

## **PHARMACEUTICAL PROTOCOL**

The Medical Advisory Board establishes this protocol with the intent to:

- 1: Raise awareness of the risk of injured workers being addicted to opiate medication
- 2: Reduce the dispensing of ineffective or poorly tolerated medication
- 3: Establish medication/dispensing guidelines for physicians, insurers and pharmacy benefit managers.

The protocol is established as follows:

- 1: Generic substitutes should be used as first choice.
- 2: If the prescribing physician is seeking the use of brand name medication after therapeutic failure of the generic equivalent, the insurer must provide a physician-physician review process. If the prescribing physician is seeking authorization for an off-label use of a medication, the insurer must offer a specialty-specific, physician to physician review process.
- 3: Over-the-counter medications will not be paid for unless prescribed by the prescribing physician.
- 4: If additional non-opiate medications are needed after three (3) months of treatment, the prescribing physician must provide a statement to the insurer substantiating the need.
- 5: With the exception of opiate/narcotic medications, ninety (90) day prescriptions should be utilized if the medication will more than likely be used for extended periods (i.e. permanently injured workers).
- 6: Injured workers may use the pharmacy of their choice.
- 7: Prescriptions must initially be filled as written by the prescribing physician. If the insurer contests the necessity of a prescription, a 14 day supply of the original medication must be dispensed to cover the appeals process, unless the covered substitution is immediately approved by the prescribing physician.
- 8: If the insurer's plan requires the use of mail-order pharmacies, the insurer must have a system in place allowing the worker to be provided with enough medication to cover them until the full prescription arrives via mail.
- 9: Opiate/narcotic medications, regardless of Schedule, should be prescribed for a maximum of thirty (30) days of total therapy. The physician must consider the risks of addiction and abuse regardless of the length of therapy.
- 10: Topical compounded prescriptions are not recommended by the Board unless the finished product (not the ingredients, either individually or collectively) has FDA approval for the indication.

### **PROTOCOL HISTORY**

Passed: 3/21/1995  
Amended: 1/9/2001  
Amended: 5/21/2013  
Amended: 1/26/2016