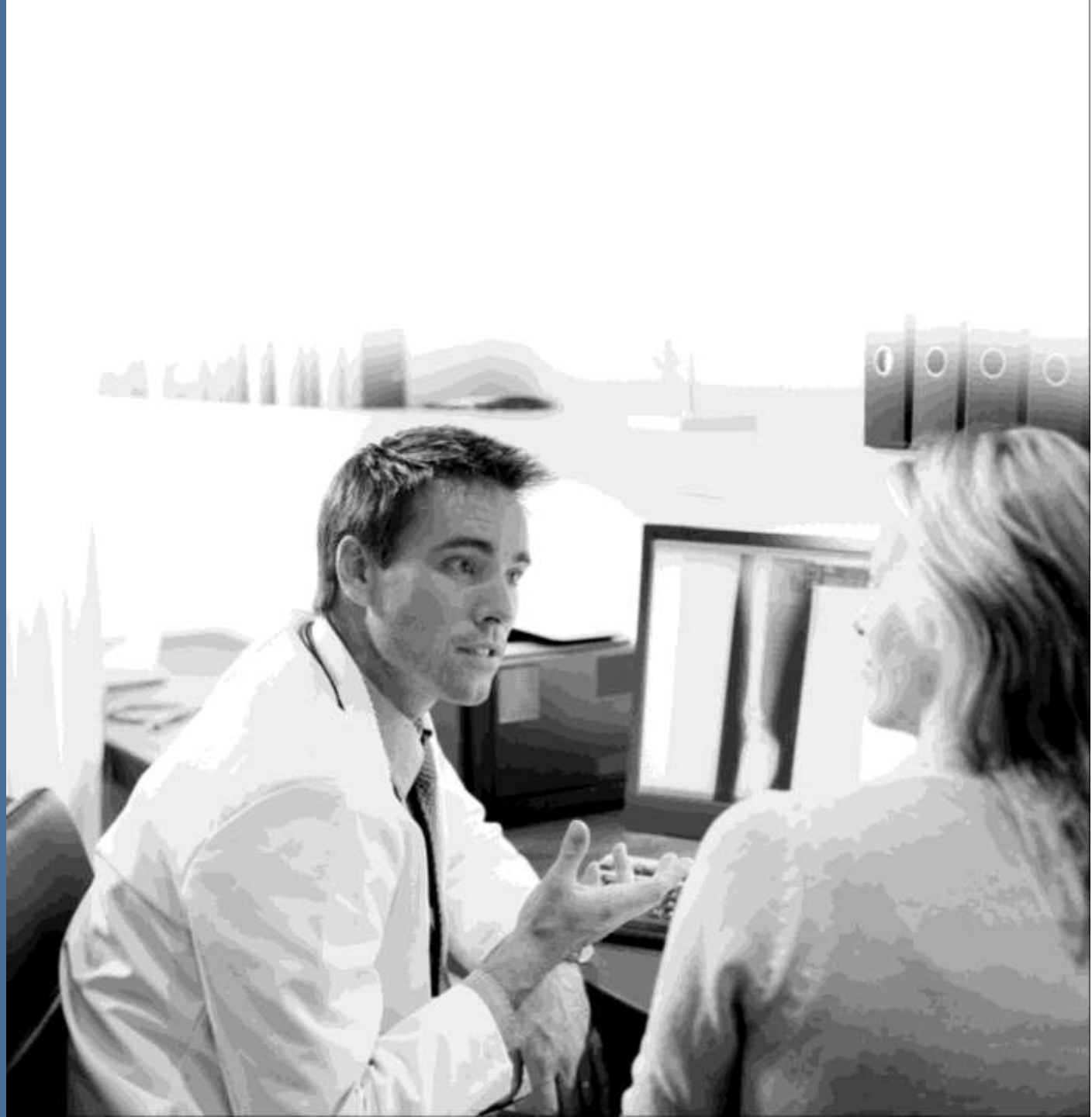
ReedGroup®
MDGuidelines®

# ACOEM-BASED DRUG FORMULARY

January 10th, 2018



# REEDGROUP INTRODUCTION

## ReedGroup's History

- Founded four decades ago by Dr. Presley Reed
- Groundbreaking research on the *Effects of Returning People to Activity*

## Research Findings

- *Reduces* rates of morbidity and mortality
- *Reduces* negative psychological, social, and economic effects
- *Reduces* costs for employers and insurers

## ReedGroup Today

- Provides healthcare management services to 63 *Fortune 100* companies
- MDGuidelines is the world's most trusted source of disability durations and practice guidelines.

# MDGUIDELINES OVERVIEW

## DISABILITY DURATION TABLES AND EVIDENCE-BASED PRACTICE GUIDELINES

- Used by hospitals, physicians, employers, government agencies, and insurers
- World-wide subscriber base (47 countries)
- Gold-standard Disability Duration Tables
- Predictive modeling capability
- Ability to benchmark outcomes against industry dataset
- Easy integration into point of care systems


- Integrated clinical content from ACOEM (*American College of Occupational and Environmental Medicine*)

# MDGUIDELINES AND ACOEM

- In 2013, Reed Group purchased  the ACOEM Practice Guidelines
- ACOEM University-based content research team remains intact unchanged
- ACOEM University-based content research team maintains its editorial independence
- ACOEM Practice Guidelines methodology continues to be rigorously maintained

# KEY CONSIDERATIONS FOR ADOPTIONS

## EVIDENCE-BASED PRACTICE GUIDELINES AND DRUG FORMULARIES

- EBM Guidelines / Formularies must support doctor/patient interactions
- Providers must drive treatment and drug prescriptions decisions
- EBM Guidelines / Formulary recommendations are only as good as the science and methodology on which they are developed
- EBM Guidelines development must be in alignment with IOM Standards for Developing Trustworthy Clinical Practice Guidelines

# FORMULARY: PURPOSE AND PRINCIPLES

Evidence-based formulary for workers' compensation treatment

Use the strength of the ACOEM Occupational Medicine Practice Guidelines

State of the art guidance:

- Physicians
- Injured Workers
- Claims Professionals
- Legal and Regulatory Community
- All other stakeholders in WC Treatment

# FORMULARY: DEVELOPMENT TEAM

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# FORMULARY: EXTERNAL REVIEWERS

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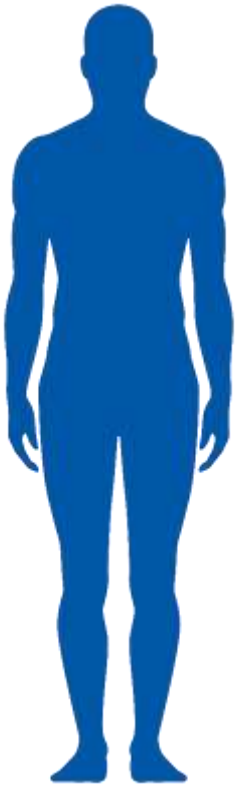
# FORMULARY: METHODOLOGY

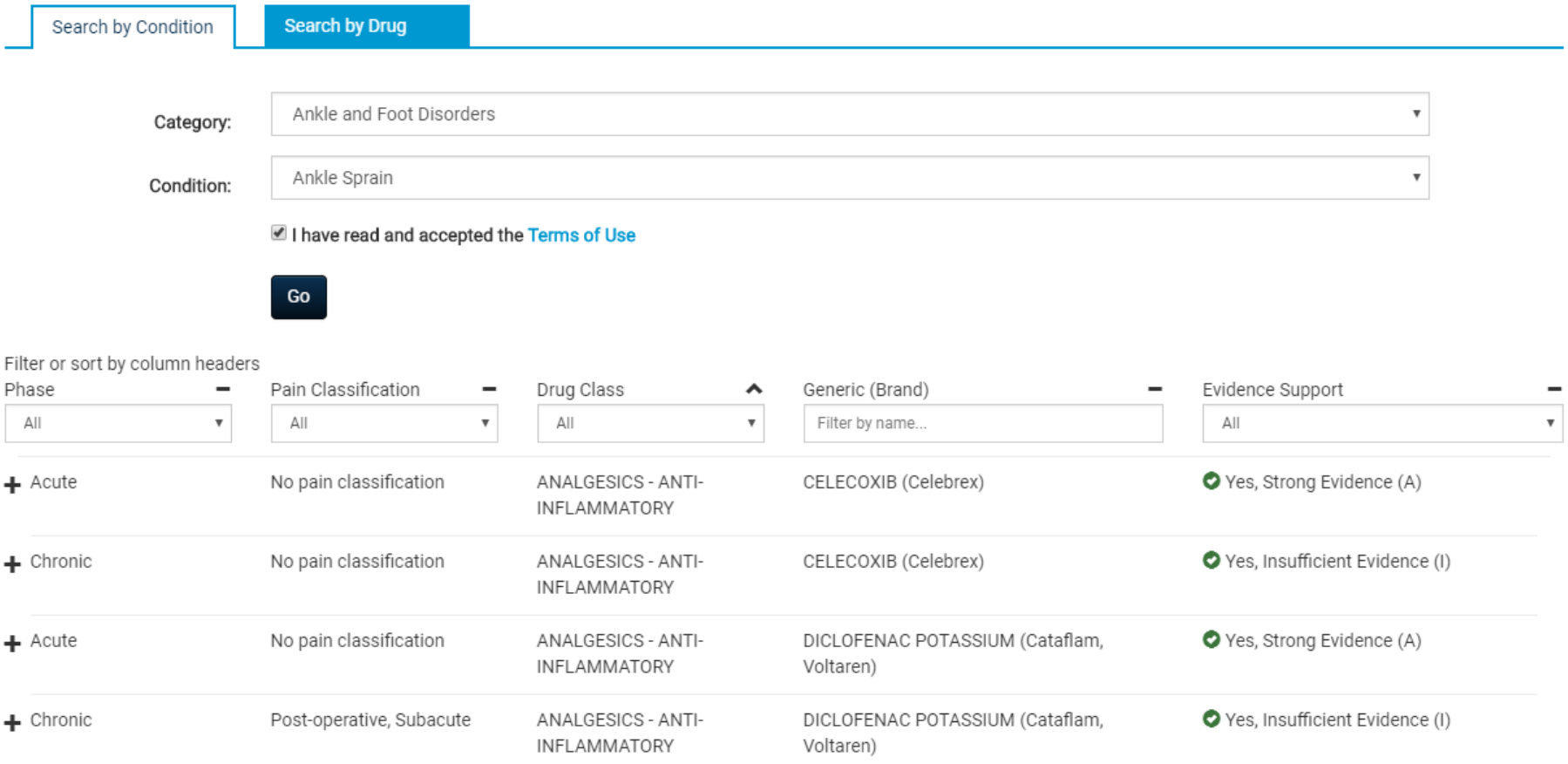
- Specific Conditions by body part
- ICD9/10 codes attached
- Phase of treatment - acute and chronic
- ACOEM Recommendations:
  - Recommended
  - Not recommended
  - No recommendation- insufficient evidence
- National cost data for relative comparisons



# FORMULARY: STRENGTHS AND DIFFERENCES

| | ACOEM | OTHER |
|---|---|---|
| Condition appropriate drug recommendations | X | |
| Drug recommendations specific to Phase of Care (Acute or Chronic) | X | |
| List of preferred and non-preferred drugs | X | X |
| Visibility to Strength of Evidence Rating for prescriber confidence | X | |
| Nationally recognized and adopted for workers' compensation in multiple States | X | X |
| Comments for Prescribers and Claims Professionals for improved clinical decision-making | X | |
| Recommendations are based on trustworthy evidence-based medicine treatment guidelines | X | |
| Clear link to evidence-based medicine treatment guidelines | X | |
| Founded on transparent literature review and guidelines development process | X | |
| Pharmacy and medical expertise are combined | X | |

# FORMULARY: VIEW



# FORMULARY: VIEW

Search by Condition | Search by Drug

## HYDROCODONE/IBUPROFEN (Vicoprofen)

**Class** ANALGESICS - OPIOID

**Avg. Estimated Cost** $3.13

Filter or sort by column headers

| Category | Condition | Phase | Pain Classification | Evidence Support |
|---|---|---|---|---|
| All | Low Back | All | All | All |
| Low Back Disorders | Low Back | Acute | Mild to Moderate | No, Strong Evidence (A) |

Print

| | |
|---|---|
| Comments for Prescriber | Not recommended for treatment of non-severe, acute pain (e.g., low back pain, sprains, or minor injury without signs of tissue damage).<br>NSAIDs can increase the risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease. Risk may be increased with higher doses and increased duration. |
| Comments for Claims Professional | Not recommended for treatment of non-severe, acute pain (e.g., low back pain, sprains, or minor injury without signs of tissue damage). |
| ICD-9 | 720.2, 720.9, 721.90, 722.10, 722.11, 722.2, 724.00, 724.02, 724.03, 724.09, 724.2, 724.4, 724.5, 724.9, 756.10, 756.11, 756.12 |
| ICD-10 | M43.20, M43.21, M43.22, M43.23, M43.24, M43.25, M43.26, M43.27, M43.28, M43.8X9, M46.1, M46.90, M46.91, M46.92, M46.93, M46.94, M46.95, M46.96, M46.97, M46.98, M46.99, M47.20, M47.819, M47.899, M47.9, M48.00, M48.06, M48.07, M48.08, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.26, M51.27, M51.9, M53.80, M53.84, M53.85, M53.9, M54.14, M54.15, M54.16, M54.17, M54.5, M54.89, M54.9, M99.23, M99.24, M99.25, M99.26, M99.27, M99.28, M99.29, M99.33, M99.34, M99.35, M99.36, M99.37, M99.38, M99.39, M99.43, M99.44, M99.45, M99.46, M99.47, M99.48, M99.49, M99.53, M99.54, M99.55, M99.56, M99.57, M99.58, M99.59, M99.63, M99.64, M99.65, M99.66, M99.67, M99.68, M99.69, M99.73, M99.74, M99.75, M99.76, M99.77, M99.78, M99.79, Q76.2, Q76.49 |
| References | p. 256-265. ACOEM 2014 Opioid Guidelines p. 18-38. |

# QUESTIONS

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