

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

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Pharmacy and Therapeutics Advisory Committee

DRAFT - MINUTES OF MEETING

Wednesday, November 20, 2019

Elihu Harris State Building
1515 Clay Street, Conference Room 1, Second Floor
Oakland, California 94612

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.
Steven Feinberg, M.D.
Lori Reisner, Pharm.D.
Todd Shinohara, Pharm.D., MA.
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
- November 14th Newline announcing resignation of P&T Committee member, Dr. Rajiv Das, and the solicitation of another member to fill the vacancy

II. Approval of Minutes from the July 24, 2019 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the July 24, 2019 meeting

Vote: The committee members in attendance voted unanimously for approval of the minutes from the July 24, 2019 meeting.

Related briefing: [July 24th, 2019 Minutes of Meeting](#)

(<https://www.dir.ca.gov/dwc/MTUS/Meetings/July-2019/MeetingMinutes.pdf>)

III. MTUS Drug List v6

- ACOEM recently released update on changes to the Hip and Groin Disorder Guideline, including medications associated with it.

- DIR is currently in the process of making all documents accessible for the visually impaired. The Reference in ACOEM Guidelines column will be changed from symbols to letters pertaining to drugs being recommended, not recommend and having no recommendation.
 - R = Recommended
 - X = Not recommended
 - NR = No recommendation
- Looking at how prescribers will look at tables on the drug list so we can build them accordingly to meet accessibility standards
- Inclusion of a change log to reflect strikethrough and underline changes on the drug list in order to meet accessibility standards

IV. Danish Study Update on Diclofenac

- ACOEM will incorporate the study into their list of references. They are not planning to change their recommendation for this medication.

V. Discussion

- Inclusion of Antiemetics to Exempt List
 - Antiemetics are time-sensitive medications, especially after surgery.
 - Patients need to have access to this type of medication (without going through prospective utilization review) or they can be sent to emergency which incurs increased costs.
 - It is expected that ACOEM will address this sometime in the future.
 - ACOEM has added antiemetics as an appendix in the Hip and Groin chapter as a recommendation. They are working on it to include it more broadly.
 - Data shows that antiemetics are necessary.
 - There is a need to take into consideration those individuals who cannot take oral medications.
 - P&T Committee may review which products to add to both Exempt and Non-Exempt lists.

Motion: To do a full review (looking at price and utilization) of the antiemetics to present to the committee.

Vote: The committee members in attendance voted in favor.

- Special Fill and Peri-Op 4-Day Supply Allowance
 - P&T Committee to determine how to effectively use Peri-Op status.
 - If given Exempt status, there are no quantity limits. Peri-Op status will be limited.
 - Is it the intent of the formulary to include the extended release formulation? Extended release may not be on the table for Special Fill in the guidelines.
 - Should we look at quantity limits to provide clarity of 4 days? What is the appropriate maximum number of pills or milligrams for those 4 days? For example, 15, 20 or 30 pills as a cap in a 4-day period that does not require prospective utilization review in the acute injury phase.
 - If a prescriber thinks that their patient may need more medication beyond the 4-day supply, they can still submit a prospective utilization review for a second prescription at the time of the first appointment.
 - Certain medications would fit within the Special Fill category.
 - We need to see what is currently categorized as Special Fill and Peri-Op. Include cost to see what should remain in that category based on the

- guidelines. The maximum should reflect the maximum MED for the most potent medication in that category.
- DWC pharmacy consultant to put together a Peri-Op presentation for the next meeting to include ACOEM Guidelines and the various calculations on the individual products in terms of number tables for the most potent product. The committee can then make recommendations as to which medications based on the guidelines should be categorized as Special Fill and Peri-Op, in addition to having some tablet-based maximums.

Motion: Review opioid drugs' ACOEM guidelines in more detail, review opioid MME values and review which opioids on the MTUS should be 4-day and Special Fill and if maximum-dispensing amounts should be set.

Vote: The committee members in attendance voted in favor.

- MTUS Drug Lists Formats
 - Standard formatting in the marketplace relative to Knox-Keene
 - Knox-Keene requires plans and PBMs to use a specific format. Does not apply to the DWC MTUS Drug List.
 - All caps for drug brand names
 - Bold and italicized for generic drugs
 - Separate rows for dosage forms and/or strengths
 - Can incorporate Knox-Keene formatting into MTUS Drug List and provide subsets of the master list to address prescriber needs.
 - Exempt drugs
 - Drug class
 - Special Fill
 - Peri-Op
 - What information should be included?
 - Prescribers would not be looking up the drug by condition or body part
 - Recommendation to have two formats: AHSF classification vs. straight alphabetization
 - Suggestion for DWC to develop a table or searchable database to look up various categories or particular product and then incorporate the different classifications within that filter.

VI. Public Comment

- Not applicable