MTUS Formulary

• The initial MTUS Formulary provided for a list of drug ingredients (generic drug names) and their indicated uses

• Some stakeholders requested more specificity, suggesting the use of National Drug Codes (NDCs) for the listed ingredients

• Since NDCs are impractical to maintain due to the high number and frequent changes, DWC researched various options to provide additional specificity via a Universal Pharmaceutical Identifier (UPI)

• DWC identified the RxNorm Concept Unique Identifier (RXCUI) developed by the U.S. National Library of Medicine (NLM) as the best candidate
Why RXCUI

• Non-proprietary – RXCUI information is available without charge to the user.
• One number – RXCUIs group each chemically distinct drug into a single code regardless of manufacturer or package size.
• Easier to maintain – Maintaining RXCUIs will be easier than NDCs as there is a one RXCUI to many NDCs relationship.
• NDC Crosswalks – Parties that wish to do so can crosswalk RXCUIs to NDCs
• United States Pharmacopeia (USP) Compendial Nomenclature – USP nomenclature, which establishes the nonproprietary (i.e. generic) name of drugs, is integrated into the RxNORM/RxCUI.
Why RXCUI

• Used by Centers for Medicare and Medicaid Services (CMS) to determine if health plans are complying with Affordable Care Act essential health benefit (drug coverage) requirements
• RXCUI values are one of the two numeric identifiers (NDC number is the other) used by SureScripts in transmitting drug identification in e-prescribing
• Drug pricing compendia such as First Data Bank fully support RXCUI within their data
• Identified in federal law as the standard as the standardized nomenclature used within electronic health systems
Implementing UPI (RXCUI)

• UPI provides desired specificity when it is tied to a specific drug, strength and dosage form
• DWC identified strengths and dosage forms for each MTUS Formulary ingredient
• For each unique drug/strength/dosage form combination, a unique RXCUI was identified
• This expanded spreadsheet was discussed and displayed at the last committee meeting.
Target Stakeholders

• Concern by committee that the UPI/RXCUI would add a burden on or confuse prescribers who are trying to understand which drugs are listed

• Prescribers are not the target stakeholders

• The UPI/RXCUI is a tool to assist claims processors (plans and PBMS) in identifying drugs within their claims processing systems

• The UPI/RXCUI a purely optional identifier that interested parties can use for system purposes

• For example, a PBM could use the detailed drug/strength/dosage form listings to program their systems independent of the UPI/RXCUI
Prescribers

• As noted, prescribers should not look at the UPI/RXCUI as a tool they have to use.

• Prescribers are probably better served by an MTUS Formulary listing that can provide the minimum amount of information they need to treat a patient

• DWC can work with the committee to create a MTUS Formulary list which meets the needs of prescribers

• For example, a drug list aggregated by therapeutic category, exempt status and alpha listed by brand name
## Analgesics - Anti-Inflammatory (NSAID)

### Exempt

<table>
<thead>
<tr>
<th>Reference Brand Name</th>
<th>Drug Ingredient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil</td>
<td>Ibuprofen</td>
</tr>
<tr>
<td>Aleve</td>
<td>Naproxen Sodium</td>
</tr>
<tr>
<td>Anaprox</td>
<td>Naproxen Sodium</td>
</tr>
<tr>
<td>Anaprox DS</td>
<td>Naproxen Sodium</td>
</tr>
<tr>
<td>Ansaid</td>
<td>Flurbiprofen</td>
</tr>
<tr>
<td>Cambia</td>
<td>Diclofenac Potassium</td>
</tr>
<tr>
<td>Cataflam</td>
<td>Diclofenac Potassium</td>
</tr>
<tr>
<td>Celebrex</td>
<td>Celecoxib</td>
</tr>
</tbody>
</table>

### Non-Exempt

<table>
<thead>
<tr>
<th>Reference Brand Name</th>
<th>Drug Ingredient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feldene</td>
<td>Piroxicam</td>
</tr>
<tr>
<td>Sprix</td>
<td>Ketorolac Tromethamine</td>
</tr>
<tr>
<td>Toradol</td>
<td>Ketorolac Tromethamine</td>
</tr>
</tbody>
</table>
Recommendation

• Given the various options, RXCUI is best option for a UPI
  • No additional cost to DWC (some level of cost to PBMs if they choose to use)
  • Easier for DWC to maintain than NDCs
  • Freely available
  • Federal statute mandates its use as the standard for identifying drugs among diverse healthcare information systems

• Committee work with DWC to establish MTUS Formulary listing(s) for prescribers to reference