

Pharmacy Bulletin

August 2008



Effective Sept. 1, 2008, BWC will implement a number of policy changes to the outpatient drug benefit for Ohio injured workers. These changes have been reviewed and approved by both BWC's Pharmacy and Therapeutics Committee and the Healthcare Quality Assurance Advisory Committee. These changes will ensure effective treatment and outcomes at the most appropriate cost.

Coverage Changes

Lidoderm® (lidocaine) – BWC will only consider reimbursement for this drug when a diagnosis of **post-herpetic neuralgia** is recognized as an allowed condition in the injured worker's claim. Post-herpetic neuralgia is the sole FDA-approved indication for this drug.

Actiq® (fentanyl citrate transmucosal) and Fentora® (fentanyl buccal tablet) – BWC will only consider reimbursement for this drug when a diagnosis of **neoplasm** or **malignancy** is recognized as an allowed condition in the claim. Oral transmucosal fentanyl is indicated only for the management of breakthrough cancer pain in patients with malignancies already receiving and tolerant of opioid therapy for their underlying persistent cancer pain. BWC will continue to reimburse for the many generically-available, short-acting opioid analgesics to treat breakthrough pain associated with an injured worker's chronic non-cancer pain.

Not reimbursable

Preferred

Zanaflex® Capsules (tizanidine)	Tizanidine 2mg & 4mg Tablets
Amrix® ER Capsules (cyclobenzaprine)	Cyclobenzaprine 5mg & 10mg Tablets
Fexmid® Tablets (cyclobenzaprine)	Cyclobenzaprine 5mg & 10mg Tablets
Soma®250mg Tablets (carisoprodol)	Preferred non-carisoprodol containing SMR
Flector® Patch (diclofenac)	Preferred NSAID, including oral formulations of diclofenac



Each of the drug products listed as "Not reimbursable", i.e., tizanidine, cyclobenzaprine, carisoprodol, and diclofenac, are available in other dosage forms and/or strengths that are either preferred or, in the case of carisoprodol, available with prior authorization. For patients receiving a drug that is now not reimbursable, the prescriber should consider prescribing either the same drug available in a preferred dosage form or drug strength or consider prescribing a different drug that is indicated for the same condition from the preferred list.

The changes below do not apply to claims managed by self-insuring employers unless the self-insuring employer has implemented a point of service system and has elected to implement these changes. If you have questions about a self-insured claim, please contact the employer. Injured workers with self-insured claims should have cards with employer contact information. You can also obtain employer information by logging on to ohiobwc.com or by calling 1-800-OHIOBWC.

Antimigraine drugs (Triptans) – Specific quantity limits instituted at the drug-dosage form level. Limits available on ohiobwc.com. Quantity limitations are being implemented to limit the potential for overuse/misuse of these drugs since prolonged use of these drugs at higher than recommended dosages may result in serious adverse effects for the patient. Injured workers that currently utilize these drugs in quantities that exceed these limits should be evaluated to determine if the headaches they are experiencing are actually migraine headaches or some other type of headache that can be treated effectively with a non-triptan drug. For patients who are experiencing frequent migraine headaches, migraine prophylaxis therapy should be considered to lessen the injured worker's utilization of triptan-type drugs.

Anti-infectives – Prior authorization is required when the date of service is greater than 180 days after the date of injury. Exceptions to this limitation include claims that are allowed for pulmonary disease, paraplegia/spinal cord injury, neurogenic bladder, recurrent urinary tract infections, or valvular heart disease. Catastrophically injured workers and injured workers that have received an organ transplant under their BWC claim or have undergone a claim-related device implantation will also be allowed to receive anti-infectives more than 180 days after the date of injury. Pharmacists will also have the ability to enter an intervention code when submitting a bill for an anti-infective in a claim with a date of service greater than 180 days after the date of injury when the drug is clearly related to the allowed conditions of the claim. An example of this would be when the anti-infective is being prescribed to treat a post-operative infection following a claim-related surgery.

Non-Preferred/Preferred Drug Changes

Notable changes include the addition of meloxicam and cyclobenzaprine 5mg tablets to the list of preferred agents that do not require prior authorization.

BWC encourages prescribers to review these coverage changes carefully to ensure the injured workers' treatment is not interrupted

Beginning in early August, updated information regarding BWC's pharmacy benefit program will be accessible on the bureau's Web site, ohiobwc.com, under What's New at BWC, or by clicking on Medical Providers, and then Pharmacy Prior Authorization.

The other drug benefits program changes BWC has planned for 2009 are below.

Effective January 2009

Ulcer medications - Proton Pump Inhibitors (PPI) – Coverage will be limited to Prilosec® OTC (omeprazole) and generic versions of prescription PPIs. All generic formulations of Histamine-H2 antagonists will be considered as preferred drugs.

Skeletal muscle relaxants – New coverage limits based on date of service and date of injury.