



Division of Workers' Compensation MTUS Formulary Overview

Pharmacy and Therapeutics Committee Meeting

September 26, 2018

Structure of the MTUS Drug Formulary and Role of the ACOEM Treatment Guidelines

- ACOEM Treatment Guidelines – The Backbone
 - Presumed correct on scope of medically necessary treatment
- MTUS Drug List – guides the prospective review requirements
 - “Exempt” drugs – No Prospective Review if in accord with MTUS
 - “Non-Exempt” – Prospective Review required
 - “Special Fill” & “Perioperative Fill” of specified Non-Exempt drugs
- Ancillary Formulary Rules
 - Unlisted Drugs
 - Physician dispensed drugs
 - Generic/Brand selection
 - Compounded drugs
 - Off-label use of drugs

MTUS Drug List (8 CCR §9792.27.15)

The MTUS Drug List must be used in conjunction with 1) the MTUS Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and 2) the drug formulary rules. (See 8 CCR §9792.20 - §9792.27.23.) "Reference in Guidelines" indicates guideline topic(s) which discuss the drug. In each guideline there may be conditions for which the drug is Recommended (✓), Not Recommended (✗), or No Recommendation (⊙). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

* Exempt/Non-Exempt

"Exempt" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS.

1) Physician dispensed "Exempt" drugs limited to one 7-day supply at initial visit within seven days of the date of injury without Prospective Review.

2) Prescription/dispensing of Brand name "Exempt" drug where generic is available requires authorization through Prospective Review.

"Non-Exempt" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)

** Special Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) if in accord with MTUS. (See 8 CCR § 9792.27.12.)

*** Perioperative Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the perioperative period (4 days before through 4 days after surgery), and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) is in accord with MTUS. (See 8 CCR § 9792.27.13.)

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
1	Acetaminophen	Tylenol	Exempt			Analgesics - NonNarcotic	✓⊙ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓✗ Elbow Disorders ✓ Eye ✓✗ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders			

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"Non-Exempt" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)

** Special Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) if in accord with MTUS. (See 8 CCR § 9792.27.12.)

*** Perioperative Fill – Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the perioperative period (4 days before through 4 days after surgery), and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) is in accord with MTUS. (See 8 CCR § 9792.27.13.)

14	Ascorbic Acid	Vitamin C	Non-Exempt			Vitamins	✗⊙ Ankle and Foot Disorders ✗ Cervical and Thoracic Spine Disorders ✓✗ Chronic Pain ✗ Low Back Disorders			
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MTUS Drug List - Exempt Drugs

- Exempt Drug Criteria
 - Being noted as a first line therapy weighs in favor of being Exempt.
 - Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being Exempt.
 - A safer adverse effects (risk) profile weighs in favor of being Exempt.
 - Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being Exempt.
- No Prospective Review (PR) if in accord with MTUS (But, note PR requirements apply for otherwise “exempt” Physician-Dispensed and Brand Name Drugs)

Reference in Guideline

MTUS Drug List (8 CCR §9792.27.15)

The MTUS Drug List must be used in conjunction with 1) the MTUS Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and 2) the drug formulary rules. (See 8 CCR §9792.20 - §9792.27.23.) "Reference in Guidelines" indicates guideline topic(s) which discuss the drug. In each guideline there may be conditions for which the drug is Recommended (✓), Not Recommended (✗), or No Recommendation (⊗). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

* Exempt/Non-Exempt
 "Exempt" indicates drug may be prescribed/dispensed without needing authorization through Prospective Review if in accordance with MTUS.
 "Non-Exempt" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)
 † Physician dispensed "Exempt" drugs limited to one 7-day supply at initial visit within seven days of the date of injury without Prospective Review.
 ‡ Prescription/dispensing of Brand name "Exempt" drug where generic is available requires authorization through Prospective Review.
 § "Non-Exempt" or "Substantiated" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)
 ¶ Special Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed 4days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) Fill accord with MTUS. (See 8 CCR §9792.27.1.)
 **Participative Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the participative period (4 days before through 4 days after surgery), and 2) Supply not to exceed 4days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) is in accord with MTUS. (See 8 CCR §9792.27.13.)

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt†	Special Fill**	Part-Op***	Drug Class	Reference to Guidelines
Acetaminophen	Tylenol	Exempt			Analgesics - NonNarcotic	✓ ⊗ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✗ Elbow Disorders ✓ Eye ✗ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder
Adalimumab	Humira	Non-Exempt			Analgesics - Anti-Inflammatory (TNF-alpha blocker)	✗ Ankle and Foot Disorders ✗ Hip and Groin Disorders ✗ Knee Disorders ✗ Low Back Disorders
Albuterol Sulfate	Proventil	Exempt			Anticholinergic and Bronchodilator Agents	✓ Work Related Asthma
Alcortecaine Dipropionate	Advant	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders

- (✓) Recommended
- (✗) Not Recommended
- (⊗) No Recommendation

Drug Ingredient

Acetaminophen

Reference in Guidelines

- ✓ ⊗ Ankle and Foot Disorders
- ✓ Cervical and Thoracic Spine Disorders
- ✓ Chronic Pain
- ✓ ✗ Elbow Disorders
- ✓ Eye
- ✓ ✗ Hand, Wrist, and Forearm Disorders
- ✓ Hip and Groin Disorders
- ✓ Knee Disorders
- ✓ Low Back Disorders
- ✓ Shoulder

MTUS Drug List – Non-Exempt Drugs

- Non-Exempt drugs are available to treat the injured worker
 - If use is medically necessary and authorized through Prospective Review
 - If the Special Fill policy is applicable
 - If the Perioperative Fill policy is applicable
- Non-Exempt designation should not be interpreted as meaning the drug is not appropriate; medical necessity of the drug for the patient's condition is determined under the usual MTUS rules

Special Fill of Designated Non-Exempt Drugs

- Special Fill policy allows dispensing without prospective review
 - Drug must be identified as Special Fill eligible on MTUS Drug List
 - Prescribed at the single initial Tx visit, within 7 days of DOI
 - Supply does not exceed limit listed on MTUS Drug List
 - Drug dispensed is generic, single source brand, or physician documents medical necessity of brand
 - Prescribed in accordance with MTUS Treatment Guidelines
- MPN or pharmacy network may provide expanded Special Fill

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Class	Reference in Guidelines
Baclofen	Lioresal	Non-Exempt	4 Days	Musculoskeletal Agents (Muscle Relaxants)	✓X Cervical and Thoracic Spine Disorders ✓X⊙ Chronic Pain ✓X Hip and Groin Disorders X⊙ Knee Disorders ✓X Low Back Disorders ✓X Shoulder

Perioperative Fill of Designated Non-Exempt Drugs

- Perioperative Fill allows dispensing without prospective review
 - Drug must be identified as Perioperative Fill eligible on MTUS Drug List
 - Prescribed during perioperative period (4 days before to 4 days after surgery – day of surgery is day Zero)
 - Supply does not exceed limit listed on MTUS Drug List
 - Drug dispensed is generic, single source brand, or physician documents medical necessity of brand
 - Prescribed in accordance with adopted ACOEM Treatment Guidelines

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Reference in Guidelines
Warfarin Sodium	Coumadin	Non-Exempt		14 Days	⊗ Ankle and Foot Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders

- MPN or pharmacy network may provide expanded Special Fill

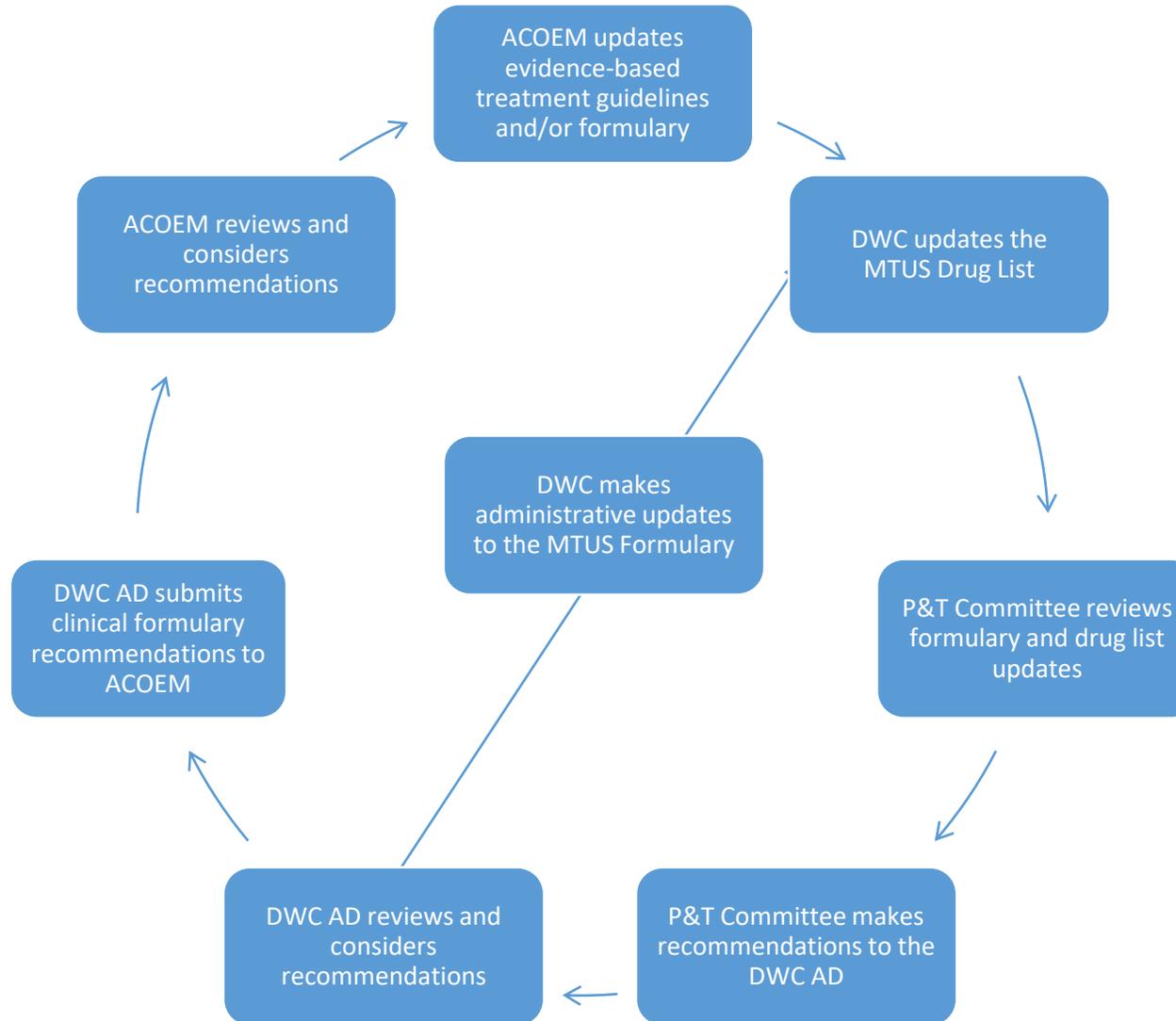
Unlisted Drugs

- Unlisted drugs are available to treat the injured worker and are treated similar to Non-Exempt drugs
 - If use is medically necessary and authorized through Prospective Review

Additional Formulary Provisions

- Treatment under health & safety regulations such as Cal/OSHA Blood Borne Pathogens standard, e.g. urgent post-exposure prophylaxis
- DWC may maintain and post a listing by unique pharmaceutical identifier, of drug products on the MTUS Drug List
- Updates to the MTUS Drug List will be made at least quarterly
- Pharmacy & Therapeutics Committee

P&T Committee Recommendation Process



Current Topics for P&T committee consideration

- Structure, format and content of the MTUS drug list
 - Quarterly updates
 - RxCUI and other pharmaceutical identifiers
- Cost considerations
 - Therapeutic Equivalents and Pharmaceutical Alternatives