

Division of Workers' Compensation Pharmacy and Therapeutics Committee

January 22, 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 November 20, 2019 Meeting**

Dr. Raymond Meister, Executive Medical Director, DWC

- **MTUS Drug List v6 – Dr. Raymond Meister**

- **Discussion:**

- Antiemetic Drug Review - *Kevin Gorospe, DWC Consultant*
- Opioid Drug Review - *Kevin Gorospe, DWC Consultant*
- Exempt vs. Non-Exempt Status - *Steven Feinberg M.D., Feinberg Medical Group/Stanford*

- **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 v6

Dr. Raymond Meister

Executive Medical Director, DWC

Antiemetics Drug Review

Kevin Gorospe, PharmD

DWC Consultant

Antiemetics - Recap

- Commonly needed by a post-surgical patient
- When needed, no time for utilization review
 - Post surgical medications not always approved with surgical pre-authorization
- Untreated patients may need emergency room treatment or may suffer a life-threatening event
- Not separately identified in the ACOEM guidelines
 - Appears in the “Hip and Groin Disorders” Appendix 2
- Until separately identified in the guidelines by ACOEM, a review by MTUS P&T was deemed appropriate

Key Points in ACOEM – Hip & Groin Disorders

Appendix 2

- Antiemetics are moderately recommended for peri-operative nausea and vomiting
- “Various combinations of agents have been used and generally suggest superiority over single agent approaches, thus providing potential tertiary treatment strategies for more difficult cases.”
- “Quality evidence supports combinations including Dolasetron and Droperidol; Droperidol and Odansetron, and Dimenhydrinate and Droperidol”
 - Dolasetron (misspelled above) has been discontinued
 - Dimenhydrinate (misspelled above) Rx in injectable only; oral available OTC
 - Droperidol is injectable only

ACOEM –

Medications and Doses Used in Quality Studies

- Aprepitant 40, 80, 125mg and 40mg PO
- Cyclizine 50mg (D/C)
- Dimenhydrinate 50mg and 1mg/kg
- Dolasetron mesylate 12.5, 25, 50, 100 mg (D/C)
- Droperidol 0.625, 1.25, 2.5, 5, 10, 15, 50mg and 0.014 mg/kg (Inj. only)
- Granisteron 0.1, 1, 3mg and 20, 40 mg/kg
- Metoclopramide 10,20mg and 0.25mg/kg and 10mg PO
- Ondansetron 1, 2, 4, 8mg and 100 mg/kg and 4, 8mg PO
- Palonosetron 0.025, 0.05, 0.075mg (Inj. only)
- Perphenazine 5mg
- Prochlorperazine 0.1,10mg
- Ramosetron 0.15, 0.3, 0.6mg and 4 mg/kg and 0.1mg PO (Not FDA approved)
- Rolapitant 20, 70, 200mg
- Tropisetron 2.5mg and 0.1mg/kg (Not FDA approved)

DRUGS FOR INITIAL REVIEW

- aprepitant
- dimenhydrinate
- granisetron
- granisetron hydrochloride
- hydroxyzine pamoate
- meclizine hydrochloride
- metoclopramide hydrochloride
- netupitant; palonosetron hydrochloride
- ondansetron
- ondansetron hydrochloride
- prochlorperazine
- prochlorperazine maleate
- promethazine hydrochloride
- rolapitant
- trimethobenzamide hydrochloride

REVIEW DRUGS continued

- Review Drugs chosen based on ACOEM mention and availability for patient self-administration
- Ondansetron, ondansetron hydrochloride and trimethobenzamide hydrochloride are the only products with specific FDA approved indications for use in post-operative nausea and vomiting
- Dimenhydrinate, prochlorperazine, prochlorperazine maleate, and promethazine hydrochloride have general indication for nausea and vomiting
- All other products are indicated for nausea and vomiting associated with chemotherapy

Common Side Effects (by MOA)

Major Adverse Effects of Antiemetic Agents

Antiemetic class	Adverse effects
Antihistamines	dry mouth, confusion, visual disturbances, and urinary retention. Other less common side effects include low blood pressure, excitation and allergic reactions
Dopamine antagonists	severe sedation, restlessness, anxiety and occasional hypotension
5HT3 antagonists	constipation, headache, diarrhea and dizziness. These drugs are known to cause minor ECG abnormalities which are not significant. Dolasetron is however, recommended to be avoided in patients with QT prolongation (an ECG abnormality)
NK1 antagonists	hiccups, fatigue, headaches, constipation, loss of appetite, dyspepsia, dizziness, diarrhea and elevation of liver enzymes

DWC Utilization and Pricing of Antiemetics

- Data was collected and summarized for the review drugs that had utilization
 - Data is from both pharmacy and professional bills
 - Data is for 2018 year of service
 - Data is summarized by RxCUI (i.e. ingredient, strength and dosage form)
- Aprepitant, ondansetron (hcl), prochlorperazine (maleate), promethazine hcl and trimethobenzamide hcl appear to be drugs of choice for N & V
- High average days supply for meclizine, metoclopramide and promethazine hcl 50mg suggests use for other reasons than N & V

Anti-Emetic Utilization 2018

Sample from table – see handout

DRUG INGREDIENT (GENERIC NAME)	BRAND NAME	STRENGTH	DOSAGE FORM	RxCUI	Total Bills	Total Paid	Total Quantity Dispensed	Total Days Supply	Avg Paid / Bill	Avg Qty / Bill	Avg Days Supply / Bill
aprepitant	EMEND	40 MG	CAPSULE	644088	12	3677.85	41	41	306.49	3.42	3.42
aprepitant	EMEND	80 MG	CAPSULE	403810	2	427.88	4	4	213.94	2.00	2.00

DRUG INGREDIENT (GENERIC NAME)	BRAND NAME	STRENGTH	DOSAGE FORM	RxCUI	Total Bills	Total Paid	Total Quantity Dispensed	Total Days Supply	Avg Paid / Bill	Avg Qty / Bill	Avg Days Supply / Bill
hydroxyzine pamoate	VISTARIL	100 MG	CAPSULE	995232	10	745.22	810	300	74.52	81.00	30.00
hydroxyzine pamoate	VISTARIL	25 MG	CAPSULE	995253	468	4497.6	30050	12070	9.61	64.21	25.79
hydroxyzine pamoate	VISTARIL	50 MG	CAPSULE	995278	286	3225.47	14923	6686	11.28	52.18	23.38
meclizine hydrochloride	ANTIVERT	12.5 MG	TABLET	995624	115	1052.37	5490	2385	9.15	47.74	20.74
meclizine hydrochloride	ANTIVERT	25 MG	TABLET	995666	670	4858.2	38476	14492	7.25	57.43	21.63
metoclopramide hydrochloride	REGLAN	5 MG/5 ML	SOLUTION	104884	14	198.93	4950	370	14.21	353.57	26.43
metoclopramide hydrochloride	REGLAN	10 MG	TABLET	311666	202	1081.59	11322	5271	5.35	56.05	26.09
metoclopramide hydrochloride	REGLAN	5 MG	TABLET	311668	43	329.6	3300	1114	7.67	76.74	25.91

Estimated Daily Cost

- Most commonly used doses and strengths were identified for cost analysis
- Average daily doses were established based on product labeling
 - If no specific dosing for N&V, maximum daily dose was used
 - Some strengths excluded due to how the product is used or contraindicated use for example:
 - aprepitant 125mg use for pre-chemotherapy induction
 - granisetron (hcl) – FDA warning against use in PONV
- Prices are based on Medi-Cal rates
- Prices for brand name products reflect prescriptions written as “Do not substitute”
- Blank pricing means the product is not available

Cost per day – by ingredient

Sample from table – see handout

ANTI-EMETIC REVIEW DRUGS COST PER DAY

DRUG INGREDIENT (GENERIC NAME)	BRAND NAME	STRENGTH	DOSAGE FORM	MEDI-CAL PRICE (Brand)	MEDI-CAL PRICE (Generic)	TOTAL DAILY UNITS (TABLETS, CAPSULES, ML)	BRAND COST PER DAY	GENERIC COST PER DAY
aprepitant	EMEND	40 MG	CAPSULE	118.0400	75.7840	2	236.08	151.568
aprepitant	EMEND	80 MG	CAPSULE	218.7700	163.0250	1	218.77	163.025
dimenhydrinate	DRAMAMINE	50 MG	TABLET	Not applicable	0.0416	8	Not applicable	0.3328
hydroxyzine pamoate	VISTARIL	100 MG	CAPSULE	Not applicable	0.3387	1	Not applicable	0.3387
hydroxyzine pamoate	VISTARIL	25 MG	CAPSULE	2.4579	0.0703	4	9.8316	0.2812

Cost per day – by generic cost

Sample from table – see handout

ANTI-EMETIC REVIEW DRUGS COST PER DAY BY GENERIC COST

DRUG INGREDIENT (GENERIC NAME)	BRAND NAME	STRENGTH	DOSAGE FORM	MEDI-CAL PRICE (Brand)	MEDI-CAL PRICE (Generic)	TOTAL DAILY UNITS (TABLETS, CAPSULES, ML)	BRAND COST PER DAY	GENERIC COST PER DAY
hydroxyzine pamoate	VISTARIL	50 MG	CAPSULE	2.9968	0.0804	2	5.9936	0.1608
promethazine hydrochloride	PHENERGAN	50 MG	TABLET	Not applicable	0.1012	2	Not applicable	0.2024
metoclopramide hydrochloride	REGLAN	10 MG	TABLET	3.1094	0.0352	6	18.6564	0.2112
promethazine hydrochloride	PHENERGAN	25 MG	TABLET	Not applicable	0.0584	4	Not applicable	0.2336
hydroxyzine pamoate	VISTARIL	25 MG	CAPSULE	2.4579	0.0703	4	9.8316	0.2812
dimenhydrinate	DRAMAMINE	50 MG	TABLET	Not applicable	0.0416	8	Not applicable	0.3328

Committee Discussion

Opioid Drug Review

J. Kevin Gorospe, PharmD
DWC Consultant

Background

- Over-prescribing of opioids is a significant concern
- One area to address is the allowed amounts under Special Fill and 4-Day Supply
- The desire is to limit dispensing to fit within prescribing guidelines, both CDC and ACOEM
- CDC recommends no more than 90 Morphine Milligram Equivalents (MME)/day
- CDC also recommends to limit first-time opioid prescriptions to 3 days

ACOEM Guidelines

- Use lowest effective dose
- Maximum Dose (lower than CDC recommendations)
 - Acute pain (up to 4 weeks of treatment)
 - Max 50 MME/day
 - First prescription should not exceed 3 days treatment
 - Postoperative pain (up to 4 weeks of treatment)
 - Max 50 MME/day
 - Generally dispensing amount sufficient to cover two weeks of treatment
 - Subacute pain and Chronic Pain
 - Max 50 MME/day
 - Doses up to 90 MME/day can be considered

Opioids from MTUS Drug List

- Drug ingredients identified as being in the “Analgesics – Opioid” drug class
- Drugs indicated for substance abuse are excluded (for example buprenorphine/naloxone)
- For drugs with variable frequency of administration, for example every 4 to 6 hours, the smaller number of doses per day was used
- Some drugs or dosage form or strengths that were on previous MTUS Drug Lists have been discontinued and therefore were not included
 - For example, morphine/naltrexone was discontinued by the manufacturer (Pfizer) as of 11/15/2019

Opioid MME and Costs

- Strength and doses per day were converted to daily Morphine Milligram Equivalents (MME)
 - MME conversion factors based on those published by the Centers for Disease Control
 - MME conversion factors for buprenorphine based on Centers for Medicare and Medicaid Services publications as CDC removed buprenorphine conversion from their publication
- Number of doses (e.g. tablet, capsule, ml) were multiplied by both generic and brand (for do not substitute situations) costs to derive a cost per day

Opioids For Review

Sample from table – see handout

Drug Ingredient	Brand Example	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Dosage Form	Strength	Unique Pharmaceutical Identifier(s) (RxCUI)
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule	356.4MG, 30MG, 16MG	1234872
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	5 MCG/HR	904880
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	7.5 MCG/HR	1542997
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	10 MCG/HR	904870
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	15 MCG/HR	1432969
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	20 MCG/HR	904876
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	75 MCG	1716077
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	150 MCG	1716057
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	300 MCG	1716065
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	450 MCG	1716069
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	600 MCG	1716073

Opioid MME per Day

Drug Ingredient	Brand Example	Special Fill**	Peri-Op***	Dosage Form	Strength	Dosing	MG/DOSE	DOSES/DAY	TOTAL DAILY DOSE (mg)	MME Conversion Factor	TOTAL DAILY MME
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Not applicable	Not applicable	Capsule	356.4MG, 30MG, 16MG	2 every 4 hours	16	12	192	0.25	48
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	5 MCG/HR	4 patches per 28 days	5	0.14	0.71	12.6	9
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	7.5 MCG/HR	4 patches per 28 days	7.5	0.14	1.07	12.6	13.5
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	10 MCG/HR	4 patches per 28 days	10	0.14	1.43	12.6	18
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	15 MCG/HR	4 patches per 28 days	15	0.14	2.14	12.6	27
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	20 MCG/HR	4 patches per 28 days	20	0.14	2.86	12.6	36
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	75 MCG	1 film every 12 hours	75	2	150	0.03	4.5
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	150 MCG	1 film every 12 hours	150	2	300	0.03	9
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	300 MCG	1 film every 12 hours	300	2	600	0.03	18
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	450 MCG	1 film every 12 hours	450	2	900	0.03	27
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	600 MCG	1 film every 12 hours	600	2	1200	0.03	36

Opioid Costs per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Capsule	356.4MG, 30MG, 16MG	2 every 4 hours	12	1.5395	\$ 18.47	1.7130	\$ 20.56
buprenorphine	BUTRANS	Patch	5 MCG/HR	4 patches per 28 days	0.14	50.2754	\$ 7.18	70.0917	\$ 10.01
buprenorphine	BUTRANS	Patch	7.5 MCG/HR	4 patches per 28 days	0.14	72.3075	\$ 10.33	99.1986	\$ 14.17
buprenorphine	BUTRANS	Patch	10 MCG/HR	4 patches per 28 days	0.14	74.9870	\$ 10.71	105.8909	\$ 15.13
buprenorphine	BUTRANS	Patch	15 MCG/HR	4 patches per 28 days	0.14	114.5800	\$ 16.37	152.5406	\$ 21.79
buprenorphine	BUTRANS	Patch	20 MCG/HR	4 patches per 28 days	0.14	140.6250	\$ 20.09	186.7285	\$ 26.68
buprenorphine hcl	BELBUCA	Film	75 MCG	1 film every 12 hours	2	Not applicable	Not applicable	5.3076	\$ 10.62
buprenorphine hcl	BELBUCA	Film	150 MCG	1 film every 12 hours	2	Not applicable	Not applicable	5.3224	\$ 10.64
buprenorphine hcl	BELBUCA	Film	300 MCG	1 film every 12 hours	2	Not applicable	Not applicable	8.3449	\$ 16.69
buprenorphine hcl	BELBUCA	Film	450 MCG	1 film every 12 hours	2	Not applicable	Not applicable	11.4147	\$ 22.83
buprenorphine hcl	BELBUCA	Film	600 MCG	1 film every 12 hours	2	Not applicable	Not applicable	12.0964	\$ 24.19

Committee Discussion

Exempt vs. Non-Exempt Status

Steven Feinberg M.D.

Feinberg Medical Group/Stanford

Role of P&T and MTUS

- Goal is to make sure that injured workers get quality medical care and particularly that they receive appropriate pharmaceuticals
- Physicians should be allowed to practice medicine without excessive interference and particularly when they follow EBM guidelines
- Medications supported by MTUS ACOEM guidelines should be Exempt rather than Non-Exempt
- Physician should be able to prescribe without waiting for authorization.
 - The payer always has the right to perform a retrospective review and denial

Exempt Drug Criteria

- Exempt drug criteria as approved at July 24, 2019 P&T Meeting
 1. Being noted as a first line therapy weighs in favor of being Exempt.
 2. Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being Exempt.
 3. A safer adverse effects (risk) profile weighs in favor of being Exempt.
 4. Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being Exempt
 5. Utilization in CA WC system (prescribing frequency and dispensation by physician and pharmacy)
 6. Cost delta magnitude for therapeutic equivalents based on NADAC

Committee Discussion

Public Comments

Review of Recommendations

Adjournment