



## **Advisory Council to Take up Formulary Issue after Bill to Implement ODG Dies**

By Tauren Dyson, correspondent

Louisiana regulators still interested in bringing a prescription drug formulary to the state will push forward in an attempt to do so.

In mid-June, lawmakers snatched the proposed SB 256 -- the bill that would require doctors to choose from a pre-approved list of prescription drugs -- from the table after it faced stiff opposition.

Now, the Louisiana Workers' Compensation Advisory Council plans to reintroduce the conversation during its meeting on Thursday in Baton Rouge, along with several big amendments to any new formulary.

"I think if we were going to go with such guidelines that would include a formulary, we would then want the people that provide medical treatment and dispense pharmaceuticals to be the ones that guide that process because they're the professionals in that area," said Julie Cherry, chairwoman of the Workers' Compensation Advisory Council.

The council, and medical providers, said the last formulary constrained health care providers from choosing which drugs were appropriate for which patients. If a new formulary is proposed, those

groups want to lay more power to prescribe opiates in the laps of doctors.

In theory, formularies help curb prescription drug abuse by requiring preapproval for certain prescription drugs. Proponents believe formularies will lower opiate usage among patients.

Currently, five states have prescription drug formularies, and like some of those, Louisiana adopted the Official Disability Guidelines. A bill working through the California Legislature would establish a formulary in the nation's largest workers' compensation system. North Carolina, Tennessee and Montana are also considering formularies.

Will Green, director of civil justice reform with the Louisiana Association of Business and Industry, said his group supports a "properly drafted, properly implemented worker's compensation pharmacy formulary."

"However, as most people know, the devil is in the details," he said. Green said the LABI worked with the Louisiana State Medical Society, insurers and employers and other groups in order to create a pharmacy formulary that would satisfy all stakeholders.

"The original bill, as written, did not give the carriers the proper preauthorization on the front end for the drugs," Green said.

Under the old formulary proposal, drugs would fall into the "Y" or pre-authorized group -- not including narcotics -- or the "N" group -- which would require approval on a case-by-case basis. Green argues the past formulary proposal limited the types of drugs available in the "Y" group and stripped away the flexibility for doctors to prescribe narcotics when necessary.

"No matter why 'N' drugs are chosen, I think there needs to be guidelines to back them up. I think there needs to be a method to update that because medical, especially in the pharmacy world, change pretty quickly," Green said. "There's several things that all sides agree need to happen, and that we can accomplish, and I look

forward to continue to work towards that goal."

At the end, he cited lack of front-end authority on the part of those stakeholders on which prescription pills would be preauthorized. He said employers and carriers had little say on which drugs would be allowed in the preauthorized prescription batch.

Cherry said because the formulary proposed by SB 356 limited type of prescription drugs the health care provider could prescribe for each patient, she voted against it. The rest of her council colleagues followed suit.

According to a [July 2014 report by the Centers for Disease Control](#), health care providers in Louisiana prescribed 118 painkillers per 100 residents in the state in 2012, the seventh-highest usage rate in the country.

Ken Eischler, regulatory affairs director for The Work-Loss Data Institute, which publishes the ODG, said he expects lawmakers to introduce another formulary bill to the Legislature during the 2016 session that will both satisfy many of the SB 256 opponents and also discourage opioid addiction.

Eischler points to the results in Texas, which currently employs a formulary, as an incentive for Louisiana to adopt its own.

"Texas has seen incredible results, with the prescribing of opioids ... dropping over 60% in prescribing patterns," Eischler said.

However, Eischler does not condemn the use of opiates in every case.

"No drug should ever be totally denied based on a formulary; the formulary is just determining which drugs require preauthorization and which don't, and also cites a concise way to document the exception to get authorization when the drug is indicated," Eischler said. "We're still committed to working with the stakeholders."