## 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
- Use 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

## KENTUCKY

**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

## 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

## 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
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

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

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

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
INITIAL OPIOID PRESCRIBING LIMITS

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

About Optum Worker’s Comp and Auto No-fault Solutions

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