Guerriero: via email to jguerriero@reedgroup.com or by phone (720) 456-4387

[MTUS Drug List](#)

Pharmacy & Therapeutics Committee

The Administrative Director has appointed the P&T committee pursuant to Labor Code section 5307.29. The [formulary regulations](#) (title 8, Cal. Code Regs. §§9792.27.18 – 9792.27.23) set forth a description of the role of the Committee and the qualifications to serve.

[Join us for our next meeting](#)

Contact us

The DWC welcomes public comment on the MTUS Formulary and Drug List. Do you have suggestions regarding the exempt, non-exempt, special fill or peri-operative fill status of a medication? Injured workers, physicians, pharmacists, and others may submit their questions, comments, and suggestions to the DWC formulary email box at formulary@dir.ca.gov.

Division of Workers' Compensation (DWC)

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