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Pharmacy and Therapeutics Advisory Committee
DRAFT - MINUTES OF MEETING
Wednesday, October 21, 2020
Via Video/Audio Conference

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	Joyce Ho, M.D.
Kevin Gorospe, Pharm.D.	Lori Reisner, Pharm.D.
DWC Consultant	Todd Shinohara, Pharm.D., MA.
	Raymond Tan, Pharm.D.

I. Welcome and Introductions

George Parisotto, Administrative Director, DWC

- Introduction of new P&T Committee member, Dr. Joyce Ho
- Conflict of Interest reminder and advise P&T Committee members to review it
- State and federal Antitrust Law advisement
- Reminder to the current committee members that the current two-year term is expiring soon, and DWC will begin recruitment for the 2021-2022 term; current members are eligible to reapply

II. Approval of Minutes from the January 22, 2020 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the January 22, 2020 meeting

Vote: The committee members in attendance voted unanimously for approval of the minutes from the January 22, 2020 meeting. Lori Reisner was not present during the time of the vote.

Related briefing: January 22, 2020 Meeting of Minutes
(*https://www.dir.ca.gov/dwc/MTUS/Meetings/January-2020/Meeting-Minutes.pdf*)

III. MTUS Drug List v7

- Effective November 1, 2020
- Medications incorporated in the ACOEM formulary for the Depressive Disorders Guideline were recently adopted into the MTUS Drug List
- Issue raised that there is inconsistent labeling of anti-depressants under Drug Class – some listed as Antidepressants vs. Antidepressants (TCAs); parallel issue raised regarding antibiotics
    - MTUS Drug List tends to reflect the same labeling of medications as the ACOEM formulary
    - Suggestion to keep the labeling more consistent for sorting purposes as the list expands
    - DWC can put together suggestions for ACOEM relating to improving consistency of drug class identification

IV. Discussion

- MTUS with RxCUI, Dosage Forms, Strengths
    - Kevin Gorospe presented the draft expanded MTUS Dug List with RxCUI – and gave overview of advantages/usefulness of expanded list
        - Clarity on drug/dosage form/strength combinations are on the MTUS Formulary
        - Identify Exempt status for each drug/dosage form/strength combination
        - Identify potential changes to other status values
        - Checks for FDA approval and market availability
        - Aids in drug cost comparisons
    - Should the current format of the MTUS expand to include more detail, and incorporate recommendations from previous meetings?
- Previous P&T Recommendations spreadsheet
(*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/Previous-P&T-Recommendations-DRAFT-for-Discussion.xlsx*)
    - Summary of previous P&T recommendations to move specific drugs from Exempt to Non-Exempt status
    - Meloxicam (5mg and 10mg) capsule forms to be changed from Exempt to Non-Exempt
    - Naloxone hcl (Evzio) – change from Exempt to Non-Exempt due to high cost
- MTUS v7 RxCUI Without Changes spreadsheet
(*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/MTUS-v7-With-RxCUI-Without-Changes-DRAFT-for-Discussion.xlsx*)
    - Doesn't change any of the initial MTUS values (Drug Ingredient, Reference Brand Name, Exempt/Non-Exempt, Special Fill, Peri-Op, Drug Class, and Reference in ACOEM Guidelines)
        - Example: bromfenac has a Reference Brand Name listed as Prolensa for each dosage form, and strength, but that is not necessarily true

- MTUS v7 RxCUI With Changes spreadsheet (*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/MTUS-v7-With-RxCUI-With-Changes-DRAFT-for-Discussion.xlsx*)
    - Includes recommended changes to the Reference Brand Name, and Drug Ingredient columns to match FDA listing
    - Include recommendations from previous meetings, and also look into altering the Drug Class to be more consistent across the entire list
        - Bromfenac is listed by the FDA as a sodium (bromfenac sodium ophth)
            - Reference Brand Name listed on the current MTUS Drug List displayed as Prolensa, but under the different dosage form and strength combinations, each RxCUI shows a different Reference Brand Name (Bromsite, Bromday, Xibrom, and Prolensa)
    - Important that drug ingredient descriptions match what is FDA-approved
    - Should the Reference Brand Name match the dosage form, and strength?
        - Provides clarity to the physician prescribing the medication
    - Some products are not AB rated
        - What is AB rated? Products that are generically equivalent
    - Request of the committee to view additional MTUS Drug List sample formats for consideration:
        - Fully expand the MTUS Drug List and list certain drug ingredients rolled up into one category (Exempt v. Non-Exempt)
        - All Reference Brand Names to be corrected
        - Clean up the Drug Class grouping for consistency (MTUS is currently using the Drug Class grouping by ACOEM)
        - DWC to present the new list showing additional brand name products, corrections to the Drug Class and generic names, products rolled up where possible under a single RxCUI
- Anti-Emetics spreadsheet (*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/Anti-Emetics-DRAFT-for-Discussion.xlsx*)
    - DWC to update the MTUS Drug List with the 15 products added by the ACOEM guidelines under anti-emetic treatment category
        - Only droperidol is Not Recommended for treatment
        - Of the 15 products, droperidol, palonosetron hydrochloride and prochlorperazine edisylate are injectables that are not self-administered
        - Hydroxyzine pamoate and trimethobenzamide hydrochloride reviewed/recommended by the P&T Committee, but are not on the list recommended by ACOEM (most likely due to not sufficient studies/evidence to make a decision)
        - The committee would like to see some analysis on cost and where ACOEM stands on efficacy and safety for perphenazine and granisetron hydrochloride
        - Discussion of propriety of consideration of cost; various viewpoints expressed include:

- Physician should be allowed to choose medication - cost should not play a role
- Cost should be considered - example of 2 drugs of equal efficacy with very large cost differential – appropriate for drug list to have different exempt/non-exempt status based on cost
- P&T Committee has responsibility to carry out the public policy of wise use of health care dollars, stretching the system resources
- Using cost as a factor does not disallow the drug – merely means the prospective authorization must be obtained

Motion: To keep the previous committee recommendations (Exempt and Non-Exempt status) in place for the previously-reviewed anti-emetics and defer recommendations on perphenazine and granisetron hydrochloride pending presentation of a cost analysis and ACOEM information on safety/efficacy at the next meeting.

Vote: The committee members in attendance voted in favor, except for Raymond Meister, who abstained.

- Opioid 4-Day Dispensing Quantities - See 4-Day Opiates and 50 MME Calculations spreadsheet (*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/4-Day-Opiates-50-MME-Calculations-DRAFT-for-Discussion.xlsx*)
    - Background: P&T Committee voted at 1/22/2020 meeting to recommend that the "four-day supply" of special fill / perioperative fill be further defined in terms of the quantity of each medication that would equal 50 MME per day; requested that the DWC pharmacist consultant Kevin Gorospe provide analysis to implement the recommendation
    - Due to the varying strengths of opioid tablets (or capsules), some of the drugs could be translated into a specific number of tablets that equals a 50 MME dose. However, for some other strengths, the 50 MME calculation would result in a fractional number of tablets. Therefore, the 50 MME calculations spreadsheet sets forth the number of tablets that would result by rounding up and rounding down to show the number of tablets that provides the doses that are closest to the 50 MME
    - Question presented to committee: should we be rounding up to allow for extra doses or down to keep it stricter on MME per day of products of 4-day supply in Peri-Op or Special Fill?
    - Discussion by committee, various views expressed including:
        - Is this too granular of a definition of 4 days' supply, for example when prescribing for surgery, or for patients with ongoing opioid treatment?
        - Surgical pain medication would be pre-authorized; would not rely on the special fill/perioperative fill, which would be utilized with opiate naïve patients

- Opioid pain medication overuse is still a concern – U.S. life expectancy going down due in part due to opioids
- Further definition of the 4 days' supply helps to ensure patient safety for these drugs that are otherwise non-exempt but available as special fill/peri-op
- Suggestion to average the number of tablets for the 4 days' supply

Motion: To establish the 4-day supply as the halfway point between rounding up and rounding down when the numbers are different.

Vote:
In Favor: Basil Besh, Joyce Ho, Lori Reisner, Todd Shinohara, Raymond Tan
Oppose: Steven Feinberg, Raymond Meister

- Potential Deletions from MTUS List spreadsheet (*https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/Potential-Deletions-From-MTUS-List-DRAFT-for-Discussion.xlsx*)
  - MTUS has betamethasone, dolasetron and tetracycline ophthalmic listed as discontinued in the FDA Orange Book, which are no longer FDA products on the market
  - Two drugs not listed in oral dosage forms: Codeine phosphate and pitocin (no oral dosage forms)
  - Should these products remain on the MTUS list even though they do not exist on the market as a self-administered form, since the MTUS list is intended for self-administered medications?
  - Vitamin d is possibly misidentified. DWC to reach out to ACOEM for clarification, and committee will vote during the next P&T meeting

Motion: On the MTUS Drug List, remove the products listed on the Potential Deletions from MTUS List spreadsheet.

Vote:
In Favor: Basil Besh, Joyce Ho, Lori Reisner, Steven Feinberg Todd Shinohara, Raymond Tan
Oppose: Raymond Meister

V. Public Comments

- How many eye scripts are really in the system to make it this complicated? (Referencing *MTUS v7 RxCUI With Changes spreadsheet*)
  - Not a question of volume of prescriptions
  - Idea when the guidelines identify a particular product, the committee has the ability to look at the all the products available under that description, and determine whether or not they should all be Exempt, Non-Exempt, or some Exempt and Non-Exempt
- Is there a target implementation date for RxCUI?
  - Regulations already provided for the addition of RxCUIs
  - RxCUIs are likely to be added on the next version of the MTUS Drug List
- Do you anticipate including drugs that are not included in the Medi-Cal pricing tables?

    - All drugs are included in the Medi-Cal pricing tables. They have a process for products that fall outside of that description. The pricing tables contains those.
- Can we get a model in pricing regarding how much these changes could increase or even decrease pharmacy costs for the employer or payer?
    - Medi-Cal moved to acquisition cost model plus increased dispensing fees. The changes in their rates of reimbursement will likely decrease the amount of costs within the workers' compensation system.
    - The overall system cost is not within the purview of the P&T Committee.