

Injured Workers' Drug Benefits Cut by State Bureau Plan Pushes Cheaper [Pain] Medicines

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Dave Adams, 50, fears withdrawal under a Workers' Compensation plan. [Photo: J. Fraser]

Dave Adams' voice is full of fear as he imagines days ahead without OxyContin, a heavy-duty prescription painkiller and lifeline that warms like an old friend.

He and other injured workers covered by the Ohio Bureau of Workers' Compensation fund received a benefits letter recently that announced changes to the prescription drug program.

The bureau - wracked with about \$300 million in investment losses and at the center of a widening political scandal - has decided to cut drug benefits to save an estimated \$4 million or more a year.

Starting yesterday, injured workers no longer had automatic access to a number of drugs deemed to have cheaper alternatives - including OxyContin and Celebrex, among others.

This isn't about switching to generic brands - some of the drugs do not have that cheaper equivalent, and such a program is already in effect.

The new "preferred drug" program is focused on pushing injured workers to try cheaper alternatives, meaning different medications.

Under the new program, a doctor must justify the need for the more expensive medication by filling out a form and gaining approval from a bureau pharmacist.

Mr. Adams - a 50-year-old Toledo man who has received a stipend and drug coverage from the bureau since a 1979 work-related back injury and seven subsequent surgeries - will have withdrawal symptoms, he said.

He said legions of injured workers across the state, who have been using certain painkillers for years, are in the same uncomfortable straits.

Some workers are galled, believing the bureau is just trying to save money after losing hundreds of millions in disastrous investments, including an ill-fated \$50 million investment in rare coins and a \$215 million hedge-fund loss.

"It's like they're taking away what little I have. They've taken away all my dignity. I don't like being on this medication. But I can't go a day without it. I'm in too much pain. I can't walk. This is about Gov. Bob Taft trying to recoup his losses," Mr. Adams said.

"They are going to get bombarded [with prior approval requests for drugs]. My doctor has already tried to send some of the forms in, and they won't take them yet. Everybody's going to get cut off, and it's going to be long waits. Everybody's going to go through withdrawal," he said.

Dependency issues

Few would support state-sponsored addiction or chemical dependency, but Ernest Boyd, a pharmacist and the executive director of the Ohio Pharmacists Association, said the bureau and some in the medical field have created a mess by indulging the desire for strong painkillers over the years.

Adding to the problem for the bureau is that the pool of injured workers covered by the agency's \$14.3 billion fund tends to have back and other muscular and skeletal injuries, which many times call for managing pain, said Tina Kielmeyer, bureau interim administrator.

The bureau has covered too much in terms of strong painkillers over the years and now might have a problem weaning people in such a dramatic, cold-turkey fashion, Mr. Boyd said.

"That would be my concern. It's not a bad thing to get on Darvon, [less addictive than OxyContin], and then get off quickly. But this is a different deal because we have people already on these drugs for years. What's going to happen is it's going to be tough for the pharmacist and it's going to be tough for the patient," he said.

"What do you do with a patient who's been on this stuff and is chemically dependent and he gets off the stuff and goes into seizures? Then you'd have to admit there's been a dependency problem [created]," Mr. Boyd said.

"I guarantee you, the physicians and pharmacists are going to be working with these people to try and make this thing a success from a chemical standpoint. If we see scenarios where there is physical harm by the take-away of products, then there will be noise made pretty quickly."

Use and abuse

National statistics show that prescription drugs are widely available these days and that use and abuse has been on the rise.

More than 15 million Americans 13 and older said they used prescription drugs for recreational or nonmedical purposes two years ago, according to the National Center on Addiction and Substance Abuse at Columbia University, which recently released the results of a three-year study.

In 1992, that figure was 7.8 million. The researchers say there is greater access to the drugs now through the Internet and more prescriptions are being written by doctors, contributing to the problem. Drug company marketing campaigns also have contributed, researchers said.

The bureau is trying to walk a fine line between changing behavior and serving patients' needs, especially those with pain problems, Mr. Boyd said.

Another characteristic that separates the bureau's programs, in general, from those of traditional private insurance companies that also have "preferred drug" lists involves ownership, Mr. Boyd said.

Injured workers and employers feel like the injured workers' fund, which most employers pay into and is governed by state law, belongs to them. Private insurers offer a service for sale for a premium payment, but workers feel access to the bureau fund is a public right, he said.

"What may come out of this is we'll get this thing going and somebody down there [in the bureau] is going to change their mind pretty fast," he said. "[Workers' will say], 'I was injured on the job, and I am entitled to this drug.'"

Battling drug prices

Mr. Adams and others think bureaucracy and red tape will take over and that at least for awhile, workers will be forced to try the alternatives that may not work for them.

Out the door are a variety of painkillers, including OxyContin, Darvocet, Celebrex, and others, in addition to a pharmacist's dispensing method called compounding, which allows pharmacists to crush medications, dissolve them into solution, or otherwise tailor drugs to the needs of particular patients. It adds cost to a prescription.

Ms. Kilmeyer said the bureau's investment losses and the cost-saving, preferred-drug program are unrelated.

"This was a very long and thoughtful process involving hours of analysis," she said.

The new drug program is about battling increasing drug prices, she said, which have moved from an average \$38.63 a prescription in 1998 to \$84.24 last year.

Under the new program, doctors will be asked to justify a patient's need for a more expensive drug when a cheaper alternative is available. But the drugs aren't the same, and it would require patients to switch medications.

Joel Donchess, chief of injury management services for the bureau, said the program has been in the works since 2003 and was researched and approved by a panel of doctors and pharmacists.

Mr. Donchess said a potential drug-withdrawal problem from addiction is not a good reason to keep paying for a drug that is too expensive when cheaper alternatives exist.

"I'm not a medical doctor, but I'm not sure that's a legitimate reason. I don't know if that's a good enough reason to keep paying," he said. "In a case like that, we do pay for detox to get an injured worker weaned."

Mr. Donchess also said that the prior-approval reviews - involving the forms doctors will have to fill out - should only take 24 hours. The idea that the bureau wants to "experiment" on patients and force them to try other drugs when they don't want to is inaccurate, he said.

But doctors must provide a medical reason for a patient to use the brand-name drug Celebrex, for example, because cheaper alternatives are available. One reason for someone to take Celebrex is if the patient has stomach ulcers, he said.

Mr. Boyd said the bureau's efforts to save money and to mirror other private insurance programs is ultimately the right and responsible fiscal move, even if drug companies that make the more expensive drugs might disagree.

"The drug companies would paint it that you have to use something that doesn't work before you go [back] to something that does," he said. "But the only thing workers' compensation is saying is, 'Let's try something that is the most cost-effective first.' That seems reasonable. We have five analgesics [of varying prices], and they all work in the same way."

Worried workers

Mr. Adams, and other injured workers who did not want to be identified, do not buy the assurances. They said it feels like a program that is supposed to be serving them will hurt them.

Those injured workers include a 45-year-old Toledo woman with a herniated disk and arthritis in her back, she said. Since receiving the letter, she has worried the bureau will no longer pay for her pain medication. She did not want to be identified, fearing retribution from the bureau, she said.

"This is really irking me, and I'm sure the people of Ohio don't know what's happening. Workers' compensation is not paying for my education, they are not giving me a stipend.

My husband and I are just eking by, and the only thing they are giving us is the medical. And now they're going to cut back," she said.

She's upset by the investment losses because that money could easily cover the cost of the prescription drugs she and others have been taking. She says the timing seems suspicious to her.

She and Mr. Adams do not believe the issues are unrelated.

"All those little scandals that are unfolding through the governor's office ... It would be the most unbelievable coincidence that they come back with the huge losses, and the next week they're looking to cut costs. If you don't put those two things together ... This is a cost-cutting measure," she said. "[My doctor] may fill that form out for me, and it may not be a problem. But I can't imagine they would go through all of that and still approve you."

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