

Stakeholder Feedback Information

Outpatient Medication Formulary Rule

OAC 4123-6-21.3

Introduction

Chapter 4123-6 of the Administrative Code contains BWC rules implementing the Health Partnership Program (HPP) for state fund employers.

BWC initially adopted rule OAC 4123-6-21.3 effective September 1, 2011 to establish an outpatient medication formulary. A formulary is a list of drugs approved for reimbursement when prescribed to treat conditions allowed in the claim. The formulary is maintained, and updated periodically, by BWC with input from the BWC Pharmacy & Therapeutics Committee (P&T Committee) pursuant to its responsibilities as listed in OAC 4123-6-21.1.

BWC now proposes to revise the formulary appendix to rule OAC 4123-6-21.3 by amending coverage to two drug classes and five drug products listed in the formulary. These recommended changes are the result of recommendations from the P&T Committee and reflect BWC's dedication to providing for appropriate care while ensuring the safety of our injured workers. The committee's recommendations resulted from consideration of current literature, accepted treatment guidelines and best clinical practice as well as FDA and information published by the drug manufactures.

Background Law

R.C. 4123.66(A) provides that the BWC Administrator "shall disburse and pay from the state insurance fund the amounts for medical, nurse, and hospital services and medicine as the administrator deems proper," and that the Administrator "may adopt rules, with the advice and consent of the [BWC] board of directors, with respect to furnishing medical, nurse, and hospital service and medicine to injured or disabled employees entitled thereto, and for the payment therefore."

R.C. 4121.441(A)(8) provides that the BWC Administrator, with the advice and consent of the BWC Board of Directors, shall adopt rules for implementation of the HPP "to provide medical, surgical, nursing, drug, hospital, and rehabilitation services and supplies" to injured workers, including "[d]iscounted pricing for . . . all pharmaceutical services."

Proposed Changes

The proposed changes to OAC 4123-6-21.3 listed below are contained in the Appendix to the rule, which is the formulary drug list. A copy of the Appendix with the proposed changes will be available on the BWC website for stakeholder review. In addition to several non-substantive compositional changes to the appendix, these proposed revisions shall:

1. Add reimbursement for the sustained release gabapentin agents Gabapentin (Gralise®) and Gabapentin Encarbil (Horizant®). Reimbursement for these agents will require a Prior Authorization that reflects a 30 day trial and clinical failure (as defined by O.A.C. 4123-6-21(J)(2) of the immediate release forms of gabapentin. Reimbursement shall be restricted to a single form of gabapentin at any one time.
2. Add reimbursement for ziconotide (Prialt®). Reimbursement requires previous approval of the use of an implanted pain pump. The combination of ziconotide with any other medication results in a compounded sterile parenteral product which will be approved and reimbursed as described in O.A.C. 4123-6-21 (E)(1)(a)(b).
3. Limit reimbursement for all testosterone products (oral, topical, injections) to only those claims that have medical allowances involving the genitourinary and endocrine systems. Prescriptions for these products will no longer be reimbursed for routine treatment of possible side effects of opiates or other drugs.

4. Allow reimbursement for transdermal forms of the drugs Fentanyl and Buprenorphine (Butrans®) as first tier sustained release opiates in claims with clinical documentation of an inability to swallow or absorb oral medications. Reimbursement will also be allowed for either transdermal agent in claims with documentation of a therapeutic failure, demonstrated unacceptable side effects or systemic allergic reaction (as defined in OAC 4123-6-21 paragraphs (J) (1) and (J) (2) to an oral sustained release opiate. Reimbursement for all sustained release opiate medications is limited to use of a single sustained release agent at any one time.
5. Limit reimbursement for each strength of buprenorphine patch (Butrans®) to a prescription for 4 patches per 28 days. Reimbursement for (Butrans®) is further limited to claims requiring a daily morphine equivalent dose of 90mg or less per day. The maximum daily dose covered will be 20mcg/day. These limitations are in keeping with the FDA approved 7 day dosing schedule and maximum daily dose of this product.
6. Limit coverage for prescriptions of fentanyl patches to a maximum of 10 patches per 30 days. Reimbursement for all strengths of these products shall be restricted to not more than every 72 hours. Dosing at every 48 hours may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency.
7. Limit coverage of all formulary products containing acetaminophen to only those products that contain 325mg or less of acetaminophen per dosage unit. This is in keeping with the recent action by the FDA to remove from the market all products containing more than this amount of the drug.
8. Revise the language that describes the coverage of the proton pump inhibitor drug class to clarify specifically what over the counter products and prescription products would be covered.

The current language states:

Proton Pump Inhibitor Class Specific Restrictions:

Effective July 1, 2012, reimbursement is restricted to only the following drugs in this class: omeprazole, Prilosec OTC®, Prevacid OTC®, Prevacid Solutab (lansoprazole) This coverage restriction shall apply effective August 31, 2012 for claims in which non-covered drugs in this class were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims. Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)

The new language would state:

Proton Pump Inhibitor Class-Specific Restrictions:

Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during chronic oral steroid or non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease). Beginning with the effective date of this revision, reimbursement is limited to only the following drugs in this class:

Prescription Strength Delayed Release Product: Omeprazole(10mg, 20mg, 40mg) products

Prescription Strength Dispersible Tablet: Prevacid Solutab® (15mg, 30mg)

(Requires Prior Authorization to document inability to utilize the standard oral product)

Over-The-Counter (OTC) Product: Omeprazole OTC 20mg products only.