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Pharmacy and Therapeutics Advisory Committee
MINUTES OF MEETING
Wednesday, January 22, 2020

Elihu Harris State Building
1515 Clay Street, Conference Room 11, Second Floor
Oakland, California 94612

In Attendance:

DWC:	**Committee Members:**
George Parisotto	Raymond Meister, M.D., DWC Executive Medical Director, Chair
DWC Administrative Director	Basil R. Besh, M.D.
Jackie Schauer	Steven Feinberg, M.D.
DWC Legal Counsel	Lori Reisner, Pharm.D.
Kevin Gorospe, Pharm.D.	Todd Shinohara, Pharm.D., MA.
DWC Consultant	Raymond Tan, Pharm.D.

I. Welcome and Introductions

George Parisotto, Administrative Director, DWC

- Conflict of Interest reminder and advise P&T Committee members to review
- State and federal Antitrust Law advisement

II. Approval of Minutes from the November 20, 2019 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the November 20, 2019 meeting

Vote: The committee members in attendance voted unanimously for approval of the minutes from the November 20, 2019 meeting.

Related briefing: November 20, 2020 Meeting of Minutes
(*https://www.dir.ca.gov/dwc/MTUS/Meetings/November2019/MeetingMinutes.pdf*)

III. MTUS Drug List v6

- Updates based on a revised Hip and Groin Disorders Chapter from ACOEM and the drug recommendations associated with the referenced guideline
- Replacement of the symbols to letters to meet accessibility standards
    - R = Recommended
    - X = Not recommended
    - NR = No recommendation
- Update on P&T Committee vacancy – Selection process for the physician member vacancy nearly complete. DWC fully anticipates new physician member to attend the next meeting.
- Clarification regarding placement of language "not applicable" on the MTUS Drug List v6
    - Screen readers cannot read empty cells.
    - "Not applicable" used as a placeholder to fill the empty cells in order to meet accessibility standards.

IV. Discussion

- Antiemetic Drug Review
- Post-surgical needs
    - When medication is needed, there is no time for UR. Post-surgical medications may not always be approved with pre-authorization.
    - ACOEM update: ACOEM included Appendix 2 under Hip and Groin Disorders Chapter to address antiemetics
        - ACOEM is in the process of incorporating antiemetics more broadly across all applicable guidelines
    - Moderately recommended for peri-operative nausea and vomiting (hereafter N & V)
    - Review Drugs – ACOEM's use in quality studies
        - Some have FDA indications for use in post-operative N & V, some with a general indication for N&V, and the remaining drugs with a chemotherapy indication for N & V
        - Some of the drugs ACOEM lists are injectable only or have been removed from the market
    - DWC utilization and pricing of antiemetics
        - Workers' Compensation Information System data for service year 2018 shows utilization of the Review Drugs
        - Low average days supply may suggest post-operative nausea use
        - High average days supply may suggest use other than N & V or other than acute post-operative use for N & V
    - Estimated daily cost
        - Most commonly used doses and strengths identified for cost analysis
        - If no specific dosing for N & V, maximum daily doses were used to create a comparable pricing structure
        - Ondansetron was the most used based on total bills
    - Question from P&T Committee with regards to adding the generic on the Exempt List, but not the brand

        - Generic used unless the physician states the patient-specific factors that require the brand
        - MTUS Drug List states "prescription/dispensing of Brand name 'Exempt' drug where generic is available requires authorization through Prospective Review"
    - Discussion around possibly formatting the MTUS Drug List to show two different categories: authorization required vs. no authorization required
        - MTUS Drug List – not likely to incorporate additional columns into the current format
        - Payer/pharmacy – can manipulate their systems to categorize the generics as payable and brands as requiring authorization
    - Discussion regarding conferring with ACOEM to add the five most used post-operative antiemetics to the drug list
        - Any drug on the MTUS Drug List needs an evidence-based guideline to support it
        - Since ACOEM is currently working on incorporating antiemetics more broadly across all applicable guidelines, additional drugs may be added to the current list in the process. The assumption is that the current drugs on the drug list were not added with the idea to be used as a post-operative antiemetic.

Motion: In reference to the table "Anti-Emetic Review Drugs Cost per Day by Generic Cost (*https://www.dir.ca.gov/dwc/MTUS/Meetings/January-2020/Antiemeticl-Tables.pdf*)," triage the list of drug ingredients into the following categories: exempt, peri-operative, and unlisted as a first pass. Once ACOEM fully incorporates antiemetics into the guidelines, the P&T Committee will revisit to topic and review again.

- Exempt List - From hydroxyzine pamoate through ondansetron (*first 18 rows*)
- Peri-Operative - From metoclopramide hydrochloride through ondansetron hydrochloride (*next 3 rows*)
- Unlisted - From prochlorperazine through rolapitant (*last 10 rows*)

Vote: The committee members in attendance voted in favor.

- Opioids – Days Supply for Special Fill and Peri-Op Prescriptions
    - Issue to discuss is whether there should be further detail on the MTUS Drug List "Special Fill" and "Peri-Op" provisions for opioids. Currently, the "Special Fill" and "Peri-Op" columns list the number of days supply that can be dispensed as a "Special Fill" or "Peri-Op" without prospective review, but "days supply" is not defined.
    - Areas to address are whether to further define the allowed amounts under Special Fill and Per-Op 4-day supply provision.
    - The desire is to limit dispensing to fit within both the CDC and ACOEM prescribing guidelines, which are generally in sync.
        - CDC recommendation: lowest effective dose, usually max of 50 MME/day initially, but can be increased to no more than a max of 90 MME/day. Limit first-time opioid prescriptions to 3 days

        - ACOEM recommendation: max 50 MME/day. Limit first-time opioid prescriptions to 3 days and post-operative pain up to 4 weeks. Doses up to 90 MME/day may be considered.
    - Opioids (first prescription) from the MTUS Drug List were identified using the analgesics category and drug class. Drugs indicated for substance abuse were excluded in this review. The smaller number of doses per day was used.
        - Each strength's maximum daily dose needs to be determined. The committee can follow ACOEM's guidelines with the 50 MME/day recommendation. DWC consultant to do calculations for 4-day period.

Motion: To use the 50 MME/day maximum provided by ACOEM's guidelines to calculate daily max and 4-day max for all opioids on the 4-day list. Also, remove all opioid extended-release medications from 4-day status.

Vote: The committee members in attendance voted in favor.

- Exempt vs. Non-Exempt Status
    - Discussion of suggestion that more discretion be given to physicians, that the physician should be able to prescribe any drug recommended by ACOEM without prospective review. Suggestion that toxicity/hazard of the drug not be a factor.
    - Discussed criteria currently used to determine that a drug should be exempt from prospective review. Factors that weigh in favor of exempt status and recommended for:
        - Use in the acute phase of treatment
        - First-line therapy
        - Common workers' compensation injuries/illnesses
        - Carries a safer risk profile
    - Should chronic phase medications be considered for Exempt status like the acute phase medications?
    - Suggestion for a user-friendly Excel file for physicians to sort and review the list by drug categories.
    - Recommendation for DWC to reach out to practitioners and other groups to solicit input on the MTUS Drug List exempt/non-exempt status and overall usability of the list.

V. Public Comments

- Injured worker and chronic pain patient from the public voiced concerns about pain management for opioid-experienced patients and individual care
- Difference in pain sensitivity among sexes, genders and ages groups to reactions to painful stimuli
- Inquired about the reasoning behind why injured workers get 50 MME/day ceiling and the general public get a 90 MME/day ceiling
- DWC response: There is a separate set of guidelines for patients who have chronic pain and taking chronic opioids.

- There is a difference as to what the guidelines state and what happens in the real world. 50 MME/day is not a max, but a recommended ceiling. Any MME higher than 50 MME may be considered, if justified.
- MDGuidelines can be accessed in any of the DWC offices across the state. Inquiries can also be sent to the Formulary email address at formulary@dir.ca.gov.
- The CDC has their own opioid guidelines.