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Good morning,

<<http://ih.constantcontact.com/fs181/1109945123571/img/85.jpg>>As policymakers and other system stakeholders seek to contain medical costs, part of the focus is on prescription drug costs. According to a new study from the Workers Compensation Research Institute (WCRI), states have the potential to contain pharmaceutical costs while encouraging evidence-based care with a closed formulary.

Join policy analyst and author, Dr. Vennela Thumula, for a one-hour webinar on [Thursday, Nov. 20, 2014 at 2 p.m. ET \(1 p.m. CT, 12 noon MT, and 11 a.m. PT\)](#) <[http://r20.rs6.net/tn.jsp?f=001cdAsD5PBVhwJt8PonW4jE-oWhljC2PXyNnhwsDcYWRizJbWRYpu9O0Of5OujtGieY3R2Mn3kldKZusqKA2FRNTB-s\\_qwTo\\_dfV9OALSNa4L1YNwO1le1qvhY9o3ekZ1sOfyUPP5Det7wDQPxuij4kpVp8wQEUO5l35bWsTgGa97u8lqyTF\\_EAB4KQanp\\_Pc-gfEn9zSrm\\_easCsnoL8dk1UrPqAtDzySCRWen1eKrECFgia2OhivV\\_F4HV8vAXtIBQ-vTSKiZdTBNIQNyUwnytWr2n0XkosITArGZ\\_NHPw23nml5Gv8lYor3j5z0iWpql918QfOzPS9MwOPI9U-66ON7yKGG79GXqc9TYQqKkhQrvF4ePGnQNjly4jQ-A70-](http://r20.rs6.net/tn.jsp?f=001cdAsD5PBVhwJt8PonW4jE-oWhljC2PXyNnhwsDcYWRizJbWRYpu9O0Of5OujtGieY3R2Mn3kldKZusqKA2FRNTB-s_qwTo_dfV9OALSNa4L1YNwO1le1qvhY9o3ekZ1sOfyUPP5Det7wDQPxuij4kpVp8wQEUO5l35bWsTgGa97u8lqyTF_EAB4KQanp_Pc-gfEn9zSrm_easCsnoL8dk1UrPqAtDzySCRWen1eKrECFgia2OhivV_F4HV8vAXtIBQ-vTSKiZdTBNIQNyUwnytWr2n0XkosITArGZ_NHPw23nml5Gv8lYor3j5z0iWpql918QfOzPS9MwOPI9U-66ON7yKGG79GXqc9TYQqKkhQrvF4ePGnQNjly4jQ-A70-)>

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findings from a recent WCRI study, *Impact of a Texas-Like Formulary in Other States*. Also joining Dr. Thumula will be Amy Lee and Matt Zurek of the Texas Department of Insurance (TDI) who will be sharing Texas's experience with the implementation of a closed drug formulary.

WCRI's report examines how a Texas-like closed drug formulary might affect the prevalence and costs of drugs in 23 other state workers' compensation systems that do not currently have a drug formulary. The 23 states included in this study are Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Virginia, and Wisconsin.

#### Questions addressed:

- What is the Texas closed formulary?
- What impact did the closed formulary have on prescription costs and utilization in Texas?
- Would adoption of a Texas-like formulary have a large effect in my state?
- Are drugs excluded from the Texas formulary commonly prescribed in my state?
- If a Texas-like closed formulary is implemented, what are the potential prescription cost savings in my state?

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Attendance is limited to 100 people and all attendees receive a free copy of the slides. Webinars are \$39 for WCRI members; \$79 for non-members; and no charge for members of the press, legislators as well as their staff, and state public officials who make policy decisions impacting their state's workers' compensation system. For questions, contact Stephanie Deeley at [sadeeley@wcrinet.org](mailto:sadeeley@wcrinet.org) <<mailto:sadeeley@wcrinet.org>> or 617-661-9274 x 261.

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