



myMatrixx monitor



Cost savings and quality care. One drug at a time.

by Steven MacDonald
Founder, Chairman & CEO

As part of our proactive clinical program, Get Ahead of the ClaimSM, our team is constantly reviewing new methods to aid our clients with not only managing drug costs, but also with delivering quality patient care. We understand this can be challenging, but we believe doing the right thing for our clients and the injured worker are equally important. That is why we developed a new solution to provide a direct impact to the cost of a pharmacy claim while doing what's best for the patient.

We call it One Drug Review and the name explains it all. By addressing one medication and making a slight modification to the patient's therapy, a substantial savings can be achieved over time. How? Our team will review one drug in a claimant's profile and identify the most cost

effective option, whether it is a drug substitution or an adjustment to how the patient takes a medication reducing the amount needed.

For example, Cymbalta[®] is commonly prescribed for pain management. Even though the manufacturer does not recommend taking more than 60 mg per day, many work comp patients are prescribed 90 mg per day and are taking three 30 mg capsules daily at a cost of \$785 per month. During a recent One Drug Review, our clinical pharmacist recommended to a physician that the patient reduce the amount of capsules to two (one 30 mg and one 60 mg) while keeping the dose the same. The physician agreed and the end result is a savings of \$260 per month and over \$3,000 per year.

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good medicine
for business



One Drug at a Time

by Steven MacDonald, Chairman & CEO

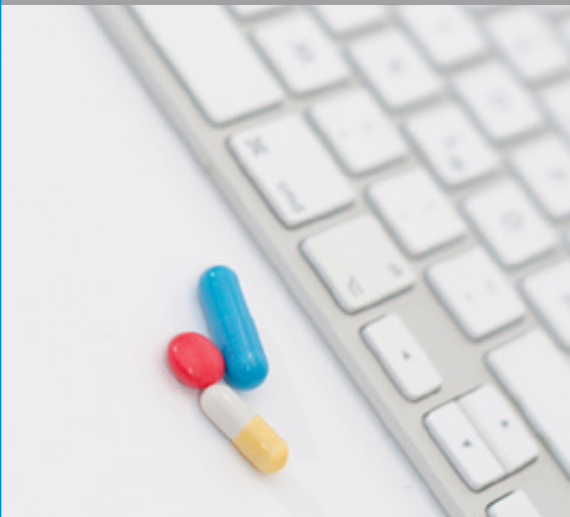
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Sometimes all it takes is one adjustment to make a difference in a claim, but it takes commitment to do so. The claims handler, physician and patient must all be on board to make this happen. With our team leading the process and helping everyone involved to make an informed decision, we know it is possible.

Clients may request a review at any time and our team is proactively seeking these unique savings opportunities and will alert claims handlers when one has been identified. If you are interested in learning more about One Drug Review, please contact your Client Services Manager or myMatrixx's Clinical Team at clinical@mymatrixx.com.

Steve

Steven MacDonald



Welcome Marcia Payne



myMatrixx is excited to welcome Marcia Payne to the organization as the new Regional Sales Manager based in Kansas. Marcia will cover the Southern

Midwest territory including Arkansas, Indiana, Kansas, Missouri, Nebraska and Oklahoma. She is responsible for new business development for pharmacy benefit management and ancillary services. Marcia will also provide support to clients in her region.

Marcia brings a wealth of experience to myMatrixx having served in the workers' compensation industry for over twenty years. Her background includes both clinical and operations positions with managed care, insurance and ancillary services organizations. Most recently she served as the Regional Sales Executive for Network Synergy Group, a national physical therapy management company, where she covered twenty states. She also served in leadership positions with IMA, a regional broker and TPA in Kansas, and Corvel. Her background also includes serving as a rehabilitative specialist and respiratory therapist.

Marcia is active in the industry and serves on the board of the Kansas Self Insurers Association and is a member of the planning committee for the Kansas Dept of Labor Workers' Comp Conference. Away from the office she is also training to be a Wish Granter for the Make a Wish foundation.

If you are in Marcia's region and need assistance, please contact her at mpayne@mymatrixx.com or (316) 640-0326.

**The Rise of Specialty Drugs in Workers' Comp.
Are you ready?**

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the webcast on demand.**



Clinical

CLINICAL CORNER



Xartemis™ XR Receives FDA Approval

by Michael Nguyen, PharmD, CPh, Director of Clinical Pharmacy

The drug maker Mallinckrodt has announced the recent approval of Xartemis XR, an extended-release combination drug containing oxycodone-acetaminophen. The manufacturer's dosing guidelines recommended dose is two tablets every 12 hours. The drug's release mechanism is biphasic; providing immediate pain relief in less than an hour and sustained pain relief for up to 12 hours. Xartemis is essentially an extended-release version of Percocet®. It is the only extended-release combination oxycodone-acetaminophen product available.

The average wholesale price (AWP) of Xartemis according to Medi-Span® is \$2.76 per tablet and results in a cost of \$331.20 for a 30-day supply of 120 tablets. The cost of Xartemis is strategically set at this price in an effort to align with the cost of generic Percocet which saw a 100% increase towards the end of 2013 to \$2.72 per tablet.

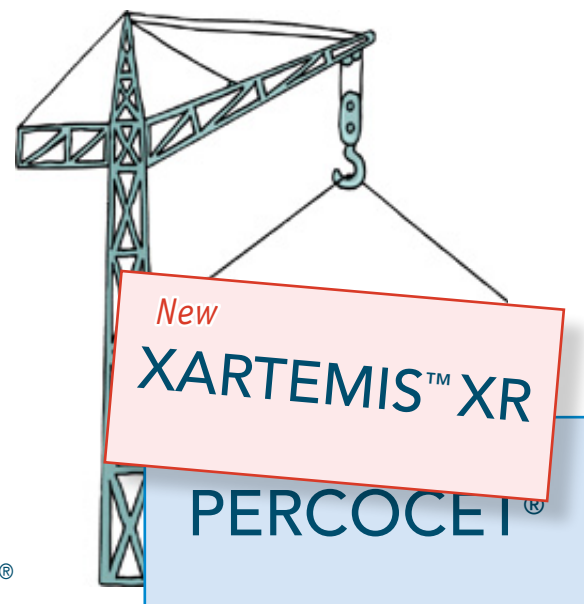
Xartemis will likely be marketed to prescribers as the only combination product that will allow a pain patient to sleep through the night. Patients who complain that Percocet does not work "long enough" may be given Xartemis. It is important to note that the initial recommendation to take Xartemis every 12 hours is not absolute. The prescribing information states that, "the second dose may be taken at 8 hours after the initial dose if pain intensity requires it." This means a patient can be prescribed up to 180 tablets for a 30-day supply, bringing the cost to \$496.80.

The release of any new opioid product adds to the controversy of the growing problem of opioid

abuse, which according to the Centers for Disease Control and Prevention (CDC) has been associated with a four-fold increase in opioid related overdose deaths over the last decade. In 2012, the Physicians for Responsible Opioid Prescribing (PROP) petitioned the FDA to strike the term "moderate" from the opioid labeling. As it currently stands, immediate-release products like Percocet are indicated for, "Relief of moderate to moderately severe pain." This type of wording is believed to contribute to over prescribing of opioids. The makers of Xartemis may be trying to divert this controversy by labeling their product, "for the management of acute pain severe enough to require an opioid and for which alternative treatment options are inadequate." Just because it does not contain the word moderate does not mean that it avoids the pitfalls of the other products. To avoid any ambiguity, the labeling should simply state, "for the management of severe acute pain only." But perhaps ambigu-

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XARTEMIS IS ESSENTIALLY
AN EXTENDED-RELEASE
VERSION OF PERCOCE[®]





Xartemis™ XR

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ity was the goal. Labeling Xartemis for pain severe enough to require an opioid implies that in any situation where Percocet is indicated, Xartemis is indicated which, as it stands, applies to moderate to moderately severe pain.

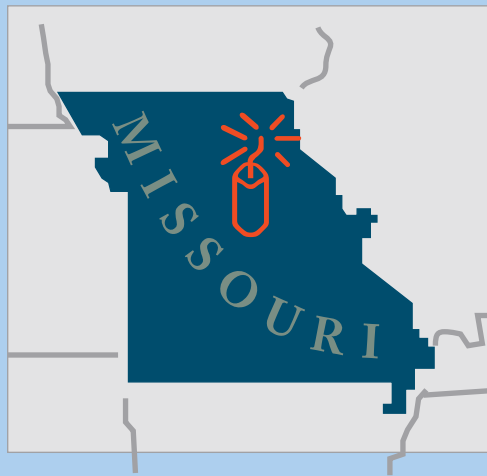
The extent to which prescribers will “buy” into Xartemis and its claims remains to be seen. It is known, however, that drug companies are experts

at marketing. Their tried and true methods for getting their drugs prescribed are reflected in the inordinate cost of health care in this country. As benefits managers, we seek to sift through the dust of evolving drug company strategies to help guide health care towards a system that puts patients before profits. A system that invests its resources towards real medical innovations instead of market share.



Watch Out Missouri!

By Phil Walls, RPh,
Chief Clinical and Compliance Officer



This article appeared in WorkCompWire on April 28 as part of the Leaders Speak series.

A prescription drug monitoring program (PDMP) is a statewide electronic database of certain controlled substance prescriptions that have been dispensed in that state or into that state by an out-of-state mail order pharmacy. Accessible by law enforcement, prescribers and dispensing pharmacists, the database makes it possible to identify overprescribing of controlled substances, multiple providers treating the same patient, and other “red flags” such as doctor shopping and pharmacy shopping. Currently, 49 out of 50 states have regulations that require a PDMP; Missouri is the final holdout.

Speaking at the National Rx Drug Abuse Summit held in Atlanta on April 22-24, Joseph Rannazzisi, Deputy Assistant Administrator in the Office of

Diversions Control at the Drug Enforcement Administration, cautioned that he has seen a migration of so-called pain management clinics out of Florida, following that state’s reforms in this regard, north to Georgia, Tennessee and other states. Without strict regulations in place, a state’s PDMP is the best tool available to combat the overprescribing of dangerous drugs like opioids by these clinics. Therefore, watch out Missouri—because while that state delays implementation of a PDMP, it runs a very real risk of becoming a target in this migration as the next pill mill of the nation.

When used appropriately, there is no doubt that PDMPs are an effective tool to curtail fraud, waste and abuse of dangerous controlled substances, and this topic was a recurring theme at the Summit. However, there are also limitations to the effectiveness of these programs, and therefore it is important to both identify those limitations and to develop corrective actions.

Since each state has developed its own PDMP, there are significant variations in the administration of these programs, including:

- The frequency of reporting which may vary between hourly, daily, weekly, bi-weekly and even monthly
- The type of controlled substances reported (schedules 2 through 5 or only those in schedules 2 and 3, or even 2, 3 and 4)
- The type of entity that is required to report, with some states having no requirement for dispensing physicians to report

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Watch Out Missouri!

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- Differences in whether use of the database by prescribers and pharmacists is voluntary or mandatory
- Both real and perceived differences in the ease of use of the PDMP databases.

These variations mean that a state with mandatory use regulations, frequent (close to real-time) reporting among all dispensers, and data that is integrated into the electronic health record of the patient will have significantly better results than a state where participation is voluntary, reporting is delayed, use is cumbersome, and certain entities such as dispensing physicians are not required to report.

In addition to these variations between states, there are also concerns over state boundaries and who has access to the PDMP. States restrict prescriber access to individuals licensed in that state. This restriction becomes very problematic in cities that lie on state borders, such as Cincinnati. Without an agreement between states, a prescriber would not see prescriptions in his state's database if the patient had the prescription filled in a pharmacy across state lines. Concerns



also exist regarding restricted access to these databases. Current regulations do not allow insurance carriers or TPAs to utilize PDMPs to identify fraud, nor do they allow clinical pharmacists working for the payer or a pharmacy benefit manager (PBM) to have access. This latter restriction means that those health professionals charged with monitoring for compliance and safe drug use cannot use the most valuable tool available.

Read Part Two of this series by Phil Walls on WorkCompWire [Here](#).

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Regulatory Approaches to Prescription Drug Management

By Jaelene Fayhee, Compliance and Government Affairs Director



While many states have adopted regulations affecting prescription drug management, there is a move from providing general direction to more stringent state specific guidelines. There is also a move toward workers' compensation regulatory agencies collaborating with other state agencies to find effective tools for managing patients' pain needs.

TENNESSEE The Tennessee Division of Labor has been working with the TN Department of Health to develop opioid treatment guidelines, which will include a separate appendix for workers' compensation. Under the Tennessee Workers' Compensation Reform Act of 2013, Administrator Abbie Hudgens will appoint a medical advisory committee in 2014. The Medical Advisory Committee is expected to consider the TN Dept. of Health's draft opioid guidelines this year. Tennessee's current prescription drug management tools include requiring utilization review if an injured worker is prescribed Schedule II, III or IV controlled substance for more than 90 days.

CALIFORNIA In early April the California Division of Workers' Compensation (DWC) posted a proposed "Guideline for the Use of Opioids to Treat Work-Related Injuries" to its [online forum](#). The proposed Guidelines outlines the findings from the guideline review and Part B provides "complete recommendations for management of patients with acute, subacute, post-operative, and chronic pain, as well as appendices with helpful tools for clinicians."

California, like Tennessee, has utilization review as a prescription management tool. CWCI's January 2014 study "Medical Dispute Resolution: Utilization Review and Independent Medical Review in the California Workers' Compensation System" reports that pharmacy is by far the leading UR event in California. Pharmacy represented 43% of the UR events studied; 74.1% of the events were approved, 7.2% were modified and 18.7% were denied.

The California Workers' Compensation Institute (CWCI) and the Workers' Compensation Research Institute (WCRI) are both studying the impact of a Texas-like formulary in CA and other states. CWCI's study applies the Texas Closed Formulary and the Washington formulary to California data.

OKLAHOMA and **OHIO** Two other states with 2014 initiatives related to prescription drug management include Oklahoma and Ohio. Oklahoma adopted a closed formulary similar to the Texas Formulary and Ohio adopted a standard dose tapering ([weaning schedule](#)). If a drug is subject to one of the weaning schedules, per [Rule 4123-6-21.1](#) Ohio self-insured employers must terminate reimbursement following the applicable weaning schedule.

Other states developing treatment guidelines specific to opioids include Minnesota, Michigan and Oregon. In Montana, the [House Economic Affairs Committee](#) is reviewing the use of medical utilization and treatment guidelines, including the guidelines related to narcotic prescriptions, and whether any cost savings are associated with the use of the guidelines and whether medical providers are using the guidelines. The Committee will complete the study prior to September 15, 2014 and report any findings, conclusions, comments, or recommendations of the appropriate committee, to the Legislature in 2015. Updates on states' prescription drug treatment guideline initiatives will be reported in myMatrixx's [Regulatory Recap Newsletter](#).



From the myMatrixx Blog

How to Manage Medical Supply Costs in Work Comp Claims

by Chuck Sweat, Vice President of Ancillary Development

Medical supplies make up a large portion of ancillary products utilized by injured workers. Whether your patient has a minor injury such as a small burn or they are a high level quadriplegic as the result of a catastrophic injury, they will no doubt require medical supplies. In this post we'll provide some insight to help you manage medical supply costs while maintaining a high level of care for your patient.

Understanding medical supply usage is essential in managing costs in workers' compensation ancillary claims, especially catastrophic ones. For catastrophic injuries, it is best to work closely with the patient or care giver early on to determine the most appropriate medical supplies needed to meet the patients' requirements. It is best to intervene as early as possible since patients tend to become brand loyal; managing the supplies at the onset can lower overall costs by giving the patient what they need while maintaining brands and usage levels. Once the patient becomes accustomed to a specific product, the opportunity to convert them to a lower cost item becomes greatly reduced.

However, there are cases where patients may require a higher end product to reduce the chance of infection, allergic reaction, or extended healing that can lead to costly medical care through re-admittance to the hospital. Examples include specific catheters or wound care to heal or prevent infection. Although it is an added expense to begin with, it will usually result in long term cost savings. Once the healing has been completed however, the patient should return to their original products unless otherwise instructed by their physician.

Additionally, many patients fear not having products available and will begin to stock pile supplies. To avoid this, confirm the patient's needs and agree on a reasonable quantity to have on hand. Ensure them their needs will be met and that their care is a top priority. Your workers' compensation ancillary services provider should also help to maintain monthly supply usage. Managing usage through a single source provider will

allow you to have an accurate view of utilization and cost.

How should your ancillary services provider assist in managing your medical supply costs?

1. Provide a team that is knowledgeable and experienced with the specific needs of catastrophically injured patients.

Having an educated team that can partner with you will be key in managing cost. The patient's needs can be assessed and presented to you for review to set reasonable limits. Agreeing on monthly needs can assure the patient that they will have the supplies needed and give you peace of mind that your patient is cared for without unnecessary excess.

2. Offer a wide variety of products and have the ability to source specific product needs.

Each patient is unique and requires different brands, sizes, and quantities. However, it is still possible to manage supply usage and costs. An experienced ancillary provider will have knowledge of what products are best for the injured worker and will know when a less expensive item can be used without compromising quantity. Additionally, a national provider will have greater buying power, allowing them to get

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Understanding medical supply usage is essential in managing costs in workers' compensation ancillary claims, especially catastrophic ones.



Manage Medical Supply Costs

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better discounts, passing them on to you to drive down costs. They will also have many local network providers to ensure that hard to find items are kept in stock for your patients.

3. Have the ability to monitor usage and report abuse to the payor.

Monitoring the supplies is essential but must be done cautiously so that the patient does not feel that they are getting sub-standard care. There should be reasonable limits set in place and the requirement of a prescription to vastly increase these quantities. A knowledgeable staff is essential in assisting both

you and the patient in setting reasonable limits. Although no two patients are the same, there are guidelines in place for each diagnosis. There will always be exceptions but having reasonable limits set gives both you and your patient peace of mind.

For catastrophically injured patients, medical supplies are a lifetime expense. Keeping these guidelines in mind and choosing the right ancillary services partner can help you with managing utilization. The end result will provide quality care for the patient and significant cost savings for you.



myMatrixx Webinar Series

Don't Let Non-Healing Fractures Take Control of a Claim

Tuesday, June 3

2:00 p.m. EST | 11:00 am PST

One of the leading injuries making up a work comp claim is a broken bone or fracture. Most heal on their own and the normal course of care can be expected, however, what happens when this is not the case? Do you know which of your claimants are high risk for non-healing fractures? What intervention is needed and how can you control costs while getting the injured worker back on the road to recovery?

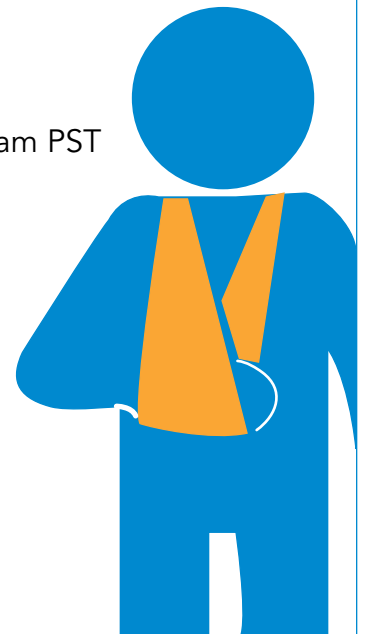
Join us for an informative webinar covering methodologies used to treat non-healing fractures including:

- Overview of non-healing fractures
- Risk factors that play a role in bone healing
- Bone growth stimulation as a treatment method
- Best practices for savings and return to work

Presenters:

Chuck Sweat, Vice President of Ancillary Development, myMatrixx

Linda White, RN BSN, Director, Employer Accounts & Workers Compensation, DJO Global



REGISTER

CE credit is available for the webinar. Reserve your space today!

[Click here to register](#)

Take Our Daughters and Sons to Work Day



April 24th was national **Take Our Daughters and Sons to Work Day**. For twenty one years, the program has encouraged employers and employees to bring their children to work to expose them to future career opportunities. For the first time, myMatrixx hosted a special event on this day for our employees' children. Approximately twenty kids ages 8 to 17 joined us for a fun-filled day to learn more about what their parents do here at myMatrixx. Activities were led by various departments and gave the kids hands-on experience with filling a prescription, creating computer software code, balancing a budget and much more. Above are some photos from the day.

Upcoming Events

check out the following events myMatrixx will be attending:

SBO Work Comp Seminar

June 5

PRIMA Annual Conference

June 8-11

Missouri Division of Workers' Compensation Annual Conference

June 9-10

Iowa Workers' Compensation Symposium

June 12-13

Tennessee Workers' Compensation Educational Conference

June 18-20

Ohio Self Insured Conference

June 18-20

KSIA Annual Conference

July 10-11

SAWCA Annual Conference

July 14-18

OSIA Oregon

July 16-18



FASI Annual Educational Conference & Trade Show

July 20-23

Phil Walls will be presenting "Chasing the Clouds Away – Medical Marijuana in Workers' Comp" on July 21st

SEAK Annual National Workers' Compensation and Occupational Medicine Conference

July 22-24

Colorado DWC

July 24-25

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for news, trends and updates in workers' compensation.

Workers' Compensation Pharmacy Terms Guide

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myMatrixx is excited to announce the release of the Workers' Compensation Pharmacy Terms Guide. This informative guide includes definitions of some of the most commonly used terms in workers' compensation. Request a copy today.

<http://www.mymatrixx.com/pharmacyterms/>