

## Client Services Policy Manual

Policy Number: **HC-11**  
Subject: **Drug Formulary**  
Chapter: **Health Care Services**

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### Policy Statement

WorkplaceNL is committed to the provision of necessary and appropriate medical aid in the timely and effective treatment of work-related injuries. Section 84(1) of the *Workplace Health Safety and Compensation Act (the Act)* states:

The commission shall provide a worker who is entitled to compensation under this Act or who would have been entitled had he or she been disabled longer than the day of the injury with the medical aid that in the opinion of the commission may be necessary as a result of the injury.

In addition, section 85(1) states:

The supervision and control of medical aid and questions as to the necessity, character, and sufficiency of medical aid which is provided shall be determined by the commission.

WorkplaceNL has adopted a drug formulary to determine coverage for appropriate prescription drug treatment based on the nature of the compensable injury. Only those drugs classified by the formulary consistent with the compensable injury profile will be covered by WorkplaceNL. In any case, WorkplaceNL has the discretionary authority under the Act to approve or deny prescription drugs based on the merits of a particular case. The guidelines of this policy do not apply to other medical aid items covered by WorkplaceNL, such as assistive devices.

### General

#### Drug Formulary

The prescription drug formulary is divided into profiles based on the nature of the injury to which appropriate classes of drugs have been assigned. Having regard for the formulary profile description and the nature of the compensable injury, the formulary provides a listing of the classes of drugs to be covered by WorkplaceNL.

Once entitlement under the Act has been determined, all claims will be assigned a formulary profile based on the nature of the compensable injury. Only those prescription drugs contained in the claim formulary profile will be approved. In some cases, prescription drugs not contained in the formulary profile may be approved according to the guidelines for exceptions or special authorizations provided under this policy.

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Generic prescription drugs will be provided in accordance with the Newfoundland and Labrador Interchangeable Drug Product Formulary as referred to in Part V of the *Pharmaceutical Association Act*, unless the prescription specifies no substitute.

### Restricted Formulary

Chronic Musculoskeletal / Psychological Disorders (currently F-19) Access to the formulary profile description known as the Chronic Musculoskeletal / Psychological Disorders (currently F-19) can only be assigned manually by the decision maker when all the following criteria have been met:

1. The injury is compensable and coverage for the psychological condition meets the requirements under policy HC-13 Health Care Entitlement;
2. It has been at least six months since the compensable injury occurred; and
3. The claim has been reviewed by a WorkplaceNL medical consultant who supports the assignment of the Chronic Musculoskeletal / Psychological Disorders formulary profile.

### Comprehensive Formulary (currently F-20)

Access to the formulary profile description known as the Comprehensive Formulary (currently F-20) can only be assigned with approval from the Director of Health Care Services. Examples of compensable injuries or conditions which may be considered are scleroderma, HIV disease, paraplegia or quadriplegia.

### Approval Process

Medications must be prescribed by a physician, dentist or recognized health care provider who is authorized to do so under provincial legislation (see Policy HC-13 Health Care Entitlement). Medications that normally do not require a prescription, known as over-the-counter medication, will be covered if they are appropriate to the worker's assigned formulary profile and the health care provider writes a prescription.

Medications must be obtained from a provincially licensed pharmacy.

Injured workers will be required to provide the pharmacy with at

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least three individual identifiers, including surname, date of birth, and claim number. The pharmacy will access the on-line prescription drug approval system. Where the prescribed medication meets the drug formulary criteria, on-line approval will be given at the point of sale. If no claim number is provided by the worker or the claim number is incorrect, on-line approval will not be given.

Where the prescribed medication does not meet the drug formulary criteria, on-line approval will not be granted. The pharmacy may contact the health care provider and advise him/her that the drug is not covered. It may be necessary for the health care provider to prescribe an alternative drug or the worker may be required to follow up with the health care provider to re-evaluate the situation. Depending on the circumstances, the guidelines for exceptions or special authorizations may need to be applied. The injured worker may choose to pay for the medication directly. Where entitlement is subsequently determined by WorkplaceNL, the worker will be reimbursed for the cost.

The pharmacy may contact WorkplaceNL directly in cases where there is incorrect enrollment data on the system that prevents on-line approval (i.e. the surname or date of birth does not match). The pharmacy will not be responsible to contact WorkplaceNL where the incorrect claim number is provided. It is the worker's responsibility to ensure the claim number is accurate as it serves as a measure of security for the worker before on-line approval can be given.

On-line approval will not be available for claims awaiting entitlement decisions. The injured worker may choose to pay for the medication directly. Where entitlement is subsequently determined by WorkplaceNL, the worker will be reimbursed for the cost.

On-line approval will not be given on claims which have been closed for more than 90 days. Entitlement to drugs for these claims will be determined based on the individual circumstances of the case.

### Exceptions

In certain cases, entitlement under the Act and/or policy allows for coverage of medication which is not listed on the assigned drug

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formulary description, or is not consistent with the compensable injury profile. For example, a mental health adjustment difficulty that may develop following physical injury may be determined to be compensable in accordance with established policy. However, the physical injury profile will not be consistent with medication prescribed for the mental health condition.

Where the treating health care provider prescribes a drug that is not contained in the assigned drug formulary description, he/she will be required to submit written documentation supporting the relationship between the drug prescribed and the compensable condition. WorkplaceNL's physician report MD should be used to report this information. However, if WorkplaceNL requires additional information from the treating physician, payment will be approved in accordance with the special medical report fee.

The decision maker will review the documentation and refer the claim to WorkplaceNL's medical consultant. The medical consultant will call the treating physician to discuss the documentation, except in cases where the medical consultant concurs with the medical information presented. Where consultation with the treating physician is required, payment will be approved in accordance with the telephone consultation fee.

The medical consultant will provide an opinion as to whether the prescription can be reasonably related to the compensable injury. The decision maker will render a decision and communicate it in writing to the worker, copied to the health care provider. The written decision will contain reasons for the decision, and where the exception is approved, include the specific time frame allowed for the exception.

Exceptions may be approved for a maximum of 90 days. Exceptions must be entered on-line by the decision maker and include a specific expiry date. If a prescribed drug has been approved as an exception on two occasions for a total of 180 days, and it has been determined that the worker still requires this drug, the decision maker will consult with the medical consultant to determine if permanent or long term approval of the drug is warranted.

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### Special Authorization

For drugs that are prescribed which are not contained in any of the drug formulary profile descriptions, special authorization must be obtained from the Director of Health Care Services. Supporting medical documentation must be provided by the treating health care provider. A specialist opinion may also be requested at the discretion of the Director of Health Care Services. In such cases, it will be the responsibility of the treating physician to arrange the specialist referral and submit any subsequent reports to the Director of Health Care Services.

Decisions will be based on the merits of the individual case, and approval will be given for a period determined by the Director of Health Care Services. Special authorization determinations will be communicated in writing to the injured worker and the treating physician.

**Reference:** *Workplace Health, Safety and Compensation Act*, Sections 15, 16, 19, 64, 73, 84 and 85.  
*Pharmaceutical Association Act*, Part V, Newfoundland and Labrador Interchangeable Drug Product Formulary.  
*Policies: EN-19 Arising out of or in the Course of Employment*  
*HC-13 Health Care Entitlement*

### Amendment History

<i>Original Effective Date</i>	2002 06 03
<i>Revision #1</i>	2002 06 26
<i>Revision #2</i>	2016 12 15