



Missing the forest for the trees

As state workers' compensation systems take stock of efforts to end the opioid epidemic, some are also starting to realize that they have the power to help curb the problem. Louisiana, for example, is tied with New York for the most prescribed opioids for injured workers, according to a [Workers Compensation Research Institute study](#). In looking for an answer, supporters of a formulary solution in Louisiana turned to nearby and neighboring states of Texas, Oklahoma, and Tennessee, and saw that, following the adoption of the ODG Drug Formulary, first in Texas in 2011, the number of claims receiving more than 90 morphine milligram equivalent doses per day decreased by 97%. Ninety-seven percent! There could hardly be any stronger evidence showing massive benefits to the well-being of injured workers and their families than this historic statistic.

Supporters like multi-state employers from the Louisiana Association of Self-Insured Employers, and State Representative Kirk Talbot, made the connection, and Louisiana legislation in the form of HB 592 was proposed in early 2017 to adopt the ODG Formulary for workers' compensation.

As of Monday, to the disappointment of many, that bill stalled in the Senate.

So what happened? When the bill was first proposed, opposition came primarily from claimants' attorneys, suggesting that the formulary would make it too difficult for employees to get access to the drugs they need. Then, with that argument not making headway, in an odd and ironic twist, the argument was flipped, suggesting that injured workers would have *too easy access* to

dangerous drugs.

Huh?

The latter argument stemmed from the fact that ODG lists hydrocodone-acetaminophen as a Y drug, albeit with a long list of criteria and restrictions. This is consistent across every workers' comp formulary in use today, including the formularies by Washington, Ohio, and Reed Group. The fact is, Vicodin is an appropriate first-line, short term medication for severe, acute pain (i.e. following surgery, not to exceed two weeks). The suggestion was made first that the formulary was too restrictive, and when that didn't work, that it was not restrictive enough.

Politics.

Talk about missing the forest for the trees. There are 46 other opioids and their generic equivalents - hundreds of drugs, thousands of National Drug Codes - listed as N drugs in the ODG formulary. Hydrocodone, in keeping with the evidence, and in agreement with all current workers' comp drug formularies on the market, is listed as a Y drug, with restrictions. A Louisiana adoption of the ODG formulary would have, in no uncertain terms, reduced the number of Louisiana injured workers who end up addicted to opioids, reduced the number of ruined lives and ruined families that the state is left to support, and reduced the number of fathers, mothers, spouses, grown children, and friends that loved ones have to bury. The evidence is overwhelming.

Will formularies come back again for consideration in Louisiana? Yes, they will. And anyone who cares about the opioid epidemic in Louisiana can only hope that the decision makers look at the big picture. More injured workers are becoming ensnared and addicted every day, and time is of the essence. As one supporter



commented, "While a closed formulary is not the only necessary tool needed to address the drug problem we have in workers' compensation, it is a tool. I am always amazed when a regulator would rather not have any tools in place rather than having a least one tool."

One tool: The only multi-state drug formulary with proven results - ODG.

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Tuesday, June 13th

12:00 - 1:00 p.m. EST

For new, prospective or existing ODG users, we will provide an introduction to the Web version of ODG including system tools like the RTW Prescription, UR Advisor, Risk Assessment Scoring, and Predictive Analytics. Offered monthly.
