

Division of Workers' Compensation Pharmacy and Therapeutics Committee

October 21, 2020
12:30pm to 2:30pm



State of California
Gavin Newsom
Governor

Agenda

- **Welcome and Introductions**

George Parisotto, Administrative Director, DWC

- **Approval of Minutes from the January 22, 2020 Meeting**

Dr. Raymond Meister, Executive Medical Director, DWC

- **MTUS Drug List v7 – *Dr. Raymond Meister***

- **Discussion:**

- MTUS with RxCUI - *Kevin Gorospe, DWC Consultant*
- Recap P&T Recommendations - *Kevin Gorospe, DWC Consultant*
- Anti-Emetic Drugs – new ACOEM recommendations - *Kevin Gorospe, DWC Consultant*
- Special Fill / Peri-Op 50 MME Quantities - *Kevin Gorospe, DWC Consultant*
- Deletion of non-FDA drugs from MTUS - *Kevin Gorospe, DWC Consultant*

- **Public Comments**

- **Review of Committee Recommendations**

- **Adjourn**

Welcome and Introductions

George Parisotto

Administrative Director, DWC

Approval of Minutes

Dr. Raymond Meister

Executive Medical Director, DWC

MTUS Drug List v7

Dr. Raymond Meister

Executive Medical Director, DWC

MTUS with RxCUI, Dosage Forms, Strengths

J. Kevin Gorospe, PharmD
DWC Consultant

RxCUI

- Provide clarity on which drug/dosage form/strength combinations are on MTUS Formulary
- Identify Exempt status for each drug/dosage form/strength
- Identify potential changes to other status values (e.g. Special Fill)
- The expanded list checks for FDA approval and market availability
- Aids in drug cost comparisons
- Provided two spreadsheets
 - MTUS with RxCUI but no other changes
 - MTUS with RxCUI with P&T recommended changes, brand name corrections, drug ingredient corrections, and other recommendations
- Should MTUS v8 be the expanded list?

Previous P&T Recommendations

Drug Ingredient	Reference Brand Name	Exempt/Non Exempt*	Special Fill	Peri Op	Drug Class	Dosage Form	Strength	RxCUI	Comments
bromfenac sodium ophth	BROMSITE	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.075%	1790141	Move bromfenac sodium from exempt to non-exempt status
bromfenac sodium ophth	BROMDAY, XIBROM	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.09%	578018	Move bromfenac sodium from exempt to non-exempt status
bromfenac sodium ophth	PROLENSA	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.07%	1375917	Move bromfenac sodium from exempt to non-exempt status
diclofenac potassium	CATAFLAM	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Tablet	25 MG	857702	Move all oral systemic diclofenac from exempt to non-exempt status
diclofenac potassium	CATAFLAM	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Tablet	50 MG	855942	Move all oral systemic diclofenac from exempt to non-exempt status
diclofenac potassium	ZIPSOR	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	25 MG	858342	Move all oral systemic diclofenac from exempt to non-exempt status
diclofenac potassium	CAMBIA	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Powder for Solution	50 MG	859063	Move all oral systemic diclofenac from exempt to non-exempt status
indomethacin	TIVORBEX	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	20 MG	1490727	Recommend to the Administrative Director that 20mg and 40 mg indomethacin be changed from exempt to non-exempt
indomethacin	TIVORBEX	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	40 MG	1491529	Recommend to the Administrative Director that 20mg and 40 mg indomethacin be changed from exempt to non-exempt
meloxicam	VIVLODEX	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	5 MG	1722349	Recommend to Administrative Director that capsule form of meloxicam (5mg and 10mg strengths) be changed from exempt to non-exempt.
meloxicam	VIVLODEX	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	10 MG	1722357	Recommend to Administrative Director that capsule form of meloxicam (5mg and 10mg strengths) be changed from exempt to non-exempt.
naloxone hcl	EVZIO	Non-Exempt	Not Applicable	Not Applicable	Antidotes and Specific Antagonists	Injection IM/SC	2 MG/ 0.4ML	1855730	Recommend that the Administrative Director keep Narcan (nasal) exempt and changed designation of Evzio (auto-injector) from exempt to non-exempt.

MTUS v7 RxCUI Without Changes

Drug Ingredient	Reference Brand Name	Exempt/Non Exempt*	Special Fill	Peri Op	Drug Class	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)	Dosage Form	Strength	RxCUI	Comments
betamethasone dipropionate	DIPROSONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Cream Augmented, topical	0.05%	848176	Not applicable
betamethasone dipropionate	DIPROSONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Gel, Augmented, topical	0.05%	848208	Not applicable
betamethasone dipropionate	DIPROSONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Lotion Augmented, topical	0.05%	848178	Not applicable
betamethasone dipropionate	DIPROSONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Ointment Augmented, topical	0.05%	848180	Not applicable
betamethasone dipropionate	DIPROSONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Spray, topical	0.05%	1738536	Not applicable
betamethasone valerate	VALISONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Cream, topical	0.1%	197407	Not applicable
betamethasone valerate	VALISONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Lotion, topical	0.1%	197408	Not applicable
betamethasone valerate	VALISONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Foam, topical	0.12%	1244634	Not applicable
betamethasone valerate	VALISONE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Ointment, topical	0.1%	197409	Not applicable
boswellia serrata extract	Not Applicable	Non-Exempt	Not Applicable	Not Applicable	Chemicals	(NR) Traumatic Brain Injury	Not applicable	Not applicable	1486391	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	0.25 MG	1658319	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	0.5 MG	1658327	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	1 MG	1658331	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	2 MG	1658335	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	3 MG	1658339	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	4 MG	1658343	Not applicable
bromfenac	PROLENSA	Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.075%	1790141	Not applicable
bromfenac	PROLENSA	Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.09%	578018	Not applicable
bromfenac	PROLENSA	Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.07%	1375917	Not applicable

MTUS v7 RxCUI With Changes

Drug Ingredient	Reference Brand Name	Exempt/Non Exempt*	Special Fill	Peri Op	Drug Class	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)	Dosage Form	Strength	RxCUI	Comments
betamethasone dipropionate	DIPROLENE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Cream Augmented, topical	0.05%	848176	includes recommended change in Reference Brand Name to DIPROLENE
betamethasone dipropionate	DIPROLENE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Gel, Augmented, topical	0.05%	848208	includes recommended change in Reference Brand Name to DIPROLENE
betamethasone dipropionate	DIPROLENE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Lotion Augmented, topical	0.05%	848178	includes recommended change in Reference Brand Name to DIPROLENE
betamethasone dipropionate	DIPROLENE	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Ointment Augmented, topical	0.05%	848180	includes recommended change in Reference Brand Name to DIPROLENE
betamethasone dipropionate	SERNIVO	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Spray, topical	0.05%	1738536	includes recommended change in Reference Brand Name to SERNIVO
betamethasone valerate	VALISONE, BETAVAL, BETATREX	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Cream, topical	0.1%	197407	includes recommended change in Reference Brand Name to VALISONE, BETAVAL, BETATREX
betamethasone valerate	VALISONE, BETATREX	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Lotion, topical	0.1%	197408	includes recommended change in Reference Brand Name to VALISONE, BETATREX
betamethasone valerate	LUXIQ	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Foam, topical	0.12%	1244634	includes recommended change in Reference Brand Name to LUXIQ
betamethasone valerate	VALISONE, BETAVAL, BETATREX	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	(R) Ankle and Foot Disorders	Ointment, topical	0.1%	197409	includes recommended change in Reference Brand Name to VALISONE, BETAVAL, BETATREX
boswellia serrata extract	Not applicable	Non-Exempt	Not Applicable	Not Applicable	Chemicals	(NR) Traumatic Brain Injury	Not applicable	Not applicable	1486391	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	0.25 MG	1658319	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	0.5 MG	1658327	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	1 MG	1658331	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	2 MG	1658335	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	3 MG	1658339	Not applicable
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders	Tablet	4 MG	1658343	Not applicable
bromfenac sodium ophth	BROMSITE	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.075%	1790141	Move bromfenac sodium from exempt to non-exempt status; includes recommended change in Reference Brand Name to BROMSITE; recommend adding "sodium ophth" to Drug Ingredient
bromfenac sodium ophth	BROMDAY, XIBROM	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.09%	578018	Move bromfenac sodium from exempt to non-exempt status; includes recommended change in Reference Brand Name to BROMDAY, XIBROM; recommend adding "sodium ophth" to Drug Ingredient
bromfenac sodium ophth	PROLENSA	Non-Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	(R, X) Eye	Solution, ophthalmic	0.07%	1375917	Move bromfenac sodium from exempt to non-exempt status; includes recommended change in Reference Brand Name to PROLENSA; recommend adding "sodium ophth" to Drug Ingredient

Committee Discussion

Public Comments

Anti-Emetics

J. Kevin Gorospe, PharmD
DWC Consultant

Guideline Anti-Emetic Additions

- Guidelines added 15 products under the Antiemetic treatment category
- 14 are Recommended for treatment
 - Only droperidol is Not Recommended
- Of the 15, three are non-self administered injections or intravenous only
 - droperidol
 - palonosetron hydrochloride
 - prochlorperazine edisylate
- Drugs reviewed/recommended by P&T not on the list
 - hydroxyzine pamoate
 - trimethobenzamide hydrochloride

Anti-Emetics for MTUS

Drug Ingredient	Brand Example	Exempt/ Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in ACOEM Guidelines *	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)	Comments
aprepitant	EMEND, CINVANTI	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Cinvanti is an IV product
dimenhydrinate	DRAMAMINE	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
dolasetron mesylate	ANZEMET	Not Applicable	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	DISCONTINUED
droperidol	INAPSINE	Not Applicable	Not Applicable	Not Applicable	Antianxiety Agents	(NR) Antiemetics	Not Applicable	Not Applicable	Not Applicable	INJECTABLE - NOT SELF-ADMINSTERED
granisetron hydrochloride	KYTRIL	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
meclizine hydrochloride	ANTIVERT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
metoclopramide hydrochloride	REGLAN	Exempt	Not Applicable	Not Applicable	Gastrointestinal Agents - Miscellaneous	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
ondansetron hydrochloride	ZOFRAN	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
palonosetron hydrochloride	ALOXI	Not Applicable	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	IV ONLY
perphenazine	Not Applicable	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics (R) Depressive Disorders	Not Applicable	Not Applicable	Not Applicable	Not Applicable
prochlorperazine edisylate	COMPAZINE	Not Applicable	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	IV ONLY
prochlorperazine maleate	COMPAZINE	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
rolapitant	VARUBI	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable
scopolamine	TRANSDERM SCOP	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Not Applicable	Not Applicable	Not Applicable	Not Applicable

ANTI-EMETICS WITH RxCUI

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Drug Class	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)	Dosage Form	Strength	RxCUI
aprepitant	EMEND	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Capsule	40 MG	644088
aprepitant	EMEND	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Capsule	80 MG	403810
dimenhydrinate	DRAMAMINE	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	50 MG	198603
granisetron hydrochloride	SANCUSO	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Film, Transdermal	3.1 MG/24 HR	825003
granisetron hydrochloride	KYTRIL	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	1 MG	310599
meclizine hydrochloride	ANTIVERT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	12.5 MG	995624
meclizine hydrochloride	ANTIVERT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	25 MG	995666
meclizine hydrochloride	ANTIVERT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet, Chewable	25 MG	995632
metoclopramide hydrochloride	REGLAN	Exempt	Not Applicable	Not Applicable	Gastrointestinal Agents - Miscellaneous	(R) Antiemetics	Solution	5 MG/5 ML	104884
metoclopramide hydrochloride	REGLAN	Exempt	Not Applicable	Not Applicable	Gastrointestinal Agents - Miscellaneous	(R) Antiemetics	Tablet	5 MG	311668
metoclopramide hydrochloride	REGLAN	Exempt	Not Applicable	Not Applicable	Gastrointestinal Agents - Miscellaneous	(R) Antiemetics	Tablet	10 MG	311666
ondansetron	ZUPLENZ	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Film, Oral	4 MG	998033
ondansetron	ZUPLENZ	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Film, Oral	8 MG	998028
ondansetron	ZOFRAN ODT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet, Orally Disintegrating	4 MG	104894
ondansetron	ZOFRAN ODT	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet, Orally Disintegrating	8 MG	312087
ondansetron hydrochloride	ZOFRAN	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Solution	4 MG/5 ML	312085
ondansetron hydrochloride	ZOFRAN	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	4 MG	198052
ondansetron hydrochloride	ZOFRAN	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	8 MG	312086
perphenazine	Not Applicable	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics (R) Depressive Disorders	Tablet	2 MG	198076
perphenazine	Not Applicable	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics (R) Depressive Disorders	Tablet	4 MG	198077
perphenazine	Not Applicable	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics (R) Depressive Disorders	Tablet	8 MG	198078
perphenazine	Not Applicable	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics (R) Depressive Disorders	Tablet	16 MG	198075
prochlorperazine	COMPAZINE	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics	Suppository	25 MG	198159
prochlorperazine maleate	COMPAZINE	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics	Tablet	5 MG	312635
prochlorperazine maleate	COMPAZINE	Exempt	Not Applicable	Not Applicable	Antipsychotics / Antimanic Agents	(R) Antiemetics	Tablet	10 MG	198365
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Suppository	12.5 MG	992441
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Suppository	25 MG	992454
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Syrup	6.25 MG/5 ML	992432
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Tablet	12. MG	992438
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Tablet	25 MG	992447
promethazine hydrochloride	PHENERGAN	Exempt	Not Applicable	Not Applicable	Antihistamines	(R) Antiemetics	Tablet	50 MG	992475
rolapitant	VARUBI	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Tablet	90 MG	1665503
scopolamine	TRANSDERM SCOP	Exempt	Not Applicable	Not Applicable	Antiemetics	(R) Antiemetics	Patch, transdermal	1.5 MG/72 HR	226552

ANTI-EMETIC REVIEW DRUGS COST PER DAY BY GENERIC COST

Drug Ingredient	Reference Brand Name	Dosage Form	Strength	MEDI-CAL PRICE (Brand)	MEDI-CAL PRICE (Generic)	TOTAL DAILY UNITS (TABLETS, CAPSULES, ML)	BRAND COST PER DAY	GENERIC COST PER DAY	Previous P&T Recommendation
meclizine hydrochloride	ANTIVERT	Tablet, Chewable	25 MG	Not Applicable	0.0376	4	Not Applicable	0.1504	Exempt
promethazine hydrochloride	PHENERGAN	Tablet	25 MG	Not Applicable	0.049	4	Not Applicable	0.196	Exempt
promethazine hydrochloride	PHENERGAN	Tablet	50 MG	Not Applicable	0.123	2	Not Applicable	0.246	Exempt
metoclopramide hydrochloride	REGLAN	Tablet	10 MG	3.4048	0.0414	6	20.4288	0.2484	Exempt
ondansetron hydrochloride	ZOFRAN	Tablet	8 MG	38.736	0.1085	3	116.208	0.3255	Exempt
dimenhydrinate	DRAMAMINE	Tablet	50 MG	Not Applicable	0.0479	8	Not Applicable	0.3832	Exempt
metoclopramide hydrochloride	REGLAN	Tablet	5 MG	3.4048	0.0377	12	40.8576	0.4524	Exempt
promethazine hydrochloride	PHENERGAN	Tablet	12.5 MG	Not Applicable	0.06	8	Not Applicable	0.48	Exempt
ondansetron hydrochloride	ZOFRAN	Tablet	4 MG	23.255	0.0819	6	139.53	0.4914	Exempt
meclizine hydrochloride	ANTIVERT	Tablet	25 MG	Not Applicable	0.1651	4	Not Applicable	0.6604	Exempt
ondansetron	ZOFRAN ODT	Tablet, Orally Disintegrating	8 MG	36.54	0.3004	3	109.62	0.9012	Exempt
promethazine hydrochloride	PHENERGAN	Syrup	6.25 MG/5 ML	Not Applicable	0.0171	60	Not Applicable	1.026	Exempt
meclizine hydrochloride	ANTIVERT	Tablet	12.5 MG	Not Applicable	0.1586	8	Not Applicable	1.2688	Exempt
perphenazine	Not Applicable	Tablet	8 MG	Not Applicable	0.4851	3	Not Applicable	1.4553	Not reviewed
prochlorperazine maleate	COMPAZINE	Tablet	10 MG	Not Applicable	0.3866	4	Not Applicable	1.5464	Exempt
ondansetron	ZOFRAN ODT	Tablet, Orally Disintegrating	4 MG	21.94	0.2668	6	131.64	1.6008	Exempt
metoclopramide hydrochloride	REGLAN	Solution	5 MG/5 ML	Not Applicable	0.0372	60	Not Applicable	2.232	Not Exempt
prochlorperazine maleate	COMPAZINE	Tablet	5 MG	Not Applicable	0.279	8	Not Applicable	2.232	Exempt
perphenazine	Not Applicable	Tablet	4 MG	Not Applicable	0.3766	6	Not Applicable	2.2596	Not reviewed
perphenazine	Not Applicable	Tablet	16 MG	Not Applicable	3.1194	1	Not Applicable	3.1194	Not reviewed
perphenazine	Not Applicable	Tablet	2 MG	Not Applicable	0.3129	12	Not Applicable	3.7548	Not reviewed
granisetron hydrochloride	KYTRIL	Tablet	1 MG	Not Applicable	1.8861	2	Not Applicable	3.7722	Not reviewed
scopolamine	TRANSDERM SCOP	Patch, transdermal	1.5 MG/72 HR	21.296	14.842	0.33	7.02768	4.89786	Not reviewed
ondansetron hydrochloride	ZOFRAN	Solution	4 MG/5 ML	4.7204	0.2591	30	141.612	7.773	Not Exempt
promethazine hydrochloride	PHENERGAN	Suppository	25 MG	Not Applicable	4.9195	4	Not Applicable	19.678	Not Exempt
promethazine hydrochloride	PHENERGAN	Suppository	12.5 MG	Not Applicable	5.618	6	Not Applicable	33.708	Not Exempt
aprepitant	EMEND	Capsule	40 MG	118.04	74.703	2	236.08	149.406	Not Exempt
aprepitant	EMEND	Capsule	80 MG	218.77	163.025	1	218.77	163.025	Not Exempt
granisetron hydrochloride	SANCUSO	Film, Transdermal	3.1 MG/24 HR	552.88	Not Applicable	1	552.88	Not Applicable	Not reviewed
ondansetron	ZUPLENZ	Film, Oral	4 MG	35.362	Not Applicable	6	212.172	Not Applicable	Not Exempt
ondansetron	ZUPLENZ	Film, Oral	8 MG	35.362	Not Applicable	3	106.086	Not Applicable	Not Exempt
prochlorperazine	COMPAZINE	Suppository	25 MG	7.927	Not Applicable	2	15.854	Not Applicable	Not Exempt
rolapitant	VARUBI	Tablet	90 MG	331.39	Not Applicable	2	662.78	Not Applicable	Not Exempt

Committee Discussion

Public Comments

Opioid 4-day Dispensing Quantities

J. Kevin Gorospe, PharmD
DWC Consultant

Background

- Over-prescribing of opioids is a significant concern
- During January meeting Committee concluded that initial prescription quantities relative to the MTUS List should be have limitations:
 - Maximum 50 morphine milligram equivalents (MME) per day
 - Applies to 4-day supply Peri-Op and Special Fill
 - 4-day Peri-Op and Special Fill for short acting dosage forms
- Drugs without Peri-Op and Special Fill allowances available through prospective authorization

Calculated 4-day Supplies

- 4-day supplies were calculated for all short acting opiate products included those that currently do not have allowance for Special Fill and Peri-Op
- To determine 4-day quantities the following calculations were performed:
 - 50 MME divided by MME Conversion Factor to obtain total milligrams (mg) per day of the drug (rounded to the nearest whole number)
 - Total mg divided by mg per tablet to obtain number of tablets per day
 - Tablets per day multiplied time four (4) to obtain maximum dispensing quantity

Adjustment for Partial Dosage Form

- The calculation of number of tablets per day often creates partial dosage form quantities, for example:
 - hydrocodone bitartrate/acetaminophen 7.5mg-300mg has a conversion factor equal to 1
 - Therefore, 50 MME per day equals 50 mg per day which in turn equals 6.66 tablets per day (i.e 50 divided by 7.5)
- To adjust for partial tablets, two separate tablets per day calculations were performed rounding the values either up or down to the nearest whole number

Drug Ingredient	Reference Brand Name	Dosage Form	Strength	RxCUI	Comments	TOTAL DAILY MME	MME Conversion Factor	TOTAL DAILY DOSE (mg)	MG/DOSE	TOTAL DOSES/DAY (ROUND UP)	4 DAY SUPPLY (ROUND UP)	TOTAL DOSES/DAY (ROUND DOWN)	4 DAY SUPPLY (ROUND DOWN)
hydrocodone bitartrate /acetaminophen	Not Applicable	Solution	10 MG/15 ML; 300MG/15 ML	1044427	Not Applicable	50	1	50	10	5	20	5	20
hydrocodone bitartrate /acetaminophen	Not Applicable	Solution	10 MG/15 ML; 325MG/15 ML	856944	Not Applicable	50	1	50	10	5	20	5	20
hydrocodone bitartrate /acetaminophen	Not Applicable	Solution	7.5 MG/15 ML; 325 MG/15 ML	856940	Not Applicable	50	1	50	7.5	7	28	6	24
hydrocodone bitartrate /acetaminophen	VICODIN, XODOL	Tablet	300 MG-10 MG	856980	Not Applicable	50	1	50	10	5	20	5	20
hydrocodone bitartrate /acetaminophen	VICODIN, XODOL	Tablet	300 MG-5 MG	856987	Not Applicable	50	1	50	5	10	40	10	40
hydrocodone bitartrate /acetaminophen	VICODIN, XODOL	Tablet	300 MG-7.5 MG	856992	Not Applicable	50	1	50	7.5	7	28	6	24
hydrocodone bitartrate /acetaminophen	NORCO	Tablet	325 MG-10 MG	856999	Not Applicable	50	1	50	10	5	20	5	20
hydrocodone bitartrate /acetaminophen	NORCO	Tablet	325 MG-2.5 MG	857391	Not Applicable	50	1	50	2.5	20	80	20	80
hydrocodone bitartrate /acetaminophen	NORCO, ANEXSIA	Tablet	325 MG-5 MG	857002	Not Applicable	50	1	50	5	10	40	10	40
hydrocodone bitartrate /acetaminophen	NORCO, ANEXSIA	Tablet	325 MG-7.5 MG	857005	Not Applicable	50	1	50	7.5	7	28	6	24
morphine sulfate	Not Applicable	Solution	10 MG/5 ML	892589	Not Applicable	50	1	50	10	5	20	5	20
morphine sulfate	Not Applicable	Solution	20 MG/5 ML	894780	Not Applicable	50	1	50	20	3	12	2	8
morphine sulfate	Not Applicable	Solution	20 MG/ML	892625	Not Applicable	50	1	50	20	3	12	2	8
morphine sulfate	Not Applicable	Tablet	15 MG	892582	Not Applicable	50	1	50	15	4	16	3	12
morphine sulfate	Not Applicable	Tablet	30 MG	893672	Not Applicable	50	1	50	30	2	8	1	4
oxycodone hydrochloride /acetaminophen	PERCOCET	Solution	325MG - 5MG / 5 ML	1049580	Not Applicable	50	1.5	33	5	7	28	6	24
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	300 MG-10 MG	1014599	Not Applicable	50	1.5	33	10	4	16	3	12
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	300 MG-2.5 MG	1037259	Not Applicable	50	1.5	33	2.5	14	56	13	52
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	300 MG-5 MG	1014615	Not Applicable	50	1.5	33	5	7	28	6	24
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	300 MG-7.5 MG	1014632	Not Applicable	50	1.5	33	7.5	5	20	4	16
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	325 MG-10 MG	1049214	Not Applicable	50	1.5	33	10	4	16	3	12
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	325 MG-2.5 MG	1049635	Not Applicable	50	1.5	33	2.5	14	56	13	52
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	325 MG-5 MG	1049221	Not Applicable	50	1.5	33	5	7	28	6	24
oxycodone hydrochloride /acetaminophen	PERCOCET	Tablet	325 MG-7.5 MG	1049225	Not Applicable	50	1.5	33	7.5	5	20	4	16
oxycodone hcl	ROXYBOND	Tablet	15 MG	1049611	Not Applicable	50	1.5	33	15	3	12	2	8
oxycodone hcl	ROXYBOND	Tablet	30 MG	1049618	Not Applicable	50	1.5	33	30	2	8	1	4
oxycodone hcl	OXAYDO, ROXYBOND	Tablet	5 MG	1049621	Not Applicable	50	1.5	33	5	7	28	6	24
oxycodone hcl	OXAYDO	Tablet	7.5 MG	1113314	Not Applicable	50	1.5	33	7.5	5	20	4	16
tramadol hcl	ULTRAM	Tablet	100 MG	2179635	Not Applicable	50	0.1	500	100	5	20	5	20
tramadol hcl	ULTRAM	Tablet	50 MG	835603	Not Applicable	50	0.1	500	50	10	40	10	40
tramadol hcl/ac	ULTRACET	Tablet	325 MG-37.5 MG	836395	Not Applicable	50	0.1	500	37.5	14	56	13	52

- Based on P&T decision on quantities (round up or down) the MTUS List will show the 4-day quantities.

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Drug Class	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)	Dosage Form	Strength	RxCUI	Comments
hydrocodone bitartrate /acetaminophen	Not Applicable	Non-Exempt	4 days = 300 ML	4 days = 300 ML	Analgesics - Opioid	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (R, X) Elbow Disorders (R, X) Hand, Wrist, and Forearm Disorders (R, X) Hip and Groin Disorders (R) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder	Solution	10 MG/15 ML; 300MG/15 ML	1044427	Example Quantity added
hydrocodone bitartrate /acetaminophen	Not Applicable	Non-Exempt	4 days = 300 ML	4 days = 300 ML	Analgesics - Opioid	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (R, X) Elbow Disorders (R, X) Hand, Wrist, and Forearm Disorders (R, X) Hip and Groin Disorders (R) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder	Solution	10 MG/15 ML; 325MG/15 ML	856944	Example Quantity added
hydrocodone bitartrate /acetaminophen	Not Applicable	Non-Exempt	4 days = 420 ML	4 days = 420 ML	Analgesics - Opioid	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (R, X) Elbow Disorders (R, X) Hand, Wrist, and Forearm Disorders (R, X) Hip and Groin Disorders (R) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder	Solution	7.5 MG/15 ML; 325 MG/15 ML	856940	Example Quantity added
hydrocodone bitartrate /acetaminophen	VICODIN, XODOL	Non-Exempt	4 days = 20 Tablets	4 days = 20 Tablets	Analgesics - Opioid	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (R, X) Elbow Disorders (R, X) Hand, Wrist, and Forearm Disorders (R, X) Hip and Groin Disorders (R) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder	Tablet	300 MG-10 MG	856980	Example Quantity added

Committee Discussion

Public Comments

Deletion of Drugs from MTUS

J. Kevin Gorospe, PharmD
DWC Consultant

Drugs for Potential Deletion

- Three drugs in MTUS v7 listed as discontinued in FDA Orange Book
 - betamethasone
 - dolasetron
 - tetracycline ophthalmic
- Two drugs not listed in oral dosage forms
 - codeine phosphate (not listed)
 - pitocin (no oral dosage forms)
- One drug possibly misidentified – vitamin d

Drug Ingredient	Brand Example	Exempt/ Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in ACOEM Guidelines *	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)	Comments
betamethasone	Celestone	Non-Exempt	4 Days	Not Applicable	Corticosteroids	(R, X, NR) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R) Chronic Pain (R, NR) Elbow Disorders (R, X, NR) Hand, Wrist, and Forearm Disorders (R, X) Hip and Groin Disorders (R, NR) Knee Disorders (R, X, NR) Low Back Disorders (R, X, NR) Shoulder	Not Applicable	Not Applicable	Not Applicable	No FDA approved products on market other than injection. Listings are for discontinued drugs. NO RxCUI available
codeine phosphate	Not Applicable	Non-Exempt	Not Applicable	Not Applicable	Analgesics - Opioid	(X) Hip and Groin Disorders	Not Applicable	Not Applicable	Not Applicable	No FDA approved drug products. Cannot find a direct reference in the guidelines to use of codeine phosphate specifically.
dolasetron mesylate	Anzemet	Non-Exempt	Not Applicable	Not Applicable	Antiemetics	(NR) Chronic Pain	Not Applicable	Not Applicable	Not Applicable	Product has been discontinued. No FDA approved products on the market.
oxytocin	Pitocin	Non-Exempt	Not Applicable	Not Applicable	Oxytocics	(X) Chronic Pain	Not Applicable	Not Applicable	Not Applicable	No FDA approved patient self-administration products. Physician injectable only.
tetracycline hcl	Not Applicable	Exempt	Not Applicable	Not Applicable	Tetracyclines	(R) Eye	Not Applicable	Not Applicable	Not Applicable	Orange book indicates ophthalmic products are discontinued; NO RxCUI available for ophthalmic products
vitamin d	Not Applicable	Non-Exempt	Not Applicable	Not Applicable	Vitamins	(X) Depressive Disorders	Not Applicable	Not Applicable	Not Applicable	Some studies indicated use of vitamin d3; others not specific Vitamin d as mixed form generally not available; d3 is the primary d vitamin available on the market or oral administration

Committee Discussion

Public Comments

Review of Recommendations

Adjournment