

DWC Formulary

Basic Nuts and Bolts on What to Expect (as of today)

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Disclaimers

- No disclaimers for this talk
- Please, I am just the messenger



Mandated by our friends in the legislature

- **AB 1124 Drug Formulary**
- 8 CCR 9792.27.14
- Effective 7/1/17



Background

- 50% of IMR reviews are for medications
- RFA for all meds – time consuming for all.
- Can delay treatment

Background

- ODG Formulary
- Adopted in many states
- Up to date and evidence based
- ACOEM formulary
- Established approx. 2 years ago
- Favored by DWC

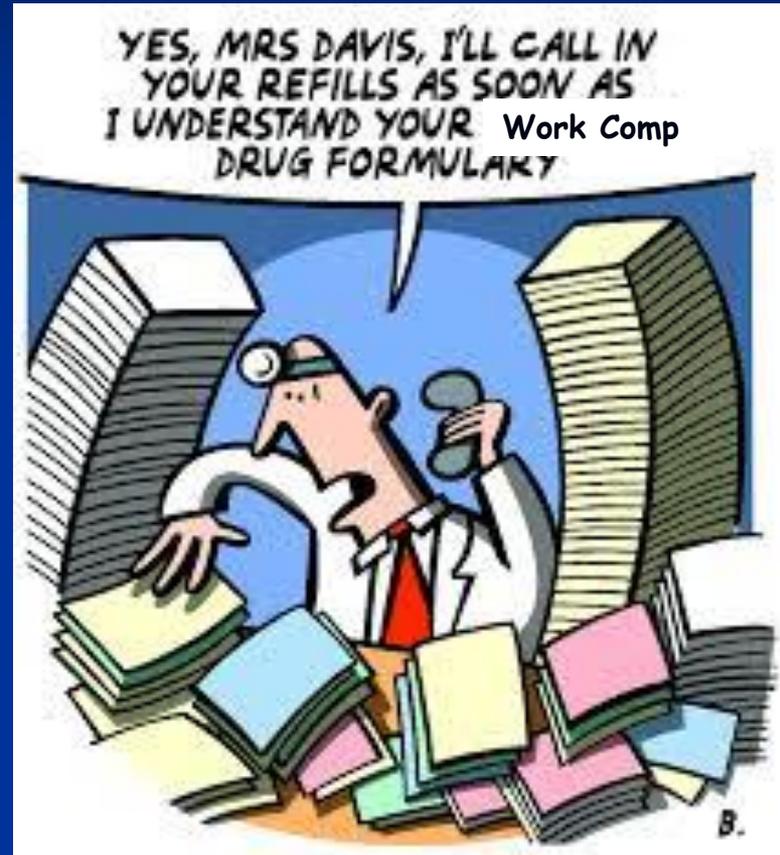
- “An analysis by the California Workers’ Compensation Institute found that in 2014, about 27% of prescriptions were for medicines on the proposed list of preferred drugs, and made up 22% of payments. Non-preferred drugs accounted for 57% of prescriptions and 53% of payments, while drugs not included in the proposed formulary accounted for 16.4% of scripts and 24.9% of payments.”

- **Three quarters of prescriptions will be denied!**

- After the draft regs came out, we met with DWC and demonstrated why and how surgeons were not included in the intent of the formulary. (ACOEM= Primary care focus)
- What consequences for patients
- We did not support the initial draft

Categories of meds

- Preferred
- Non-preferred
- Special Fill



Definitions

- **Preferred**- Drug may be prescribed/dispensed without auth for a 7 day supply; generic based
- **Non-Preferred- or Unlisted** requires authorization through Prospective Review
- **Special Fill**- Non preferred drug may be prescribed IF within 7 days of **injury**, supply not to exceed # days indicated and is generic;

DWC added another category

Perioperative Fill

**This was a big win
for COA!**

“Perioperative Fill”-

- 1. Nonpreferred drug may be prescribed without prospective review, during “perioperative period”
- 2. Two days before and 4 days after AND
- 3. Supply not to exceed the number of days indicated– (waiting to get this clarified)

Anticoagulants

Perioperative approved

- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)
- Fondaparinux (Arixtra)
- Enoxaparen (Lovenox)
- Heparin sodium
- Warfarin (Coumadin)

BUT NOT PREFERRED

Pain Meds

Perioperative approved only

- Hydrocodone/Acetaminophen
- Methylprednisolone (Medrol)
- Morphine sulfate
- Oxycodone/Acetaminophen
- Oxycodone HCL
- Tramadol HCL
- Tramadol HCL/AC
- Baclofen
- Gabapentin

Perioperative fill NOT approved Antiemetics

- Ondanseron (Zofran)
- Metoclopramide (Reglan)
- Phenergan suppositories
- Other;
- Cephalexin (Keflex)

Preferred antibiotics- nonsurgical focus

- Amoxicillin/Clavulanate- Augmentin
- Cefuroxime axetil - Ceftin
- Clindamycin
- Ciprofloxacin - Cipro
- Doxycycline
- Tetracycline
- Levofloxacin – Levaquin
- Moxifloxacin - Avelox
- Missing?- Cephalexin-Keflex (nonpreferred)

Preferred NSAIDs

- Celebrex
- Diclofenac-potassium-Cataflam
- Diclofenac-sodium/Misoprostol-Arthrotec
- Diflunisal-Dolobid
- Etodolac - Lodine
- Fenoprofen calcium- Nalfon
- Flurbiprofen - Ansaid
- Ibuprofen - Motrin

- Indomethacin
- Ketoprofen
- Meclofenamate sodium-
- Mefanamic acid -Ponstel
- Meloxicam - Mobic
- Nabumetone- Relafen
- Naproxyn
- Oxaprozin - Daypro

- Salsalate
- Sulindac - clinoril
- Tolmetin -

Example - TKR

- Periop
 - NSAID, Oxycodone, Gabapentin, + anticoagulant all approved

Does this mean your patient can have 3 weeks of these meds?

Waiting to get this clarified

Bottom line

- Preferred- 7 days without auth
 - Then send in RFA for more time
- Non preferred – if on formulary, need RFA
- Perioperative fill; Make your own protocols

These are the draft regs

D-Day = July 1, 2017

- Stay tuned for updates
- Perioperative fill # days
- Antiemetics



Thank You

