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First Script Prescription Benefit News
for Workers' Compensation

May 2019

Ask The Pharmacist

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

What are the treatment recommendations for work-related asthma?

Asthma is a common, chronic lung disease that affects more than 25 million Americans. There is no cure for asthma, however, the symptoms, which typically include recurring episodes of wheezing, chest tightness, shortness of breath, and coughing as a result of inflamed and narrowed airways, can be managed by taking medication and avoiding triggers that can cause asthma symptoms.

Occupational asthma is asthma triggered by an exposure at work. According to the National Institute for Occupational Safety and Health (NIOSH), "over 300 known or suspected substances in the workplace can cause or worsen asthma," and "asthma symptoms can develop shortly after exposure, or they can develop months or years after repeated exposure to harmful substances." The Official Disability Guidelines (ODG) further state that "about nine percent of all asthma cases in the U.S. are caused or made worse by work-related exposures, affecting about 1.4 million adults annually." Determining causality is a good recommended first step in considering treatment coverage under workers' comp and typically involves establishing a mechanism of injury, a temporal relationship (exposure always precedes the asthma reaction), and a dose-response effect (increasing amount of exposure increases the risk).

Once causal relationship is established, ODG makes several recommendations for diagnosis and treatment of work-related asthma. A diagnosis can be made with early spirometric testing, along with serial peak flow rate measurement and methacholine challenge testing (aka, bronchial provocation testing) specifically supported by ODG for establishing work-relatedness. Once a work-related diagnosis is confirmed, ODG indicates that "removal from exposure is associated with the highest probability of improvement, but may not lead to complete recovery."

In the event that asthma medications are required to control occupational asthma, ODG recommends a stepwise approach depending on the severity and consistency of the asthma symptoms. For example, an inhaled short-acting beta 2-agonist such as albuterol (Ventolin®), levalbuterol (Xopenex®), or pirbuterol (Maxair®) is recommended on an as-needed basis for intermittent asthma. Recommendations continue to add guidance for first- and second-line medications for persistent asthma, with treatment for the most severe form including the addition of high-dose inhaled corticosteroids such as budesonide (Pulmicort®) or fluticasone (Flovent®) along with an inhaled long-acting beta 2-agonist such as formoterol (Foradil®) or salmeterol (Serevent®). Several of these drugs are also available in combination product options, such as salmeterol/fluticasone (Advair®) or formoterol/budesonide (Symbicort®).

Clinical Updates

FDA approves first generic naloxone nasal spray

The FDA has approved of the first generic for Narcan® to be administered in a community setting. The Surgeon General strongly recommends naloxone for elevated opioid overdose risk. Read our First Script bulletin to find out more.

Fentanyl Transdermal Patch recall

Alvogen Inc. has issued a nationwide recall for Fentanyl Transdermal Patch due to mislabeling which could result in serious, life threatening, or fatal respiratory depression. To find out more, read our First Script bulletin.

Governmental Activity by State

Find out more about the governmental updates and potential changes currently being proposed in your state

Colorado

New law SB 79 requires certain practitioners to prescribe controlled substances electronically effective August 2, 2019. On or after July 1, 2021, a physician or a physician assistant delegated the authority to prescribe medication must prescribe a controlled substance only by an electronic prescription. The bill includes some stipulations for electronic submission.

Connecticut

Proposed House Bill 7395 would add opioid antagonists to drugs monitored as part of the electronic prescription drug monitoring program. The electronic prescription drug monitoring program was initially established to collect prescription information for Schedules II, III, IV and V controlled substances. This bill proposes to add any opioid antagonist medication, dispensed by pharmacies, nonresident pharmacies, outpatient pharmacies in hospitals or institutions, or by any other dispenser to the list of substances monitored.

Iowa

Effective May 29, 2019, Rule IAC 650-16.1 adopts prescribing requirements for dentists. Beginning January 1, 2020, all prescription drug orders, including prescriptions for controlled substances, must be electronically prescribed unless exempt. A dentist who fails to comply with the electronic prescription mandate may be subject to a non-disciplinary administrative penalty.

Proposal House Bill 559 would provide changes to the Compassionate Use of Medical Cannabis Act. The proposed changes would reclassify the use of marijuana to a Schedule II controlled substance, establish various definitions, provides requirements for how patients may be prescribed and obtain medical cannabis, and add tetrahydrocannabinols and their synthetic equivalents of the substances contained in the cannabis plan.

Montana

Effective October 1, 2019 Senate Bill 61 enacts registration requirements for the Montana Prescription Drug Registry (MPDR). The new law requires each person licensed to prescribe or dispense prescription drugs to register to use the MPDR at the time of initial licensure or renewal of licensure.

Proposal Rule ARM 24.29.1433, 24.29.1534, & 24.29.1538 pertains to medical fee schedules for workers' compensation. The proposed changes include increases in various base rates for in and outpatient services, increases in some conversion factors for service, and would replace the Montana Workers' Compensation Professional Fee Schedule Instruction. Proposed changes are scheduled to become effective July 1, 2019. The department will hold a public hearing on May 6, 2019, and written comments must be accepted until May 13, 2019.

New York

Proposed adoption of Part 441 of 12 NYCRR would establish a drug formulary that includes high-quality and cost-effective preauthorized medication. Based on the comments received in response to the January 23, 2019 Notice of Revised Rule Making, the board has announced a third revision to the proposed drug formulary published April 17, 2019. View the proposed regulations, drug formulary, and other pertinent information, here. Comments are being accepted by May 17, 2019.

Effective October 1, 2019 new rule 12 NYCRR 400.1 et seq. regarding the pharmacy fee schedule contains several significant changes including definition changes, updates to pricing methodologies, repackaged and compound medications, and rebates or third-party revenue related to drugs dispensed.

Pennsylvania

Proposed Senate Bill 507 would provide changes to opioid prescribing limitations. The proposed changes outline limitations on combinations of opioids and patients with active opioid prescriptions. Some exceptions are outlined; however, prescribers who do not comply would be subject to administrative sanctions.

Tennessee

Unless otherwise specified, Senate Bill 810 regarding opioid prescribing limitations became effective on April 9, 2019. The new law's requirements can be found here.

Drug of the Month

Primatene® MIST (OTC)

A medication is once again available over-the-counter (OTC) for temporary relief of symptoms in patients aged 12 years and older with mild, intermittent asthma. Primatene MIST (epinephrine inhalation aerosol) was recently reintroduced to the market by the Food and Drug Administration (FDA). The original inhaler product was removed in 2011 in compliance with the 1989 Montreal Protocol of Substances that Deplete the Ozone Layer and the Clean Air Act of 1990 as it contained chlorofluorocarbon (CFC) propellants. Like prescription-only inhalers used to deliver several types of medications, the newly-available OTC product contains hydrofluoroalkane (HFA) propellants which are permitted under current law.

Epinephrine works as a bronchodilator by opening the airways in the lungs (i.e., the bronchi and bronchioles), thus decreasing airflow resistance. Primatene MIST is available as a metered dose inhaler (MDI) containing 160 metered sprays that deliver 0.125 mg of epinephrine inhalation aerosol per spray. It is intended to be dosed as needed at 1 to 2 inhalations with at least four hours separating subsequent doses (not to exceed eight inhalations in 24 hours). The recommended directions for use include priming the MDI four times before the very first use only and thereafter before each dose by shaking the device and then spraying one spray into the air prior to each inhalation. In other words, for each dose, the patient is instructed to shake then spray once into the air, inhale one spray, wait at least one minute and if symptoms persist, shake and then spray once into the air and take a second inhalation. It is also recommended that the user wash the MDI after each day of use.

Possible effects associated with use of this product include a rise in blood pressure or heart rate, which could potentially increase a person's risk of heart attack or stroke, especially if that individual has a history of high blood pressure or heart disease or if the product is used more frequently than recommended. Foods or beverages containing caffeine and supplements with ingredients exhibiting a stimulant effect should be avoided while using Primatene MIST. The approved package label refers the user to see a doctor if he or she is not better within 20 minutes, if asthma worsens, if more than eight inhalations are needed in 24 hours, or the patient experiences more than two asthma attacks in a week.

Caution and controversy have surrounded the FDA's approval of Primatene MIST. A joint statement was developed by several agencies including the American Association for Respiratory Care, the American Lung Association, and the American College of Chest Physicians, to name a few, outlining the concerns with OTC treatment for asthma as well as the risks associated with use of Primatene MIST and its active ingredient, racemic epinephrine, a drug that is not recommended by current asthma guidelines. In general, the consensus is that Primatene MIST is not a replacement for prescription asthma treatments and should not be used without oversight from a physician following a diagnosis of asthma.

For more information pertaining to safety and place in therapy, guidance from the Director of the Division of Nonprescription Drug Products (CDER) has been published on the FDA's website under "Safely Using the Newly Available OTC Asthma Inhaler Primatene MIST." Questions related to Primatene MIST or any medications requested for your injured worker may be directed to our team of clinical pharmacists at askthepharmacist@cvty.com.

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