1. What is the effective date of the Drug Formulary?
   July 1, 2018 and it applies to all FDA approved drugs that are prescribed and dispensed for outpatient use for workers' compensation injuries or illnesses with an incident date of July 1, 2018.

2. What is the Criteria for Prior Authorization for prescriptions in excess of 50 MEDs but not exceeding 90 MEDs?
   Before increasing an opioid medication greater than 50 MEDs per day:
   The treating provider prescribing the medication must examine the injured employee and assess the pain using unidimensional pain intensity scales (such as numerical, categorical, visual, range of pain, and functional improvements), and
   The treating provider prescribing the medications must document to the payor that 50 MEDs would not be effective in controlling the pain associated with the employee's work-related injury or illness, and
   The treating provider prescribing the increased medication must document to the payor that increasing the opioid medication is medically necessary.

3. Is there a form or format for the payor to submit information on the contracted Pharmacist, PBM, and Physician or Medical Director?
   There is no form. Certification requires the payor to furnish the current name, license number, and address of their Pharmacist, PBM, and Physician or Medical Director to the Medical Cost Containment Division of the Arkansas Workers' Compensation Commission and update this information when changes occur. This information can be mailed, faxed, or emailed.

4. Is there a definition of acute and chronic?
   The Rule does not include a definition of either acute or chronic; however, acute is considered up to 90 days and chronic beyond 90 days.

5. Is this a mandate that the Arkansas formulary must be used?
   The Rule requires the formulary be used for outpatient prescriptions in a compensable workers' compensation claim with an injury date on or after July 1, 2018.

6. Can a payor be required to pay for more than five days of medication for the initial prescription of an Opioid medication?
   Yes, with prior authorization. See #2 above.

7. What happens if the prescribed drug is not on the approved drug formulary?
   The pharmacist must contact the payor for approval of the prescribed drug and must consult with the Prescriber before switching the medication to a formulary medication.

8. Are compounded medications addressed by this rule?
   Yes. Compounded medications require pre-authorization from the payor and medical certification of the patient's inability to tolerate treatment by other non-compounded medications.

9. What happens if a payor denies the medication prescribed for an injured employee?
   If the employee, filling pharmacist, or prescriber insists on the medication they may request a reconsideration by the reviewing pharmacist of the payor. The payor should send a reconsideration form to the party requesting the reconsideration. The reconsideration form should be completed and submitted with any supporting documentation to the reviewing pharmacist. The reviewing pharmacist then has three business days to respond to the reconsideration request.

10. What happens if a reconsideration request is not answered within three days?
    The filling pharmacist may fill the prescription.