



# Auto Pharmacy Resource Guide

May 2019 | Auto No-Fault

# 2019 AUTO NO-FAULT PHARMACY STATE FEE SCHEDULE

## FLORIDA



### PHARMACY

**BR & G** – 80% of Maximum WC Fee Schedule  
(WC = AWP + \$4.18)

**Generics** – No generic mandate

**Compounds** – 80% of Maximum WC Fee Schedule

**Repackaged/Doctor Dispense** – 80% of Maximum WC Fee Schedule using original manufacturers AWP



### ANCILLARY

**Ancillary** – 80% of 200% of Medicare

**Misc. Medical** – Most medical services = 80% of 200% of Medicare

**DOC** – Direction of medical care not permitted

Utilize CMS-1500 or UB-92 billing forms



### COVERAGE AND TREATMENT

**Treatment Guidelines** – Shall be medically necessary

**UR** – No specific utilization review processes

**Limits** – PIP subject to a \$10,000 limit for medical and disability benefits

## HAWAII



### PHARMACY

**BR & G** – AWP + 40%

**Generics** – Shall be substituted unless indicated by prescriber

**Compounds** – AWP + 40% for each ingredient using original manufacturers AWP

**Repackaged/Doctor Dispense** – AWP + 40% using original manufacturers AWP



### ANCILLARY

**Ancillary** – Charges shall not exceed 110% of Medicare RBRVS or Exhibit A in Fee Schedule

**Misc. Medical** – Charges shall not exceed 110% of Medicare RBRVS or Exhibit A in Fee Schedule

**DOC** – Managed Care Option for Direction of Care

No mandated billing forms



### COVERAGE AND TREATMENT

**Treatment Guidelines** – Shall not exceed frequency allowed under WC Fee Schedule

**UR** – No specific utilization review processes

**Limits** – PIP subject to \$10,000 limit with additional coverage possible

## KENTUCKY



### PHARMACY

**BR & G** – No Fee Schedule

**Generics** – NA

**Compounds** – NA

**Repackaged/Doctor Dispense** – NA, Physicians limited to a max of 48 hours dispensed for any Schedule II or III containing hydrocodone



### ANCILLARY

**Ancillary** – No Fee Schedule

**Misc. Medical** – No Fee Schedule

**DOC** – Direction of Care not addressed

No mandated billing forms



### COVERAGE AND TREATMENT

**Treatment Guidelines** – NA

**UR** – NA

**Limits** – Maximum amount of basic benefit reparation equals \$10,000

## MICHIGAN



### PHARMACY

**BR & G** – NA

**Generics** – NA

**Compounds** – NA

**Repackaged/Doctor Dispense** – NA



### ANCILLARY

**Ancillary** – No Fee Schedule

**Misc. Medical** – Medical charges shall be reasonable charges for necessary services and products

**DOC** – Not allowed

No mandated billing forms



### COVERAGE AND TREATMENT

**Treatment Guidelines** – NA

**UR** – NA

**Limits** – No cap on medical benefits but payable in increments of \$5,000

## MINNESOTA



### PHARMACY

**BR & G** – Reasonable and necessary (Billed amount or AWP + \$4.18???)

**Generics** – NA

**Compounds** – Require Prior Authorization and reimbursed upon sum of each ingredient

**Repackaged/Doctor Dispense** – Drugs filled outside a licensed pharmacy shall be AWP + \$4.18 utilizing original manufacturers AWP



### ANCILLARY

**Ancillary** – No Fee Schedule

**Misc. Medical** – No Fee Schedule

**DOC** – NA

eBilling required, pharmacy = NCPDP D.0 format and services = ASC X12 837-5010 format



### COVERAGE AND TREATMENT

**Treatment Guidelines** – NA

**UR** – NA

**Limits** – Minimum \$40,000 coverage of which \$20,000 for medical expenses and loss

## NEW JERSEY



### PHARMACY

**BR & G** – NA

**Generics** – NA

**Compounds** – NA

**Repackaged/Doctor Dispense** – Limited to a 7 day-supply by practice act with exemptions



### ANCILLARY

**Ancillary** – Specific state fee schedule established and based upon region of service

**Misc. Medical** – Specific state fee schedule established and based upon region of service

**DOC** – No

No mandated billing forms



### COVERAGE AND TREATMENT

**Treatment Guidelines** – Treatments shall be rendered in accordance with commonly accepted protocols

**UR** – State established UR processes to determine medical necessity

**Limits** – Payment of medical benefits in accordance with the benefit plan provided in policy

# 2019 AUTO NO-FAULT PHARMACY STATE FEE SCHEDULE

## NEW YORK

### PHARMACY

**BR & G** – Brand = AWP – 12% + \$4.00 and Generic = AWP – 20% + \$5.00

**Generics** – NA

**Compounds** – Reimbursed at ingredient level using ingredient NDC and a single compound fee

**Repackaged/Doctor Dispense** – Practice Act limits all physician dispensing to a max of 72 hour supply

### ANCILLARY

**Ancillary** – Defaults to WC Fee Schedule for DMEPOS

**Misc. Medical** – Defaults to WC Fee schedule

**DOC** – No

No mandated billing forms

### COVERAGE AND TREATMENT

**Treatment Guidelines** – NA

**UR** – Can be utilized to determine medical necessity of treatment(s)

**Limits** – Basic coverage includes up to \$50,000 per person for items which may include medical services

## PENNSYLVANIA

### PHARMACY

**BR & G** – Shall not exceed 80% if providers U&C charge

**Generics** – NA

**Compounds** – NA

**Repackaged/Doctor Dispense** – NA

### ANCILLARY

**Ancillary** – Lesser than 110% of Medicare or providers U&C charge – if no Medicare shall not exceed 80% if providers U&C charge

**Misc. Medical** – Lesser than 110% of Medicare or providers U&C charge – if no Medicare shall not exceed 80% if providers U&C charge

**DOC** – NA

To extend possible, providers shall attempt to use CMS-1500 form

### COVERAGE AND TREATMENT

**Treatment Guidelines** – Medically necessary treatment and services

**UR** – Insurers can use state PRO processes to determine medical necessity

**Limits** – Required minimum of \$5,000 for medical but can be expanded per policy

## OREGON

### PHARMACY

**BR & G** – Charges shall not exceed charges to the general public or fee established by WC fee schedule (WC = B&G AWP – 16.5% + \$2.00)

**Generics** – NA

**Compounds** – NA

**Repackaged/Doctor Dispense** – NA

### ANCILLARY

**Ancillary** – Charges shall not exceed charges to general public or fee established by WC fee

**Misc. Medical** – Charges shall not exceed charges to general public or fee established by WC fee

**DOC** – NA

No mandated billing form

### COVERAGE AND TREATMENT

**Treatment Guidelines** – NA

**UR** – NA

**Limits** – Coverage includes all reasonable medical benefits but shall not exceed \$15,000 in aggregate for person covered

## GLOBAL OPIOID PRESCRIBING RESTRICTIONS

**Florida** – 2018: Prescriptions for acute pain limited to a three-day supply with exceptions for a maximum of up to seven-day supply

**Hawaii** – 2018: Limits initial co-prescribing of opioids and benzodiazepines to no more than a seven-day supply

**Kentucky** – 2017: Limits prescriptions of any schedule II controlled substance to treat acute pain to a three-day supply

**Michigan** – 2018: Limits prescriptions for opioids to treat acute pain to no more than a seven-day supply over a seven-day period

**Minnesota** – 2017: When treating acute pain prescriptions for any schedule II – IV controlled substance which is an opioid/narcotic is limited to a four-day supply

**New Jersey** – 2017: Initial prescriptions for an opioid drug is limited to a five-day supply

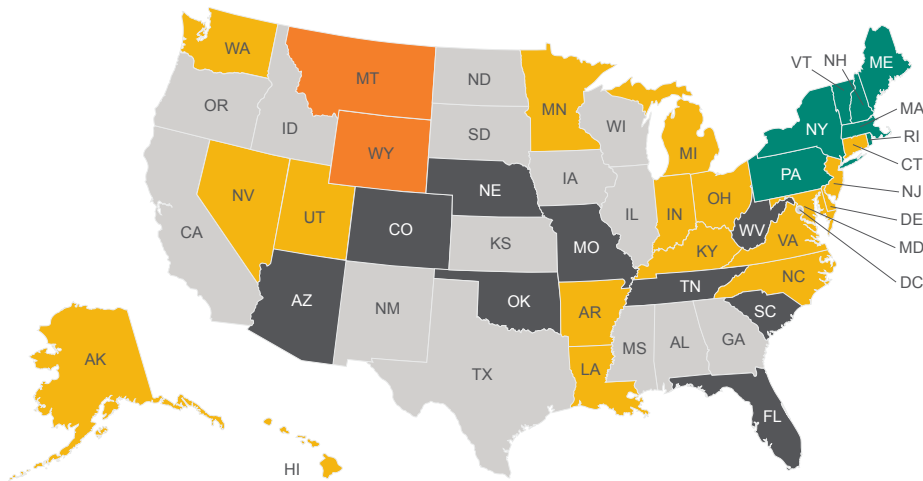
**New York** – 2016 – Initial prescriptions for treatment of acute pain is limited to a seven-day supply

**Oregon** – NA

**PA** – NA

# AUTO NO-FAULT MAPS OF JURISDICTIONAL LAWS AND REGULATIONS

## INITIAL OPIOID PRESCRIBING LIMITS



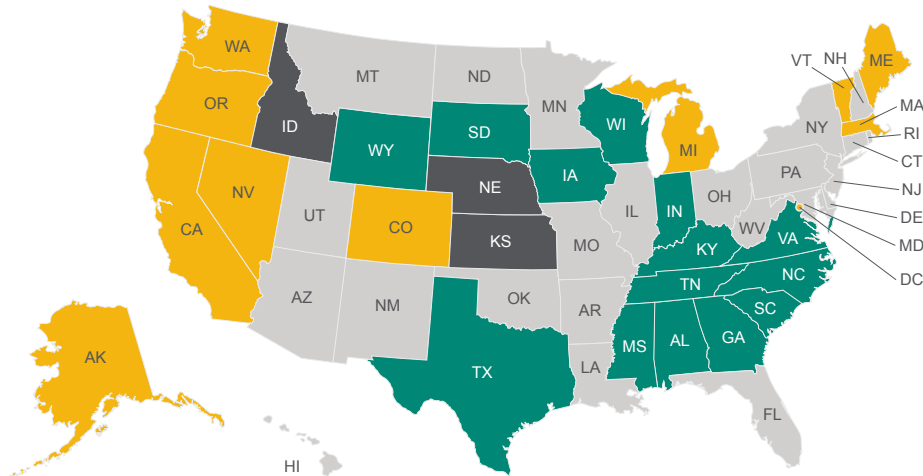
- 2019 Policy enacted
- 2018 Policy enacted
- 2017 Policy enacted
- 2016 Policy enacted
- No recent limitation policy action

Data – Reflects Legislation/Regulation enacting initial opioid prescribing limitations.

Note – Initial days supply limitations can vary across jurisdictions and treatment facilities.

Current as of April 2019.

## MEDICAL MARIJUANA



- Medical use of marijuana currently prohibited with legalized usage of cannabidiol (CBD) for limited purposes
- Legalized medical marijuana
- Legalized recreational and medical marijuana
- Medical use of marijuana currently prohibited

Source: ProCon.org \*Includes workers' comp fee schedule reimbursement for medical marijuana. Current as of January 2019.



#### **About Optum Worker's Comp and Auto No-fault Solutions**

Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at [expectmore@optum.com](mailto:expectmore@optum.com).

Optum and its respective marks are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2019 Optum, Inc. All Rights Reserved. PHM14-19214