



BWC Pharmacy Program Coverage Changes Effective March 1, 2014

The formulary revisions for hypnotic agents and butalbital containing products that went into effect on January 1, 2014 for new prescriptions, will be applied to **all** prescriptions on June 1, 2014.

Please discuss this change with your patients and as necessary modify the medication regimen for any patients who were receiving these medications before January 1st 2014. These patients were not impacted by the change on that date, however, they **WILL** be impacted by the June 1, 2014 effective date.

Additionally new relatedness rules that require Prior Authorization for antipsychotic agents took effect for new claims on March 1, 2014. These rules will be applied to existing claims on June 1, 2014.

Formulary Changes:

- **Prescriptions for hypnotic agents are now limited to zolpidem, zolpidem ER, temazepam, eszopiclone, and zaleplon:**
Coverage for new prescriptions of non-formulary hypnotic agents stopped January 1, 2014. Coverage of current prescriptions for **all** non-formulary hypnotics will stop June 1, 2014.
- **Effective January 1, 2014 butalbital containing products will only be covered in claims that have some form of headache as a specific allowed condition. Additionally, reimbursement for new prescriptions for butalbital containing products will be limited to 24 doses per month effective Jan. 1, 2014**
These new requirements will apply to injured workers who were routinely receiving butalbital containing products prior to January 1, 2014, beginning on June 1, 2014
- **All prescriptions for benzodiazepine products will be limited to the equivalent of 40mg diazepam per day effective Jan. 1, 2014**
Current IW's receiving benzodiazepine doses greater than the equivalent of 40mg diazepam per day will be limited to their current dose as of Jan. 1, 2014.
- **Click here for the complete (as of 12/1/2013) formulary**
<https://www.bwc.ohio.gov/downloads/blankpdf/OAC4123-6-21.3Appendix.pdf>

- **Changes in Antipsychotic medication coverage**

Effective March 1, 2014, coverage of new prescriptions for antipsychotic medications will require that a psychotic condition be allowed in the claim. Antipsychotic medications will NOT be covered for sleep or as single agents for simple depression. Antipsychotic medications will be allowed in claims where drug resistant depression has been documented and depression is allowed in the claim. A Prior Authorization request must be submitted for use of any antipsychotic in any claim that does not contain an allowed psychotic condition.

- **Non-sterile compounded products:**

- To be eligible for reimbursement the final product can contain no more than 3 active ingredients from 3 separate drug classes (no duplication of drug classes) with a reimbursement cap of \$600 or the standard fee schedule, whichever is less. All new compounded prescriptions will require a Prior Authorization. The prescriber must submit a copy of the prescription with the cost of the product along with the Prior Authorization request. All initial PA's will be for 90 days with any ongoing approvals contingent on documentation of efficacy. Full language of the revised rule can be found in Section E at:

<https://www.bwc.ohio.gov/downloads/blankpdf/OAC4123-6-21.pdf>