Disclosures

Dr. Robert Goldberg:
Chief Medical Officer at Healthesystems

Spouse:
Employee of Diablo Valley Oncology and Hematology

I, Robert Goldberg, MD, hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.
Summarize the development of the formulary from evidence-based occupational medical treatment guidelines.

Explain the potential clinical and cost benefits of a closed drug formulary supported by evidence-based guidelines.
The California DWC Formulary: An Introduction / Robert Goldberg, MD

Formulary development

Benefits

Considerations

Formulary functionality

Describe the considerations that are important to the successful implementation and adoption of a state-based formulary.

Formulary development

Benefits

Considerations

Formulary functionality

Describe the functionality of the formulary and the supporting tools to make prescribing decisions for injured workers.
Agenda

1. Purposes and Principles of a formulary
2. Development of the Reed MDGuidelines (ACOEM) formulary
3. Overview of the California DWC Formulary Regulations
4. Highlights of the CWCI analysis
5. The MDGuidelines web-based tool
6. Discussion and questions

Purpose and Principles of a Formulary

Evidence-based formulary for workers’ compensation treatment
- Enhance medical decision making
- Improve patient care and reduce system costs

Use the strength of the ACOEM Occupational Medicine Practice Guidelines

State of the art guidance:
- Physicians
- Injured workers
- Claims professionals
- Legal and regulatory community
- All other stakeholders in WC treatment
A formulary is best developed in the context of a robust clinical evidence base.
ACOEM Chapters as primary source

ACOEM recommendations:
- Based on literature review, evaluation for bias and strength
- Class of medications, e.g. Opioids, NSAIDs
- Specific medications
Methodology

**ACOEM Chapters**
ACOEM Chapters as primary source

**ACOEM Recommendations**
Based on literature review, evaluation for bias and strength
Class of medications, e.g., Opioids, NSAIDs
Specific medications

**Leading Sources**
ACOEM recommendations:
Healthesystems recommendations based on leading sources as well as P&T decisions
Pharmacy and medical literature, safety, cost

**Supplement**
Other leading sources as needed: new literature, texts and other guidelines

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Methodology

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Methodology

Specific Conditions by body part (ICD9/10 codes attached)

Class of medications

ACOEM recommendations:
- Recommended
- Not recommended
- No recommendation - insufficient evidence

Phase of treatment - acute and chronic

Specific medications - generic listing

Healthsystems recommendations for specific medications within a class:
- Yes
- No

National cost data for relative comparisons

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Methodology

Initial reading of ACOEM Guidelines

ACOEM recommendations reviewed

Some updated or greater specificity required; other sources identified as evidence

Comments added to guide physicians, claims professionals

Editor reviewed work by PharmD; iterative approach

External reviews conducted

Input considered and adopted if justified

Chapter updated and sent for ACOEM review

Input considered and discussed if needed, adopted if justified

Final decisions by Editor
The California DWC Formulary: An Introduction / Robert Goldberg, MD

Methodology

- **EYE**
- **MUSCULOSKELETAL CHAPTERS**
  - Chronic pain
  - Shoulder
  - Hip/groin
- **ASThma**
  - Neck
  - Elbow
  - Hand/wrist/forearm
  - Knee
  - Ankle/foot
  - Skin
  - Stress
  - Interstitial lung disease

NOT COVERED

Updates

**2016**
- **Neck:** complete chapter re-write and formulary review
- **Back:** complete chapter re-write and formulary review
- **Shoulder:** chapter update and formulary review
- **Knee:** chapter update and formulary review

**2017**
- **Chronic Pain**
- **Opioids**
- **Ankle/Foot**
- **Hip/Groin**
- **Eye**
- **TBI (new)**
The DWC adoption of a closed-drug formulary grounded in such high-quality, evidence-based guidelines will provide real benefits to injured workers.
California DWC Formulary

Closed formulary
Preferred and Non-preferred medications

Reed/ACOEM Formulary - MDGuidelines Formulary
Effective 7/1/2017

Linked to Medical Treatment Utilization Schedule (MTUS)

ACOEM Guidelines

Physicians are expected to prescribe in accordance with MTUS/ACOEM based on injury-specific guidelines

CA DWC FORMULARY

Established by AB 1124
Effective date 7/1/2017

2 key purposes:
1. set evidence based standards for use of medication for treatment
2. reduce delays in treatment and cut “frictional” costs such as UR, IMR

Applicable only to drugs for outpatient use or dispensed for outpatient use

For injuries before 7/1/2017 transition to a preferred drug or submit an RFA for authorization for non-preferred or unlisted drug

Off-label use shall be in accordance with MTUS and formulary
Drug Lists (257 medications):

1. Preferred: does not require prospective review
2. Non-preferred: requires prospective review
   - First fill (7 medications) 4-day supply within 7 days of DOI:
     - Tramadol (HCL and HCL/AC)
     - Vicodin
     - Percocet
     - Tizanidine
     - Baclofen
     - Morphine

Non-listed drugs: all require prospective review

The MTUS will be updated with new ACOEM chapters
MTUS guides prescribing and UR
Preferred medications are subject to retrospective review
Non-preferred and non-listed require RFA and medical necessity determination within the MTUS
**PHYSICIAN DISPENSED**
First fill drugs allowed
Subsequent dispensing requires prospective authorization

**COMPOUNDS**
Drug created by combining two or more active ingredients to meet a patient need that cannot be met with FDA-approved prescription drugs
Prospective review is required

**BRAND NAME DRUGS**
Less costly generic is preferred
If MD prescribes Brand as DAW prospective review is required for medical necessity rather than generic equivalent

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**Updates:**

**Pharmacy and Therapeutics** committee is established
Reviews available evidence on drug safety, efficacy and effectiveness
Consults with Administrative Director - advisory role only
Updates will be adopted by an order specifying changes and effective date

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*The California DWC Formulary: An Introduction / Robert Goldberg, MD*
California Workers’ Compensation Institute (CWCI) compared DWC drug lists to 2014 paid prescription data.

- 57% Non-preferred
- 16% Non-listed
- 27% Preferred

73% of prescriptions and 78% of associated payments are non-preferred or non-listed medications.

- 97% NSAIDS preferred
- 97% OPIOIDS preferred

- Vicodin, Norco 14%
- Tramadol 5%
- Cyclobenzaprine 4%
As prescribers align with guidelines and move to adopt the preferred drugs for the proper conditions, we should expect to see correlating improvement in clinical outcomes.

Public Policy Implications

- Narrows the list of medications for routine use
- Promotes more evidence-based prescribing
- Forces prescribers to more carefully consider pharmacotherapy
- Requires prescribers to make a case of medical necessity for some medications
- Re-directs treatment away from opioids and “muscle-relaxants”
- Reduces medical care costs from pharmacy
- Encourages a new focus on non-pharma approaches to care
- Enhances focus on RTW and reduces indemnity costs
So What Is a Doc to Do?

- Learn the lists of preferred and non-preferred
- Consider neuropathic pain meds for neuropathic pain
- Rethink approach to pharmacotherapy
- Bottom line: is this medication medically necessary and appropriate for this worker for this condition?
- Reduce reliance on opioids and sedatives
- Focus on functional recovery and NOT pain relief as primary goal
- Treat pain in a multi-modal fashion

MDGuidelines Formulary

The measure of health

Better care, better outcomes, and lower costs are better for everyone.

MDGuidelines is an industry-leading solution for measuring and improving the impact of evidence-based care across entire populations — returning individuals to active living quickly and helping organizations thrive.

Search for Content or Durations

Our new search is smarter — enter keywords in any order & even forgive imperfect spelling. Enter a medical code or keyword in the white search box at the top of the page to find a Topic or a Medical Code.

- Keywords (e.g., “low back pain”)
- Medical code (ICD-9-CM or ICD-10-CM)
- Anatomical region (e.g., “lower”)

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### MDGuidelines Formulary – Filter by Drug Name

![Formulary Tool](image)

### MDGuidelines Formulary – Filter by Recommendation

![Formulary Tool](image)
### MDGuidelines Formulary – Detailed View of Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Drug Class</th>
<th>Generic (Brand)</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Cervicogenic Pain</td>
<td>ANALGESICS - ANTI-INFLAMMATORY</td>
<td>COLZECIEM (Celecoxib)</td>
<td>Yes, Insufficient Evidence (I)</td>
</tr>
</tbody>
</table>

**Comments for Prescriber**
- Duration of use may be indefinite.

**Comments for Claims Professional**
- Duration of use may be indefinite.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>951.3</td>
<td>M48.40</td>
</tr>
<tr>
<td>721.11</td>
<td>M48.43</td>
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<tr>
<td>721.12</td>
<td>M48.45</td>
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<tr>
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<td>M48.74</td>
</tr>
<tr>
<td>721.72</td>
<td>M48.75</td>
</tr>
</tbody>
</table>

**Ang Estimated Cost**: $X.43

### MDGuidelines Formulary – Print View of Results

**Formulary Detail for Cervicogenic Pain**
- **Phase**: Acute
- **Drug Class**: ANALGESICS - ANTI-INFLAMMATORY
- **Generic (Brand)**: COLZECIEM (Celecoxib)
- **Evidence Support**: Yes, Insufficient Evidence (I)

**Comments for Prescriber**
- Duration of use may be indefinite.

**Comments for Claims Professional**
- Duration of use may be indefinite.

**ICD-9-CM**: 951.3, 721.11, 721.12, 721.71, 721.72, 721.31, 721.32, 721.73, 721.74, 721.91, 721.92, 721.93, 721.94, 721.95, 721.96, 721.97, 721.98, 721.99

**Ang Estimated Cost**: $X.43

**References**
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