

Pharmaceutical Clinical Justification Form 4909 – Frequently Asked Questions

WHAT IS FORM 4909, “PHARMACEUTICAL CLINICAL JUSTIFICATION FORM?”

As of April 1, 2011, all providers prescribing one of the seven listed brand-name drugs are required to fill out and submit Form 4909 to the appropriate workers' compensation insurance company.

*For more information on Form 4909, see Bulletin No. 361
wcd.oregon.gov/policy/bulletins/docconv_12819/bul_361.pdf*

AS A PROVIDER, HOW LONG DO I HAVE BEFORE I SUBMIT FORM 4909 TO THE INSURANCE COMPANY?

While the rules do not set a timeframe for submission of the form, the division recommends that providers submit Form 4909 to the insurer as soon as possible. This may help prevent any misunderstanding or issues associated with prescribing one of the listed brand-name drugs.

WHY DID THE DIVISION CREATE FORM 4909?

The form was developed to be an educational tool. It is intended to educate the providers about high cost of some drugs, and suggest some lower-cost alternatives. The division hopes that this will encourage providers to take a closer look at lower-cost alternative drugs which in turn will provide system savings.

WILL THIS IMPACT PHARMACIES OR PHARMACY BENEFIT MANAGERS (PBM)?

This should not impact pharmacies or PBMs. The intent is to have the prescribing provider submit the justification to the appropriate insurer. The pharmacy or PBM should have minimum, if any, changes to their current processes when filling a workers' compensation prescription.

WILL NEW DRUGS BE ADDED TO THE CURRENT LIST?

The division doesn't expect to add any additional drugs in the near future. Since this is intended to be educational, the division intends that this list remain static for a time so we can monitor costs and dispenses for the seven brand drugs. If, after reviewing this justification process, there is no or only minimal decrease in costs and dispenses for these drugs, the division may decide to revise the process or possibly revise the list of drugs.

WILL THERE BE ANY NEGATIVE IMPACT TO WORKERS WITH THIS NEW PROCESS?

No. The rule does not place responsibility on the worker. The provider may ask the worker to start with one of the less expensive drugs, but the worker will still receive needed medications for their compensable injury or illness.

AS A PROVIDER, DO I HAVE TO FILL OUT AND SUBMIT FORM 4909 FOR EVERY WORK COMP CLAIM, EVEN THE ONES WHERE THE PATIENT HAS ALREADY BEEN ON THE BRAND DRUG?

No. You only have to fill out and submit Form 4909 for any new prescriptions prescribed on or after April 1, 2011 for one of the seven listed drugs.

WHAT IF THE INSURER DISAGREES WITH FORM 4909?

There really isn't anything the insurer can disagree about. The provider has two questions to answer, whether or not they have prescribed a lower-cost alternative drug before prescribing the brand, and whether or not the patient will need more than a 60-day supply of the brand drug. If the insurer has questions or concerns, they will contact the prescribing physician.

HOW CAN I CONTACT SOMEONE IF I HAVE QUESTIONS ABOUT THE NEW FORM 4909, BULLETIN 361, OR THE PROCESS?

If you have any questions, you can reach the division's Medical Section either by phone at 503-947-7606, or by e-mail at wcd.medicalquestions@state.or.us.

AS A PROVIDER, AM I REQUIRED TO PRESCRIBE ANY OF THE SUGGESTED LESS EXPENSIVE DRUGS LISTED ON FORM 4909?

No, the listed alternative drugs are suggested drugs only, not required drugs. Also, you only have to fill out and submit Form 4909 for any new prescriptions for one of the seven listed "high-cost drugs," not for any other medications.