STATE OF CALIFORNIA GAVIN NEWSOM, *Governor*

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Pharmacy and Therapeutics Advisory Committee
DRAFT - MINUTES OF MEETING
Wednesday, April 15th, 2026

Via Tele/Video-Conference

In Attendance:

DWC:
Nicole Richardson
DWC Acting Administrative Director
Suzanne Honor-Vangerov
DWC Legal Counsel
Kevin Gorospe, Pharm.D.
DWC Consultant

Committee Members:
Raymond Meister, M.D., DWC Executive Medical Director, Chair
Daniel Mirski, M.D.
Steven Feinberg, M.D. (Absent)
Daniel Zaghi, M.D. (Absent)
Todd Shinohara, Pharm.D., MA.
Raymond Tan, Pharm.D.
Lori Reisner, Pharm.D

I. Welcome and Introductions

Suzanne Honor-Vangerov, Legal Counsel, DWC

A. Conflict of Interest reminder

a. Committee members were reminded of the conflict-of-interest standards, annual disclosure requirements, and confidentiality obligations.

B. State and federal Antitrust Law advisement

a. Committee members and the public were advised to avoid discussion of competitively sensitive topics, including specific pricing, sale terms, territories, production, or other matters that could raise antitrust concerns.

C. Physician and Pharmaceutical Fee Schedule Update

a. Announced that MTUS Formulary Drug List v14 had been posted to the DWC website and will become effective on April 30, 2026.

II. Approval of Minutes from the January 21, 2026 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the January 21, 2026 meeting.

Vote: The committee members in attendance voted unanimously for approval of the January 21, 2026 meeting minutes.

Related briefing: January 21, 2026 Meeting Minutes
(*https://www.dir.ca.gov/dwc/mtus/Meetings/January-2026/Meeting-Minutes-January-2026.pdf*)

III. Discussion

A. MTUS v14 –Traumatic Brain Injury Use

Dr. Raymond Meister, Executive Medical Director, DWC

a. Reviewed updates to MTUS Formulary Drug List v14 associated with the recently adopted ACOEM traumatic brain injury guideline.
    i. Approximately six to seven medications were added to the list, including additional migraine/CGRP-related products.
    ii. A stakeholder reported that Lasmiditan had been voluntarily removed from the market. Dr. Meister noted he would reach out to ACOEM to determine whether any corresponding formulary change is needed.

B. Pregabalin and Gabapentin

Kevin Gorospe Pharm D, DWC Consultant

a. Reviewed current MTUS listing status, ACOEM acute/peri-operative use, utilization, and pricing for pregabalin and gabapentin.

    i. Committee discussed whether the immediate-release products should remain non-exempt and whether the current 4-day peri-operative allowance is sufficient given guideline-supported use lasting two to six weeks post-operatively.
    ii. Committee agreed to keep the immediate-release pregabalin and gabapentin products non-exempt.

Motion: Extend the peri-operative allowance for pregabalin and gabapentin from 4 days to 14 days.

Vote: Motion approved by the committee members in attendance; Dr. Meister abstained pending additional review for consistency with other peri-operative

medications.

i. Committee requested follow-up review of the pregabalin and gabapentin RxCUI selections to avoid overly inclusive rollups.
ii. Public comment requested clarification regarding non-exempt status. Committee confirmed the recommendation is to keep the products non-exempt and increase the peri-operative allowance to 14 days.

C. Ibuprofen Price Outliers

a. Reviewed ibuprofen pricing and noted that one ibuprofen 300 mg tablet NDC was priced at $13.19444 per tablet, while other strengths were substantially lower.
b. Committee noted that certain higher-priced outlier NDCs were either inactive or not reflected in utilization data.

Motion: Exclude ibuprofen 300 mg from the expanded MTUS list with RxCUIs.

Vote: Motion approved by the committee members in attendance; Dr. Meister abstained.

i. Committee requested follow-up review of whether the manufacturer associated with the outlier-priced ibuprofen 300 mg product has other unusually priced products and whether an interim note is needed on the non-RxCUI MTUS list until the RxCUI-specific change is reflected.

D. Cyclobenzaprine and Tizanidine

a. Reviewed the need to expand cyclobenzaprine and tizanidine listings by dosage form and strength so special fill allowances apply only to appropriate products.

i. Committee supported limiting cyclobenzaprine 4-day special fill to the immediate-release 5 mg, 7.5 mg, and 10 mg tablets. Extended-release capsules and sublingual tablets would not receive special fill.
ii. Committee discussed tizanidine dosage forms and noted that tablets are more commonly used than capsules and may be split for lower dosing when clinically needed.

Motion: Apply 4-day special fill to tizanidine 2 mg and 4 mg tablets and oral solution only; do not apply special fill to capsules or other strengths/formulations.

Vote: Motion approved by the committee members in attendance; Dr. Meister abstained.

E. Duloxetine

a. Raised questions regarding inconsistent market availability of duloxetine and whether any formulary action was needed.

i. Committee discussed that brand Cymbalta has been discontinued and that duloxetine availability has fluctuated due to manufacturer issues and recalls, but generic or alternative branded products may still be available.

ii. Committee identified venlafaxine as the closest alternative already on the formulary when duloxetine supply issues arise.

b. Committee agreed to leave duloxetine as currently listed because the issue appears to be supply-related rather than a formulary-status issue.

F. July Meeting

a. Biosimilar utilization trends.
b. Use of GLP-1 products, including differentiation by indication if data are available.
c. Use of proton pump inhibitors beyond 90 days.
d. Anticonvulsant and migraine product review, including possible outreach to ACOEM regarding migraine guideline review.
e. TBI (traumatic brain injury) + Migraine list.

IV. Additional Public Comments

A. Erin Kuecker, PharmD, Optum, asked why certain newly added CGRP products in MTUS v14 were designated exempt while others were designated 4-day special fill.

a. Dr. Meister explained that acute-phase medications are further evaluated for safety and effectiveness; medications viewed as safest and most effective may be designated exempt, while others may be placed in special fill.

V. Review of Recommendations

A. Pregabalin and gabapentin: keep immediate-release products non-exempt and recommend increasing the peri-operative allowance to 14 days.
B. Pregabalin and gabapentin: review RxCUI selections and reassess the 14-day peri-operative allowance after implementation.
C. Ibuprofen: remove 300 mg from the expanded MTUS RxCUI list and review whether a temporary note is needed on the non-RxCUI MTUS list.
D. Ibuprofen: review whether the manufacturer associated with the outlier-priced 300 mg product has other unusually priced products.

E. Cyclobenzaprine: limit 4-day special fill to the immediate-release 5 mg, 7.5 mg, and 10 mg tablets.
F. Tizanidine: apply 4-day special fill to 2 mg and 4 mg tablets and oral solution only.
G. Duloxetine: no formulary change recommended at this time.
H. July follow-up topics: biosimilar utilization trends, GLP-1 product use, proton pump inhibitor use beyond 90 days, and anticonvulsant/migraine review including potential ACOEM outreach, TBI + migraine list.