

PHARMACY FORMULARY

FACTS



- In its final report to this legislature in March 2017, the Louisiana Joint Commission on Preventing Opioid Abuse specifically did not recommend the adoption of a pharmacy formulary in workers' compensation.



- SB55 by Senator Fred Mills passed out of senate on Monday, April 24, 2017. It strengthens the PMP, Physician Monitoring Program, by requiring automatic enrollment of a prescriber's controlled dangerous substance license and requires prescribers to check the system upon the initial prescription of a Schedule II drug, including opioids, with exceptions for cancer and hospice.

- HB192 by Representatives Helena Moreno and Kirk Talbot provides for a 7-day limit on opioid prescription for first-time patients with acute conditions.
- SB55 and HB192 provide for prescribers in the general health arena. These bills influence prescribing behavior and impact the abuse, over-use, and over-prescribing of opioids in the workers' compensation arena, as well.
- The Louisiana medical treatment guidelines for chronic pain specifically requires treating physicians to screen their patients prior to conducting chronic opioid therapy, conduct random drug screening and testing, and refer the patient to specialists for pain management and psychological/psychiatric consultation
- According to a January 4, 2017, article by Jed Lipinski on NOLA.com\The Times-Picayune, Louisiana was one of only four states to show a decline in the rate of opioid-related hospital stays between 2009-2014. During the same time period, opioid-related hospitalizations nationwide increased by a rate of nearly 24 percent.
- A WCRI (Workers' Compensation Research Institute) study in March 2017 noted a marked decline in opioid utilization in Louisiana and 24 other study states between 2010 and 2015.
- Based on the aforementioned study, Louisiana had a 5- 6 percentage point decrease in the percentage of claims with pain medications that received opioids. On the other hand, the prescribing of non-opioid pain medications increased over the same period of time.
- Careful management by insurers and administrators can achieve the same results as a formulary; a lower overall level of prescription drug costs and lower inappropriate opioid prescriptions written each year.



- **A study by Dr. Marcus Dillender in June 2016 of claims with more than 7 days of lost time show an observable decrease in the longer-term use of opioids among injured workers in 25 states, most of which do not utilize a formulary.**
- **Although the use of a formulary in Texas is laudable, no evidence from Texas has been presented showing the well-being of the injured worker is better with a formulary than without a formulary.**
- **The insurer is better off financially, but no one knows if the injured worker is enjoying a true level of better health and it seems no one cares.**
- **Pharmacy formularies are primarily focused on cost containment.**
- **Pharmacy formularies exert a powerful influence on prescribing decisions and medication utilization, best left to the physician.**
- **In 2016 prescription drugs costs increased while prescription drug utilization decreased.**
- **Between 2012 and 2013 prescriptions for opioids declined by 5% and have been in decline ever since.**
- **In 2011, Texas became the first state to adopt a closed formulary. Since then 8 other states have adopted or in the process of adopting a formulary.**