

DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Workers' Compensation

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Pharmacy and Therapeutics Advisory Committee
MINUTES OF MEETING
Wednesday, January 17, 2024
Via Tele/Video-Conference

In Attendance:

DWC:

George Parisotto
DWC Administrative Director
Jackie Schauer
DWC Legal Counsel
Kevin Gorospe, Pharm.D.
DWC Consultant

Committee Members:

Raymond Meister, M.D., DWC Executive
Medical Director, Chair
Basil R. Besh, M.D.
Julie Fuller, M.D.
Joyce Ho, M.D.
Todd Shinohara, Pharm.D., MA.
Raymond Tan, Pharm.D.
Lori Reisner, Pharm.D.

I. Welcome and Introduction

George Parisotto, Administrative Director, DWC

A. State and federal antitrust law advisement

II. Approval of Minutes from the October 18, 2023 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the October 18, 2023 meeting

Vote: The committee members in attendance voted unanimously for the approval of the October 18, 2023 meeting minutes

III. MTUS Drugs List 11

Updated list posted to website, includes updated guidelines on Covid 19, shoulder issues.
List will be effective as of February 15th.

IV. Discussion

A. MTUS Opioid Guidelines and Formulary Update

- a. In December, ACOEM released new opioid treatment guidelines. It will be adopted into MTUS.
 - i. Any particularly noteworthy changes, or is it all routine?
 - DWC Answer: Largely an evolution of the previous guidance. Also concerns had been raised regarding misapplying opioid clinical practice guideline beyond its intended use.

B. MTUS List Version 11 with RxCUI (model for discussion): Items of note

- a. List Drug class to match primary MTUS list
- b. Some listings still different from primary MTUS list
 - i. Discontinued drugs
 - ii. Drug ingredients may differ in naming
- c. Some of the biggest changes are within the Humira family. There are now nine biosimilars; they have been added to list with associated RXCUIs.
- d. Committee noted that the drug Fluoxetine had been miscategorized on the draft list. DWC said it was probably an Excel typo.
- e. Committee member questioned whether RxCUI on model is rolled up too high, it includes a capsaicin kit, or should the roll up be at lower level, or have an exclusion for specific products. DWC responded, DWC will have a look at the roll up of capsaicin to see where RxCUI cuts.
 - i. Not sure to do exclusionary or inclusionary. May have to write one RxCUI for each percentage version versus this level and doing an exclusion of a certain RxCUI. An example is Qutenza that is 8% with a patch kit.
 - ii. On an earlier version, they were broken out. In this version, they are rolled up.
 - iii. Right now it's inclusive for topical products.
 - iv. In order to exclude the 8% patch, DWC would either have to list all of these on the list or list the Clinical Dose Form Group capsaicin Topical Product and in the comment field state that it does not include RxCUI 1039679
 - v. DWC should either list all of these separately or list the roll up and then exclude the 8% patch with a cleaning kit
 - vi. One way to list could be all topical dosage forms except patch. The problem with using RxCUI that it's all inclusive, so it may confuse somebody if they program using that RxCUI and they have no way to do that unless DWC has an exception rule here that states and exception for the following subset RxCUIs. The RxCUIs for capsaicin are organized as topical, and then strength; there are no separate RxCUIs for patches.

- vii. This is more for the identification of products for the payer and not for the prescribing of products listed under the Capsaicin listing. From an implementation standpoint, it would likely be easier for somebody if all of these were separately listed instead of rolled up under a single one with variety of caveats. They could just pull down the ones that are allowed.
- viii. For a drug that needs to be administered by a healthcare provider, DWC typically doesn't include that on the MTUS Drug List.
- ix. The update to this list from an implementation standpoint would be easier just to list out all the capsaicin products individually and not list the 8%. If it doesn't meet the criteria for self-administration, DWC doesn't need the committee to vote on it.
- f. A committee member indicated approval of the listing of the meloxicam. That's a good example of what DWC would be looking for, how it differentiates the capsules and tabs.
- g. Committee asked why Humira was suddenly added to MTUS, he things there are more than 9 biosimilars. DWC responded that at the time of making the list, there were only nine. More just got approved. Technically, the products are not interchangeable, though they will be used. Committee sees many coverages and PBMs shifting their coverage to favor different biosimilars, over Humira. They are used the same. They were added so that people could see those RxCUIs.
- h. Biosimilars are technically different and therefore different RXUIs.
- i. What biosimilars are interchangeable? FDA has only designated one biosimilar as interchangeable with Humira. Committee discussed FDA "Purple book."

C. MTUS Drug lookup

- a. Previously, committee requested a lookup tool with a more user-friendly interface than a spreadsheet, based on the MeSHPA categorizations.
- b. Limitations encountered
 - i. Developers not available to create a web-based solution, limiting DWC to rely on Microsoft Excel.
 - Non-web based, non-Excel solutions exist but may require special software not all intended users may have.
 - ii. MeSHPA "disappeared" from the NIH RxCLASS site. DWC unsure why. Any tool will require an alternate categorization system with edits as needed.
- c. Despite limitations, DWC developed an Excel based lookup tool that should be easier than a raw spreadsheet. DWC demonstrated tool for category of using chronic pain. It is able to look up by drugs by conditions approved to treat and by drug class.

- i. Committee noted typo in the word “fibromyalgia.”
 - ii. Committee wondered whether it might be better just to stick with the spreadsheet format in the absence of a “slick” web based tool.
 - DWC responded that compared to other non-web-based alternatives, Excel is widely available and already familiar to many users. Until DWC can spare a programmer to create a web based tool, this is the best option. Additionally, a web-based application would face additional regulatory and accessibility hurdles.
 - iii. Committee asked about back-end maintenance.
 - DWC responded that once the front end work is complete, subsequent maintenance should be relatively straightforward.
 - iv. Someone added a comment about the Excel interface.
 - DWC responded that this is more of a mockup.
 - v. Committee asked about alternate paid database software.
 - DWC responded that Excel is still preferable to other third party software due to posting rules. Also, third party software will require going through the procurement process. Not only is that a long process, but current budgetary situation precludes new major projects.
- d. DWC asked Dr. Meister about work on adding functionality to the MDguidelines website.
- i. DWC reached out to Reed Group (publisher of ACOEM Guidelines) to discuss adding identification of exempt / non-exempt status. Through discussion with them, it became apparent that it would be too technically complicated at this time and there is no immediate solution.
- e. Committee asked about having a separate PDF of exempt vs non-exempt drugs. Maybe easier than working with multiple excel filters?
- i. DWC responded that this would defeat the purpose of a consolidated tool.
 - ii. Committee mused about the sort of things it would want to see in a lookup tool.
 - DWC to continue to look at functionality so there are four or five different choices. Best way is by a hierarchical process.

V. Public Comment

None

VI. Review of Recommendations

- A. No official recommendations to vote on.
- B. DWC will revisit the RxCUI list to break out Capsaicin as discussed. Look at the 8% to exclude it.
- C. Further work on the look up tool.

VII. Adjournment