

## Formulary Committee Meeting

1/25/2018

Members present were: Bill Wheeler, Eric Strauss, Maralyn Lytle, Misty Knight, Cindy Zimmerman, Karen Wiles, Bri Lake, Mark Eichler, Becky Curtis, Julia Brennan, Kristine Ediger, Lindi Mandy, Char Lewis-Richards, Michelle Fairclough, and Lance Zanto.

Members present via GoTo Meeting: Jennifer Hepfner, Mark Cadwallader, John Schumpert, Leslae Dalpiaz, and Mike Marsh.

Others present via GoTo Meeting: Vicki Evans, Usha Pujary, Sandy Shtab, Susan Stewart, Lisa Ann Bickford, William Baker, Monica Sanchez, Al Smith, Adam Fowler, Jean Branscum, John Nelson, Nikki Wilson, Francine Johnson, Carl Nye, and Mike Lemrig.

Meeting was opened at 1:00 pm with roll call of committee members and attendees present via GoToMeeting.

Bri Lake, ERD Research Analyst, gave her presentation “Implementing a Formulary in MT: A Review of Other States (Part 1)”, which included information on First Fill programs and Prior Authorization.

Questions and comments from committee members were presented regarding First Fill program:

- Sandy Shtab recommended clearly defining the term “First Fill” in rule.
- Would we provide pharmacy benefits before a claim is accepted? How would a pharmacy know which PBM is responsible if no claim has been filed? A PCN # or BIN # could be used for authorization.
- What if an insurer doesn’t use a PBM? Formulary would be in affect and insurer would be responsible.
- Important to allow a retrospective review to look at appropriateness of drug prescribed.
- What happens in retro review if prescription was incorrect? Sandy responded a subsequent medication wouldn’t be allowed past first fill.
- Michelle Fairclough agreed with defining first fill to leave open to negotiate who pays first fill between insurer and PBM.
- Mark Cadwallader presented the question of what happens to IW if injury happens in another state?
- Typical for states to have a first fill program in place? Yes, limited # of drugs listed. Some states do not have first fill program.
- Would First Fill apply to every prescription? The decision would be up to the Department.
- Mike Marsh raised the question if all plans would require insurers to use First Fill? Bill responded with yes, all plans would need to comply.
- Sandy Shtab responded that using a First Fill program is also used to reduce litigation, as there is a limited list of drugs available.
- Mark Eichler stated there are enough other options of “N” drugs in formulary to use in place for First Fill scripts.

Questions and comments were presented on the prior authorization topic:

- What are the majority of disputes regarding? Bri will collect more information on this issue. Michelle Fairclough responded MSF typically sees disputes over MED levels.
- MED's should be clearly defined in the U&T Guidelines. How to incorporate into MT rule?
- Nikki Wilson, Coventry, added safety controls such as dosage controls, could be added to Prior Auth on a "Y" drug. Recommends clearly defining in state regulations.
- Jean Branscum, MMA, requested tracking the number of approvals and denials, and how long for each prior authorization to make a decision. PBM's reluctant to give data due to private contracts with insurers.
- Topic of communication and education to providers and patients was discussed.

HealthESystems, Sandy Shtab, presented on the Formulary topic:

- Formularies are simply a long list of drugs used by doctors and pharmacists, widely used in Work Comp and in group health plans.
- Formularies should be applicable to all injured workers' in order for all to get the correct medications.
- Pre-authorization should be used for compound drugs or non-FDA approved drugs.
- Recommend a 90 to 120-day time frame with legacy claims to be used as a window to have a conversation about medical necessity between the IW, doctor and insurer. California recently implemented a 90 day window on legacy claims.
- IW's should have access to other alternative treatments such as acupuncture, massage, physical therapy, etc.
- Ideas on how to socialize the rule for the formulary were discussed; make it easily accessible, get physicians involved into formulary implementation for success. Idea of sending a form letter from the Department to all physicians and IW for patients currently receiving drugs listed as an "N" drug in Formulary.
- Question as to if the MT Guidelines have a "Not Recommended" drug, ODG says "Y", should it default to "NR"? Bill Wheeler will follow up with this topic at a later date.

Coventry presented to include Lisa Ann Bickford, Nikki Wilson, Pharmacist, Carl Nye, VP Operations, and Michael Lemmick, Utilization Review.

- Discussed the legacy claim timeline topic of a 90 timeline in California. After 90 days, documentation from provider is required to substantiate the need to continue or cease the medication usage.
- Need to recognize certain drugs that might need more time to transition to another drug.
- Educational outreach to providers on a particular formulary is important; ideas of webinars or CE credits for providers.
- Texas sent form letters to physicians that patient is on an "N" drug along with a letter to the IW. Made a low impact overall.

Next steps:

- Bri will present on the topics of Dispute Resolution and Legacy Claims in the March meeting.
- Bill Wheeler will reach out to Michelle Fairclough to discuss U&T Guideline issues.
- Administrative rule implementation to continue.
- U&T Guideline review is continuing.
- Discussions with PBM's to continue.
- Mark Cadwallader will work on First Fill and Prior Authorization language and definitions.

No public comments were presented and meeting was adjourned at 3:25 pm.

Next meeting will be held on Friday, March 16th.