First Script Prescription Benefit News
for Workers' Compensation

March 2016

COVENTRY

Ask The Pharmacist

To suggest a topic, send an email to:
AskThePharmacist@cvty.us.com

There has been a lot of press lately related to medical marijuana being a potential alternative for opioids for the treatment of various conditions, including chronic pain. How likely are we to see this treatment pushed in the workers' comp arena?

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Medical Marijuana has been touted recently as a potential solution to the opioid epidemic and the prescription drug overdose dilemma facing our nation; that much is true. The concept is an interesting one; however, as it now stands, we do not have a lot of reliable evidence that can support this idea. Many legal and regulatory issues surround this topic, as do clinical implications related to patient safety, long-term outcomes, proven benefit (i.e., head-to-head clinical trials), etc. I certainly believe this is a topic worth exploring, but I also recognize there are several hurdles in existence today that may hamper any true, clinically sound arguments one way or the other.

First, there are the legal issues related to treatment with medical marijuana. Marijuana still remains a Drug Enforcement Administration (DEA) Schedule I Controlled Substance at the federal level. Many states have adopted medical marijuana laws that allow state residents to pursue treatment; however, the dosage forms, rules surrounding use and procurement of the drug, and the list of qualifying ailments that may be managed with the drug vary. Due to some of the differences in dispensing forms and requirements in "manufacturing" or supplying medical marijuana, potency and uniformity issues can also present a challenge. Along with this, setting up a clinical trial in the way that is done for all other drugs when there is a question of comparison between one treatment vs. others (for example, a direct head-to-head trial comparing medical marijuana to a specific opioid in a set of patients over time and documenting differences in outcomes) is essentially not an option. In general, these types of clinical trials are used by clinicians to make informed decisions about treatment, often referred to as "evidence-based medicine." While several case studies exist showing benefits in small samples of individuals, the restrictions on marijuana from a legal perspective make it virtually impossible to examine the drug at a broader level in a way that the medical community would consider to represent reliable, strong evidence supporting widespread use. Many consider there to be too many questions remaining related to the endorsement of medical marijuana over other types of FDA-approved drugs on a broadly accepted scale. All of this (and several other considerations, such as employers' drug policies preventing injured workers from returning to work if using illicit substances, or the drug's federal status making it essentially illegal for an insurer to directly cover payment, for example) makes the discussion around the use of medical marijuana in the workers' comp space very tricky.

At least from a clinical perspective, until such time as we are able to directly compare the two treatments and consider all implications (ranging from efficacy outcomes, to impact on quality of life, to societal influence, to long-term effects, etc.), it is difficult to draw an over-arching conclusion as to whether or not the use of medical marijuana will represent the "solution" to the opioid problem. We know that we have issues with overuse and abuse of opioids; that much is clear. We know the harms and completely detrimental effects opioids can exhibit. We know we need to do better at managing this dilemma and pushing for safer and more beneficial outcomes while still effectively managing pain. The question as to how best to tackle these issues is still playing out. More information is needed, including the utility of effective alternative treatments (of which, medical marijuana may very well prove to be one). There are some promising concepts on the horizon that we should continue to follow and investigate; however, the jury is still out. It is difficult to predict what impact medical marijuana will have in workers' comp, but it would seem from everything presented above in a very brief summary that, overall, there are still several significant bridges that would need to be crossed before this treatment will be able to gain a foothold in the industry.

Regulatory Roundup

Formularies

Tennessee

The treatment guidelines, and corresponding pharmacy formulary, are effective as of 2/28/16. However, due to exceptions regarding claims and prescriptions already in existence, the formulary will not impact claims until 8/28/16. First Script is on track to be programmed to meet all client needs in relation to the formulary rules well in advance of the August date. For further information, please consult the State of Tennessee's website, here: http://www.tn.gov/workforce/article/wc-drug-formulary

California

In conjunction with the RAND Corp., the Division of Workers' Compensation (DWC) has earnestly undertaken the process of developing the required pharmacy formulary mandated by AB 1124 (2015). On 2/17/16, the DWC, led by newly appointed acting administrative director George Parisotto, solicited comments from several stakeholder groups on the topic of the formulary. With a required implementation date of 7/1/2017, First Script anticipates frequent updates and developments on the topic. http://www.dir.ca.gov/DIRNews/2016/2016-20.pdf

Nebraska

Recently introduced L1005 would create a mandatory drug formulary for outpatient use only in the Nebraska work comp system, effective 1/1/17. Specific language as to how the formulary would operate or what it would be based on is not incorporated within the bill. https://legiscan.com/NE/bill/LB1005/2015

Treatment Guidelines

Pennsylvania

House Bill 1800, introducing mandatory treatment guidelines for all workers' compensation treatment, continues to work its way through the legislature. At this time no specific impact to pharmacy can be identified, but some impact should be assumed. http://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2015&sInd=0&body=H&type=B&bn=1800

Medical Marijuana

New Mexico

House Bill 195, which would have remove the requirement for medial cannabis to be a reimbursable benefit in workers' compensation, did not make it through the legislature. https://legiscan.com/NM/bill/HB195/2016

Kansas

House Bill 2691, which would make medical marijuana compensable as part of workers' compensation care, was recently introduced. https://legiscan.com/KS/bill/HB2691/2015

Other Issues

Oklahoma

The Oklahoma Workers' Compensation Commission has ruled the Employee Benefit Injury Act, which allows employers to opt out of the state's workers' compensation benefit system if they are able to provide alternative benefits coverage for injured workers, unconstitutional. While it is fully anticipated that the employer in the case-in-chief, Vasquez v. Dillard's, will appeal to the Oklahoma Supreme Court, it is not yet known if the ruling will immediately start the clock that requires all currently opted-out employers to secure adequate workers' compensation coverage through other means or if employers will seek an injunction until a final determination is made on this issue. http://www.businessinsurance.com/article/20160229/NEWS08/160229844

New York

In what is becoming an annual affair, A04642 has been introduced which provides for employees to freely choose their pharmacy provider, effectively repealing the long-held employer choice of pharmacy provider right in New York. https://legiscan.com/NY/bill/A04642/2015

Drug of the Month

Narcan® (naloxone, intranasal)

Naloxone is a semisynthetic opiate-receptor antagonist. Essentially, the drug works to reverse both the clinical (analgesic) and toxic (respiratory depression, hypotension, sedation) effects of opiate analgesics, thus it has historically been used to treat opiate overdose. Naloxone has been around for over 40 years as an FDA-approved treatment for use by emergency medical personnel; however, it was not until more recently that the drug has gained FDA-approval for "take-home" use by laypersons. The take-home auto-injector product, Evzio®, was approved in April 2014. The FDA approved naloxone nasal spray (Narcan®) in November 2015 for the emergency treatment outside of a health care setting of known or suspected overdose as evidenced by respiratory and/or central nervous system depression.

Patients and caregivers should be educated on recognizing the signs of an opioid overdose, including:

- Extreme or unusual sleepiness or drowsiness
- Mental confusion, slurred speech, or other signs of intoxicated behavior
- Breathing problems, ranging from slow or shallow breathing to complete arrest of breathing
- Extremely small or "pinpoint" pupils
- Slow heartbeat and/or low blood pressure

Narcan® Nasal Spray is given by intranasal route as a 4-mg dose into one nostril. An additional dose of Narcan® may be given with a new spray bottle (in the other nostril) after 2 to 3 minutes if the desired response is not observed. Additional doses may be continued in this way (if needed and if additional product is available) until emergency personnel arrive. Each package of Narcan® comes with two pre-filled, single dose intranasal spray bottles that cannot be reused. It is important to note that Narcan® is not a replacement for emergency medical services, and emergency medical assistance should be obtained immediately following Narcan® administration. A link to more detailed instructions for use, including a demonstration video, may be found below on the Narcan® Nasal Spray webpage under "Helpful Resources." The Official Disability Guidelines (ODG) recommend naloxone on a "case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology." ODG also purport that if the prescriber is concerned enough about a patient's opioid use to prescribe naloxone, it is recommended that the prescriber consider re-evaluating the patient's opioid treatment as well.

References:
www.narcannasalspray.com
www.accessdata.fda.gov/scripts/cder/drugsatfda/
www.odg-twc.com/