

Division of Workers' Compensation Pharmacy and Therapeutics Committee

July 24, 2019
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 23, 2019 Meeting**
Dr. Raymond Meister, Executive Medical Director, DWC
- **MTUS Drug List V5 – *Dr. Raymond Meister***
- **Old Business - *Kevin Gorospe, DWC Consultant***
 - Ophthalmic NSAIDs – cost per day review
 - Diclofenac – Summary of Danish Study; Review of coverage by other payers
- **Discussion:**
 - Proposed Criteria for Exempt vs. Non-Exempt Status – *Kevin Gorospe, DWC Consultant*
 - Drug Reviews – *Raymond Tan, Pharm.D.*
 - Artificial Tears
 - Augmentin
 - Drug List Excerpts – *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 V5

Dr. Raymond Meister

Executive Medical Director, DWC

Old Business

J. Kevin Gorospe, Pharm.D.

DWC Consultant

Ophthalmic NSAIDs

- April meeting committee requested ophthalmic drug cost per day amounts
- Review of manufacturer drug information and other websites to determine drop size
- Literature indicates that drop size is standard 1 drop = 0.05ml for each drug listed
- Drop size and dose frequency converted to “ml” in order to apply cost/ml pricing

Generic Name	Dosage Form	Strength	Container Size (ml)	Drops per day	Volume per Drop (ml)	Daily Volume	Lowest Rate/ml	Drug Cost/Day
bromfenac sodium	solution, ophthalmic	0.07%	3 ml	1.0	0.05	0.05	85.3149	\$ 4.27
bromfenac sodium	solution, ophthalmic	0.075%	5 ml	2.0	0.05	0.10	49.8920	\$ 4.99
bromfenac sodium	solution, ophthalmic	0.09%	1.7 ml	2.0	0.05	0.10	66.0809	\$ 6.61
diclofenac sodium	solution, ophthalmic	0.1%	2.5 ml	4.0	0.05	0.20	1.9836	\$ 0.40
diclofenac sodium	solution, ophthalmic	0.1%	5 ml	4.0	0.05	0.20	2.4407	\$ 0.49
flurbiprofen sodium*	solution, ophthalmic	0.03%	2.5 ml	6.0	0.05	0.30	1.8020	\$ 0.54
ketorolac tromethamine	solution, ophthalmic	0.4%	5 ml	4.0	0.05	0.20	9.8800	\$ 1.98
ketorolac tromethamine	solution, ophthalmic	0.45%	12 ml	4.0	0.05	0.20	10.2984	\$ 2.06
ketorolac tromethamine	solution, ophthalmic	0.5%	3 ml	4.0	0.05	0.20	1.6947	\$ 0.34
ketorolac tromethamine	solution, ophthalmic	0.5%	5 ml	4.0	0.05	0.20	1.5867	\$ 0.32
ketorolac tromethamine	solution, ophthalmic	0.5%	10 ml	4.0	0.05	0.20	1.6555	\$ 0.33

*off-label use dosing of flurbiprofen for postop ocular inflammation = 1 drop every 4 hours

EYE DISORDERS	Phase	bromfenac sodium	diclofenac sodium	flurbiprofen sodium	ketorolac tromethamine
		Exempt	Exempt	Exempt	Exempt
Allergic Disorders	Acute	B	B	B	B
	Chronic	B	B	B	B
Atopic and Vernal Keratoconjunctivitis	Acute	B	B	B	B
	Chronic	B	B	B	B
Blepharoconjunctivitis	Acute				
	Chronic				
Chemical Burns	Acute	I	I	I	I
	Chronic				
Foreign Bodies, Rust Rings, Corneal Abrasions	Acute	B	B	B	B
	Chronic				
Pterygium	Acute	C	C	C	C
	Chronic	C	C	C	C
Thermal Burns	Acute	I	I	I	I
	Chronic				
Traumatic Injuries	Acute				
	Chronic				
Viral, Bacterial, Fungal Infections / Corneal Ulcers	Acute	C	C	C	C
	Chronic				

Committee Discussion

Diclofenac – Danish Study

- Diclofenac use and cardiovascular risks: series of nationwide cohort studies
- Morten Schmidt, Henrik Toft Sorensen and Lars Pedersen
- BMJ 2018;362:k3426
- <https://www.bmj.com/content/362/bmj.k3426>

Study

- Objective – compare cardiovascular risks of diclofenac initiation therapy to other NSAIDs
- 252 Nationwide cohort studies to emulate the eligibility criteria, washout period, treatment groups, and follow-up period of a clinical controlled trial
- Inclusion
 - Adults without malignancy; schizophrenia; dementia; or cardiovascular, kidney, liver, or ulcer diseases
 - No. of patient initiators
 - Diclofenac 1,370,82
 - Ibuprofen 3,878,454
 - Naproxen 291,490
 - Non-initiators 1,303,209
 - Acetaminophen initiators 764,781

Patient Characteristics

- Adults without:
 - Malignancy
 - Schizophrenia
 - Dementia
 - Cardiovascular, kidney, liver, or ulcer diseases (low baseline risk)
- Men accounted for about 45% of diclofenac and ibuprofen initiators, 35% of acetaminophen initiators, and 40% of naproxen initiators
- Median age was 46-49 years among NSAID initiators and 56 years among acetaminophen initiators.

diclofenac v. ibuprofen

- diclofenac initiators had a 20% increased rate of major adverse cardiovascular events compared with ibuprofen initiators
- The incidence rate ratio increased
 - 1.1-fold for atrial fibrillation or flutter and heart failure
 - 1.2-fold for myocardial infarction
 - 1.3-fold for ischemic stroke
 - 1.5-fold for cardiac death
- Cardiac death was driven by death due to heart failure (incidence rate ratio 1.9), cardiac arrhythmias (1.7), and myocardial infarction (1.4)

diclofenac v. naproxen

- diclofenac initiators had a 30% increased rate compared with naproxen initiators
- Compared with naproxen initiators the incidence rate ratio increased:
 - 1.2-fold for ischemic stroke
 - 1.3-fold for atrial fibrillation or flutter and cardiac death
 - 1.4-fold for myocardial infarction
 - 1.5-fold for heart failure
- Consistently, cardiac death was driven by death due to heart failure (incidence rate ratio 1.7) and myocardial infarction (1.5)

diclofenac v. acetaminophen

- Compared with acetaminophen initiators, diclofenac initiators had a 20% increased rate of major adverse cardiovascular
 - 1.2-fold increased rate of ischemic stroke and heart failure
 - 1.4-fold increased rate of atrial fibrillation or flutter and myocardial infarction.
- Overall there was no association with cardiac death, however stratification on underlying causes of death revealed a substantial elevated risk of fatal myocardial infarction (incidence rate ratio 1.8)

Diclofenac vs. Non-Use

- diclofenac initiators had a 50% increased rate of major adverse cardiovascular events compared with non-initiators
- Event rates consistently increased for all individual outcomes:
 - 1.2-fold for atrial fibrillation or flutter
 - 1.6-fold for ischemic stroke
 - 1.7-fold for heart failure
 - 1.9-fold for myocardial infarction
 - 1.7-fold for cardiac death.
- Cardiac death was driven by death from heart failure (incidence rate ratio 2.3), cardiac arrhythmia (1.9), and myocardial infarction (1.7).

Authors' Conclusion:

“Considering its cardiovascular and gastrointestinal risks, however, there is little justification to initiate diclofenac treatment before other traditional NSAIDs.”

ACOEM Guideline Notes on Diclofenac

- Diclofenac is not recommended as first or second line due to increased risk for hepatotoxicity
 - Does not have clear superiority and may have increased adverse cardiovascular events
 - Newer branded products, such as Zorvolex®, are not recommended over generic diclofenac
- Provides same general cardiovascular warning as other NSAIDS
- Indicates use may be of limited duration up to indefinite depending on condition being treated

Other PDL Coverage

Preferred Drug List	diclofenac potassium	diclofenac sodium delayed release	diclofenac sodium extended release	diclofenac	diclofenac sodium / misoprostol
Express Scripts		X			
CVS Caremark Value	X	X	X		
CVS Caremark Performance		X	X	X	X
OptumRx	X	X	X		
Texas WC	X (Cataflam)	X			
NYS WC				X	

NYS lists "Diclofenac" without other specificity so unclear if just diclofenac or is inclusive of all salts

Committee Discussion

MTUS Drug List Exemption Criteria

J. Kevin Gorospe, Pharm.D.

DWC Consultant

MTUS Drug List

- Guides the prospective review requirements
 - “Exempt” drugs – No Prospective Review if in accord with MTUS
 - “Non-Exempt” – Prospective Review required
 - “Special Fill” & “Perioperative Fill” of specified Non-Exempt drugs
- Following slides are draft for discussion only and not a specific recommendation by DWC

Current Exempt Drug Criteria

- Being noted as a first line therapy weighs in favor of being Exempt.
- Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being Exempt.
- A safer adverse effects (risk) profile weighs in favor of being Exempt.
- Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being Exempt.
- Exempt Drugs
 - No Prospective Review (PR) if in accord with MTUS
 - PR requirements apply for otherwise “exempt” Physician Dispensed and Brand Name Drugs

Current Exempt Drug Criteria (**proposed**)

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**

APPLICATION

First line therapy

CONDITION

Acute and or acute/chronic conditions

SAFETY

Safer adverse effects (risk) profile

RELEVANCE

Treat more common work-related injuries and illnesses

USE

Utilization based on Rx frequency in CA WC (physician and pharmacy dispensing)

COST

NADAC comparison of therapeutic equivalents

EXEMPT

Naloxone hcl (naloxone hydrochloride) – criteria for exemption

Drug	RxCUI	APPLICATION	CONDITION	SAFETY	RELEVANCE	USE	COST/unit	EXEMPT STATUS
Narcan (nasal spray)	1191245 1191250 1725059	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	NADAC \$ 119.65 (1191250)	
Evizo (auto-injector)	1855730	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	Current Medi-Cal Rate \$ 4,100.00	

Indomethacin – criteria for exemption

Drug	RxCUI	APPLICATION	CONDITION	SAFETY	RELEVANCE	USE	COST/Day [1]	EXEMPT STATUS
20 mg	1490727	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	\$ 21.67	
40 mg	1491529	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	\$ 21.67	

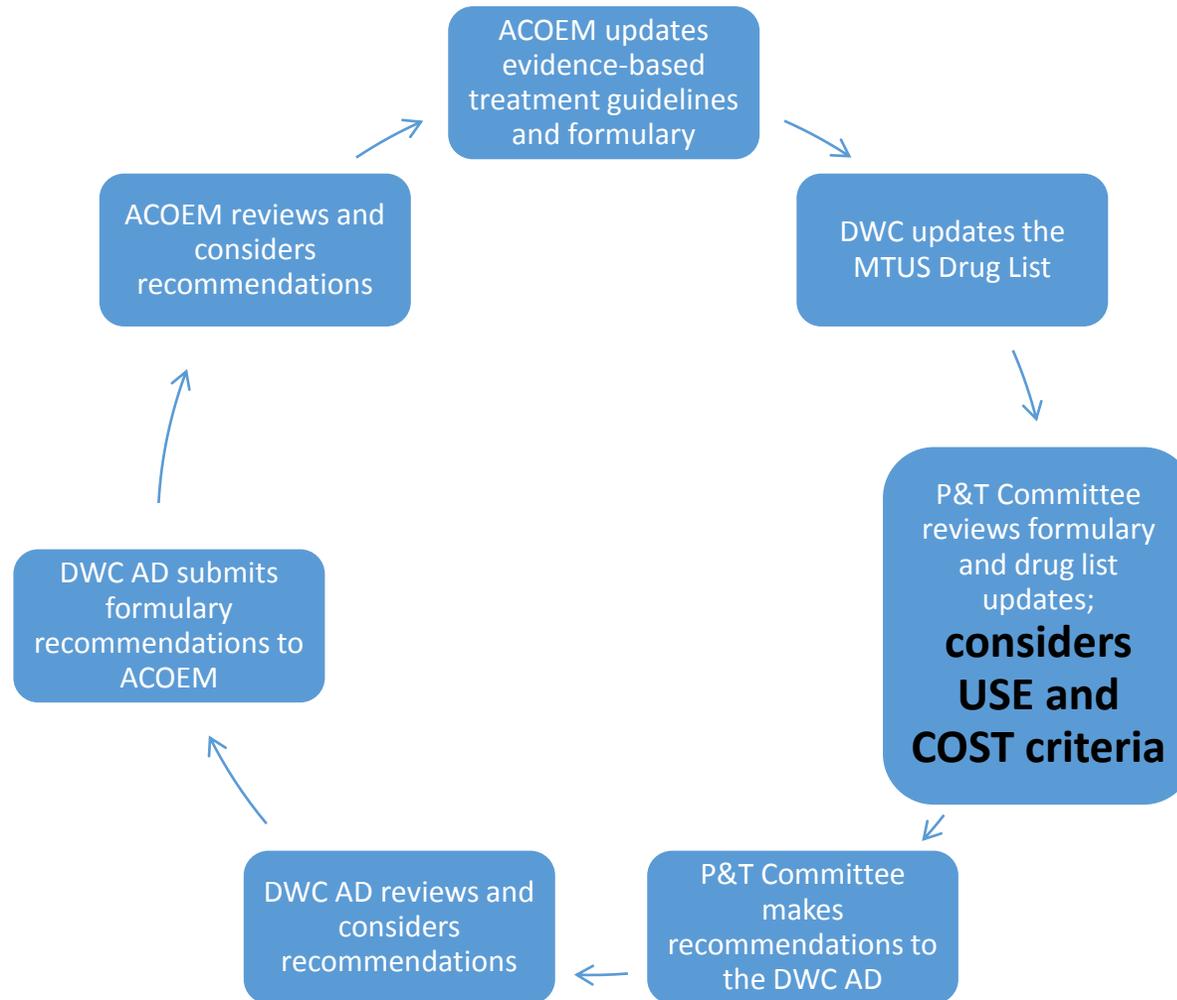
[1] versus other strengths ranging from \$0.33 to \$0.68

Meloxicam – criteria for exemption

Drug	RxCUI	APPLICATION	CONDITION	SAFETY	RELEVANCE	USE	COST/Day [1]	EXEMPT STATUS
Capsule 5 mg	1722349	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	\$ 50.12	
Capsule 10 mg	1722357	✓	✓	✓	✓	Pharmacy #/\$ Physician #/\$	\$ 25.20	

[1] versus other forms/strengths ranging from \$0.02 to \$0.04

P&T Committee Recommendation Process



Committee Discussion

Drug Reviews

Raymond Tan, PharmD

AVP Medical Management-Pharmacy, Zenith Insurance Co.

Committee Member

Artificial Tears

- MDGuidelines
 - Artificial tears ophthalmic ointment (Refresh PM) and carboxymethylcellulose sodium ophthalmic solution (Refresh Plus) have same indications listed
 - Chemical Burns – Acute and Chronic – YES, Insufficient Evidence (I)
 - Thermal Burns – Acute and Chronic – YES, Insufficient Evidence (I)
 - Foreign Bodies, Rust Rings and Corneal Abrasions – Acute – YES, Insufficient Evidence (I)
- Ingredient differences due to ointment vs. solution

Product Ingredients

Solution

- Polyvinyl Alcohol
- Dextran
- Glycerin
- Hypromellose
- Propylene Glycol
- Carboxymethylcellulose

Ointment

- Lanolin
- Mineral Oil
- Petrolatum
- Carboxymethylcellulose

Artificial Tears – Discussion Points

- What additional evidence is required
- Should both products be included in a single “Artificial Tears” heading with ointment and solution listed?
- Reasons to maintain separate listings
- Should additional products that vary slightly in content (ingredients) also be listed?

Committee Discussion

Augmentin

- MDGuidelines
 - amoxicillin/clavulanate potassium
 - Foot Ulceration – Acute and Chronic – YES, Insufficient Evidence (I)
 - Paronychia – Acute – No Recommendation ; Chronic – YES, Insufficient Evidence (I)
 - Human and Animal bites – Acute – YES, Other
 - Low Back – Chronic – Yes, Moderate Evidence (B)

Augmentin vs amoxicillin

Augmentin

- Multiple Dosage Forms
- Tabs, Chew, Susp, XR
- Multiple Strengths
- MCAL – Majority < \$1.00 up to \$4.91
- AWP – Majority < \$1.00 up to \$6.98

amoxicillin

- Multiple Dosage Forms
- Multiple Strengths
- MCAL < \$0.72
- AWP < \$1.31

- Moxatag 775mg 1 QD
- MCAL – n/a
- AWP \$18.89

Augmentin Discussion Points

- Discussion, including what additional evidence is required
- Consensus Advisory Vote
 - Include all Augmentin Strengths and Dosage Forms
 - Include Amoxicillin plain to the formulary drug list
 - Moxatag, value to include or exclude

Committee Discussion

MTUS Drug List Extracts

J. Kevin Gorospe, Pharm.D.

DWC Consultant

Keep it Simple

- Concern expressed that MTUS Drug Lists may contain unnecessary information for prescribers
- Too much information could cause confusion
- Prescribers want to know:
 - What is on the list in various therapeutic categories
 - Which drugs are exempt from prospective review
 - Which drugs have Special Fill or Peri-Op allowances
- In response DWC has developed several examples of MTUS Drug List extracts for the committee to consider for usability

MTUS DRUG LIST BY THERAPEUTIC CATEGORY

Superscript Legend Non-Exempt Drugs

SF/4 = Special Fill 4 day fill allowance

PO/4 = Peri Op 4 day fill allowance

PO/14 = Peri Op 14 day fill allowance

ADHD / Anti-narcolepsy / Anti-Obesity / Anorexiant	<u>Exempt</u>	<u>Non-Exempt</u> methylphenidate hydrochloride ^(SF/4) modafinil guanfacine er
Alternative Medicines	<u>Exempt</u>	<u>Non-Exempt</u> citicoline coenzyme q10 melatonin s-adenosylmethionine
Alternative Medicines (OTC nutraceutical)	<u>Exempt</u>	<u>Non-Exempt</u> chondroitin sulfate glucosamine sulfate
		
Antidepressants (SSRI)	<u>Exempt</u> citalopram hydrobromide escitalopram oxalate fluoxetine hcl paroxetine hcl sertraline hcl	<u>Non-Exempt</u> bupropion hcl fluvoxamine maleate trazodone hcl vilazodone

MTUS DRUG LIST BY THERAPEUTIC CATEGORY

Superscript Legend Non-Exempt Drugs

SF/4 = Special Fill 4 day fill allowance

PO/4 = Peri Op 4 day fill allowance

PO/14 = Peri Op 14 day fill allowance

ADHD / Anti-narcolepsy / Anti-Obesity / Anorexiant

Non-Exempt

methylphenidate hydrochloride ^(SF/4)

modafinil

guanfacine er



Antidepressants (SSRI)

Exempt

citalopram hydrobromide

escitalopram oxalate

fluoxetine hcl

paroxetine hcl

sertraline hcl

Non-Exempt

bupropion hcl

fluvoxamine maleate

trazodone hcl

vilazodone

MTUS DRUG LIST EXEMPT DRUGS

(Alpha by Drug Ingredient)

Drug Ingredient	Brand Example	Drug Class
acetaminophen	Tylenol	Analgesics - NonNarcotic
albuterol sulfate	Proventil	Antiasthmatic and Bronchodilator Agents
alcaftadine	Lastacaft	Antihistamine and/or mast cell stabilization
almotriptan malate	Axert	Migraine Products

MTUS DRUG LIST EXEMPT DRUGS

(Alpha by TheraCat)

Drug Class	Drug Ingredient	Brand Example
Analgesics - Anti-Inflammatory (NSAID)	celecoxib	Celebrex
Analgesics - Anti-Inflammatory (NSAID)	diclofenac potassium	Cataflam
Analgesics - Anti-Inflammatory (NSAID)	diflunisal	Dolobid
Analgesics - Anti-Inflammatory (NSAID)	etodolac	Lodine

MTUS DRUG LIST SPECIAL FILL and PERI-OP DRUGS

(Alpha by Ingredient)

Drug Ingredient	Brand Example	Special Fill	Peri-Op	Drug Class
apixaban	Eliquis		14 Days	Anticoagulants
baclofen	Lioresal	4 Days	4 Days	Musculoskeletal Therapy Agents (Muscle Relaxants)
betamethasone	Celestone	4 Days		Corticosteroids
cortisone	Cortone	4 Days		Corticosteroids
cyclobenzaprine hcl	Flexeril	4 Days		Musculoskeletal Therapy Agents (Muscle Relaxants)

MTUS DRUG LIST SPECIAL FILL and PERI-OP DRUGS

(Alpha by Therpeutic Category)

Drug Class	Drug Ingredient	Brand Example	Special Fill	Peri-Op
ADHD / Anti-narcolepsy / Anti-Obesity / Anorexiant	methylphenidate hydrochloride	Ritalin, Concerta	4 Days	
Analgesics - Opioid	hydrocodone/acetaminophen	Norco, Vicodin, Xodol	4 Days	4 Days
Analgesics - Opioid	morphine sulfate		4 Days	4 Days
Analgesics - Opioid	oxycodone hcl	OxyContin, Roxicodone	4 Days	4 Days
Analgesics - Opioid	oxycodone/acetaminophen	Percocet	4 days	4 days

Committee Discussion

Public Comments

Review of Recommendations

Adjournment