Division of Workers' Compensation Pharmacy and Therapeutics Committee

January 20, 2021

12:30pm to 2:30pm

California Department of Industrial Relations

State of California
Gavin Newsom
Governor

Agenda

- **Welcome and Introductions**
  George Parisotto, Administrative Director, DWC
- **Approval of Minutes from the October 21, 2020 Meeting**
  Dr. Raymond Meister, Executive Medical Director, DWC
- **MTUS Drug List v8 –** *Dr. Raymond Meister*
- **Discussion**:
  - Anti-Emetics – perphenazine & granisetron - *Kevin Gorospe, DWC Consultant*
  - RxCUI refresher - *Kevin Gorospe, DWC Consultant*
  - MTUS – RxCUI consolidation model using MTUS v8 - *Kevin Gorospe, DWC Consultant*
    - *Drug Ingredient name changes*
    - *Therapeutic Category name changes*
    - *Opioid 4-day supplies*
  - Reports/Research of interest (general discussion)
  - COVID vaccination (general discussion)
- **Public Comments**
- **Review of Committee Recommendations**
- **Adjourn**

Welcome and Introductions

George Parisotto

Administrative Director, DWC

California Department of Industrial Relations

Approval of Minutes

Dr. Raymond Meister

Executive Medical Director, DWC

California Department of Industrial Relations

MTUS Drug List v8

Dr. Raymond Meister
Executive Medical Director, DWC

California Department of Industrial Relations

Anti-Emetics – perphenazine & granisetron

J. Kevin Gorospe, PharmD
DWC Consultant

California Department of Industrial Relations

Perphenazine

- Old drug (approved in 1957)
- Initially used as an antipsychotic for treatment of schizophrenia
- Current approved indications
  - treatment of schizophrenia
  - treatment of severe behavioral or psychological symptoms of dementia
  - treatment of severe nausea/vomiting
- Previously added to MTUS list as “Exempt” – (R) Depressive Disorders

Granisetron

- Approved in 1994 (brand name KYTRIL)
- Originally approved for prophylaxis of acute emesis caused by cancer chemotherapy
- Current indications
  - For chemotherapy-induced nausea/vomiting (CINV) and chemotherapy-induced nausea/vomiting prophylaxis.
  - For radiation-induced nausea/vomiting prophylaxis.
  - For the treatment of post-operative nausea/vomiting (PONV)
- The FDA-approved product label recommends against granisetron for postoperative nausea/vomiting (PONV) due to lack of efficacy and risk of QT prolongation.

Drug Ingredient	Reference Brand Name	Dosage Form	Strength	MEDI-CAL PRICE (Generic)	TOTAL DAILY UNITS (TABLETS, CAPSULES, ML)	GENERIC COST PER DAY
perphenazine	Not Applicable	Tablet	8 MG	0.4851	3	1.4553
perphenazine	Not Applicable	Tablet	4 MG	0.3766	6	2.2596
perphenazine	Not Applicable	Tablet	16 MG	3.1194	1	3.1194
perphenazine	Not Applicable	Tablet	2 MG	0.3129	12	3.7548
granisetron hydrochloride	KYTRIL	Tablet	1 MG	1.8861	2	3.7722

EXEMPT ANTI-EMETIC DRUGS BY GENERIC COST PER DAY

Drug Ingredient	Reference Brand Name	Dosage Form	Strength	MEDI-CAL PRICE (Generic)	TOTAL DAILY UNITS (TABLETS, CAPSULES, ML)	GENERIC COST PER DAY
meclizine hydrochloride	ANTIVERT	Tablet, Chewable	25 MG	0.0376	4	0.1504
promethazine hydrochloride	PHENERGAN	Tablet	25 MG	0.049	4	0.196
promethazine hydrochloride	PHENERGAN	Tablet	50 MG	0.123	2	0.246
metoclopramide hydrochloride	REGLAN	Tablet	10 MG	0.0414	6	0.2484
ondansetron hydrochloride	ZOFRAN	Tablet	8 MG	0.1085	3	0.3255
dimenydrinate	DRAMAMINE	Tablet	50 MG	0.0479	8	0.3832
metoclopramide hydrochloride	REGLAN	Tablet	5 MG	0.0377	12	0.4524
promethazine hydrochloride	PHENERGAN	Tablet	12.5 MG	0.06	8	0.48
ondansetron hydrochloride	ZOFRAN	Tablet	4 MG	0.0819	6	0.4914
meclizine hydrochloride	ANTIVERT	Tablet	25 MG	0.1651	4	0.6604
ondansetron	ZOFRAN ODT	Tablet, Orally Disintegrating	8 MG	0.3004	3	0.9012
promethazine hydrochloride	PHENERGAN	Syrup	6.25 MG/5 ML	0.0171	60	1.026
meclizine hydrochloride	ANTIVERT	Tablet	12.5 MG	0.1586	8	1.2688
prochlorperazine maleate	COMPAZINE	Tablet	10 MG	0.3866	4	1.5464
ondansetron	ZOFRAN ODT	Tablet, Orally Disintegrating	4 MG	0.2668	6	1.6008
prochlorperazine maleate	COMPAZINE	Tablet	5 MG	0.279	8	2.232

Committee Discussion

Public Comments

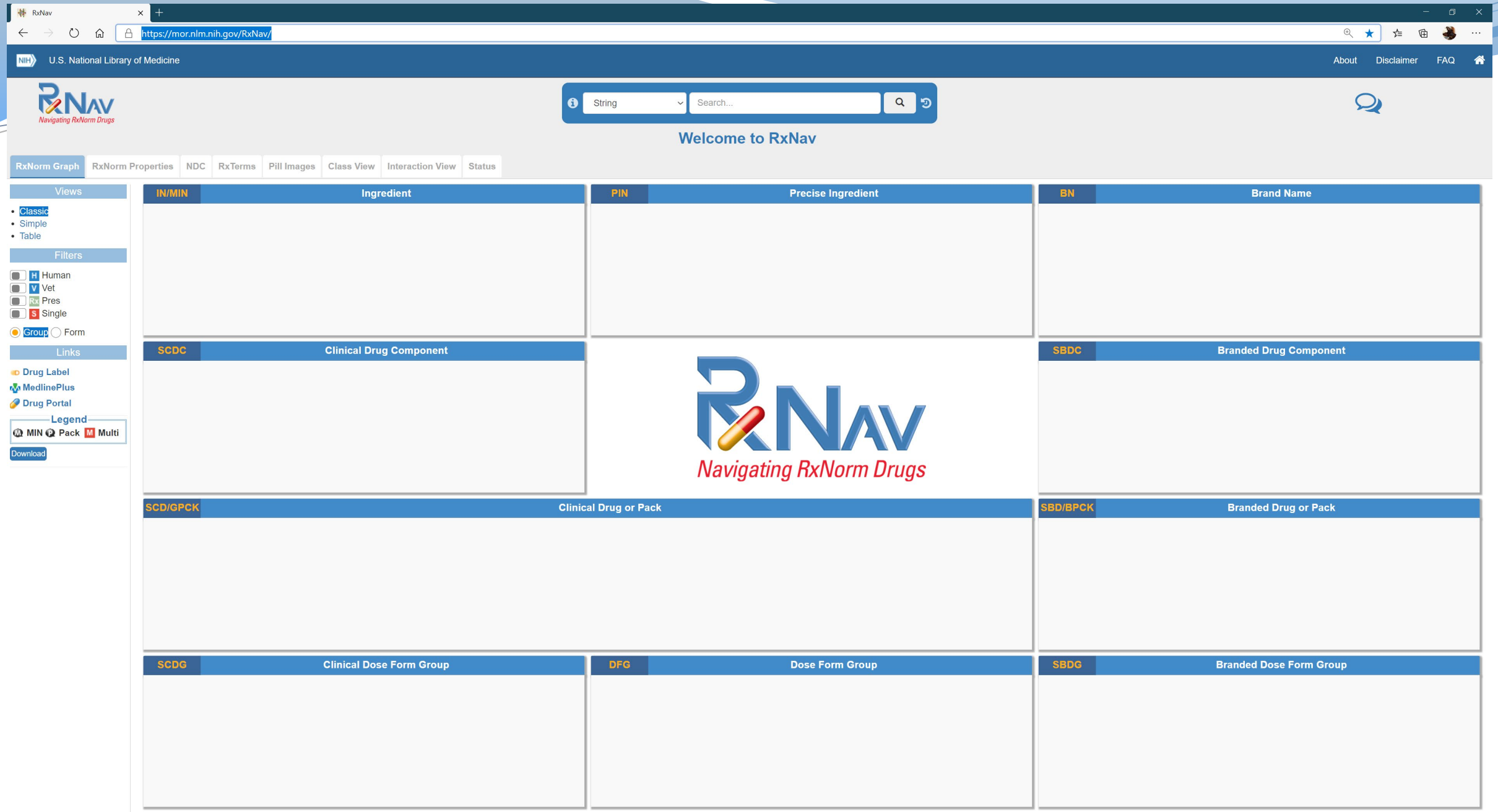
RxCUI Refresher

J. Kevin Gorospe, PharmD
DWC Consultant

California Department of Industrial Relations

RxCUI

- Intent is to provide clarity on which drug/dosage form/strength combinations are exempt/non-exempt on MTUS Formulary
- RxCUI is a publicly available (non-proprietary) coding system
- Has multiple layers, for example
  - Ingredient – base drug without "salt"
  - Precise Ingredient – drug/salt forms
  - Clinical Drug or Pack – drug ingredient, dosage form, strength
  - Clinical Dose Group – e.g. oral drug, oral pill, transdermal, etc.
- Accessible at U.S. National Library of Medicine – RxNAV RxNav (nih.gov)


RxNav
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Navigating RxNorm Drugs
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RxNorm Properties
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IN/MIN
Ingredient
PIN
Precise Ingredient
BN
Brand Name
SCDC
Clinical Drug Component
RxNav
Navigating RxNorm Drugs
SBDC
Branded Drug Component
SCD/GPCK
Clinical Drug or Pack
SBD/BPCK
Branded Drug or Pack
SCDG
Clinical Dose Form Group
DFG
Dose Form Group
SBDG
Branded Dose Form Group

RxNav Navigating RxNorm Drugs

String | prochlorperazine

prochlorperazine [RxCUI = 8704]

RxNorm Graph | RxNorm Properties | NDC | RxTerms | Pill Images | Class View | Interaction View | Status

Views
- Classic
- Simple
- Table

Filters
- H Human
- V Vet
- Rx Pres
- S Single

Group / Form

Links
- Drug Label
- MedlinePlus
- Drug Portal

Legend
MIN Pack M Multi

Download

IN/MIN — Ingredient (2)
- prochlorperazine
- M isopropamide / prochlorperazine

PIN — Precise Ingredient (3)
- prochlorperazine edisylate
- prochlorperazine maleate
- prochlorperazine mesylate

BN — Brand Name (2)
- Compazine
- Compro

SCDC — Clinical Drug Component (9)
- prochlorperazine 1 MG/ML
- prochlorperazine 10 MG
- prochlorperazine 12.5 MG/ML
- prochlorperazine 15 MG
- prochlorperazine 2.5 MG
- prochlorperazine 25 MG
- prochlorperazine 3 MG
- prochlorperazine 5 MG
- prochlorperazine 5 MG/ML

RxNav Navigating RxNorm Drugs

SBDC — Branded Drug Component (4)
- prochlorperazine 10 MG [Compazine]
- prochlorperazine 25 MG [Compazine]
- prochlorperazine 25 MG [Compro]
- prochlorperazine 5 MG [Compazine]

SCD/GPCK — Clinical Drug or Pack (13)
- 2 ML prochlorperazine 5 MG/ML Injection
- prochlorperazine 1 MG/ML Oral Solution
- prochlorperazine 10 MG Extended Release Oral Capsule
- prochlorperazine 10 MG Oral Tablet
- prochlorperazine 12.5 MG/ML Injectable Solution
- prochlorperazine 15 MG Extended Release Oral Capsule
- prochlorperazine 2.5 MG Rectal Suppository
- prochlorperazine 25 MG Oral Tablet
- prochlorperazine 25 MG Rectal Suppository
- prochlorperazine 3 MG Buccal Tablet

SBD/BPCK — Branded Drug or Pack (4)
- Compazine 10 MG Oral Tablet
- Compazine 25 MG Rectal Suppository
- Compazine 5 MG Oral Tablet
- Compro 25 MG Rectal Suppository

SCDG — Clinical Dose Form Group (6)
- prochlorperazine Buccal Product
- prochlorperazine Injectable Product
- prochlorperazine Oral Liquid Product
- prochlorperazine Oral Product
- prochlorperazine Pill
- prochlorperazine Rectal Product

DFG — Dose Form Group (6)
- Buccal Product
- Injectable Product
- Oral Liquid Product
- Oral Product
- Pill
- Rectal Product

SBDG — Branded Dose Form Group (4)
- Compazine Oral Product
- Compazine Pill
- Compazine Rectal Product
- Compro Rectal Product

PIN	Precise Ingredient (3)
Rx S	prochlorperazine edisylate
Rx S	prochlorperazine maleate
S	prochlorperazine mesylate

SCD/GPCK	Clinical Drug or Pack (13)
H Rx S	2 ML prochlorperazine 5 MG/ML Injection
S	prochlorperazine 1 MG/ML Oral Solution
S	prochlorperazine 10 MG Extended Release Oral Capsule
H Rx S	prochlorperazine 10 MG Oral Tablet
S	prochlorperazine 12.5 MG/ML Injectable Solution
S	prochlorperazine 15 MG Extended Release Oral Capsule
S	prochlorperazine 2.5 MG Rectal Suppository
S	prochlorperazine 25 MG Oral Tablet
H Rx S	prochlorperazine 25 MG Rectal Suppository
S	prochlorperazine 3 MG Buccal Tablet
H Rx S	prochlorperazine 5 MG Oral Tablet
S	prochlorperazine 5 MG Rectal Suppository

SCDG	Clinical Dose Form Group (6)
S	prochlorperazine Buccal Product
H Rx S	prochlorperazine Injectable Product
S	prochlorperazine Oral Liquid Product
H Rx S	prochlorperazine Oral Product
H Rx S	prochlorperazine Pill
H Rx S	prochlorperazine Rectal Product

MTUS – RxCUI consolidation model using MTUS v8

J. Kevin Gorospe, PharmD
DWC Consultant

California Department of Industrial Relations

RxCUI Consolidation

- P&T request to consolidate Non-Exempt under a single RxCUI
  - Would reduce the size of the list (fewer entries)
  - Non-Exempt drugs require authorization
- Consolidation at Dose Form level whenever possible
  - “Ingredient” and “Precise Ingredient” level too broad and would include dosage forms not suitable for the MTUS list (e.g. drugs for infusion)

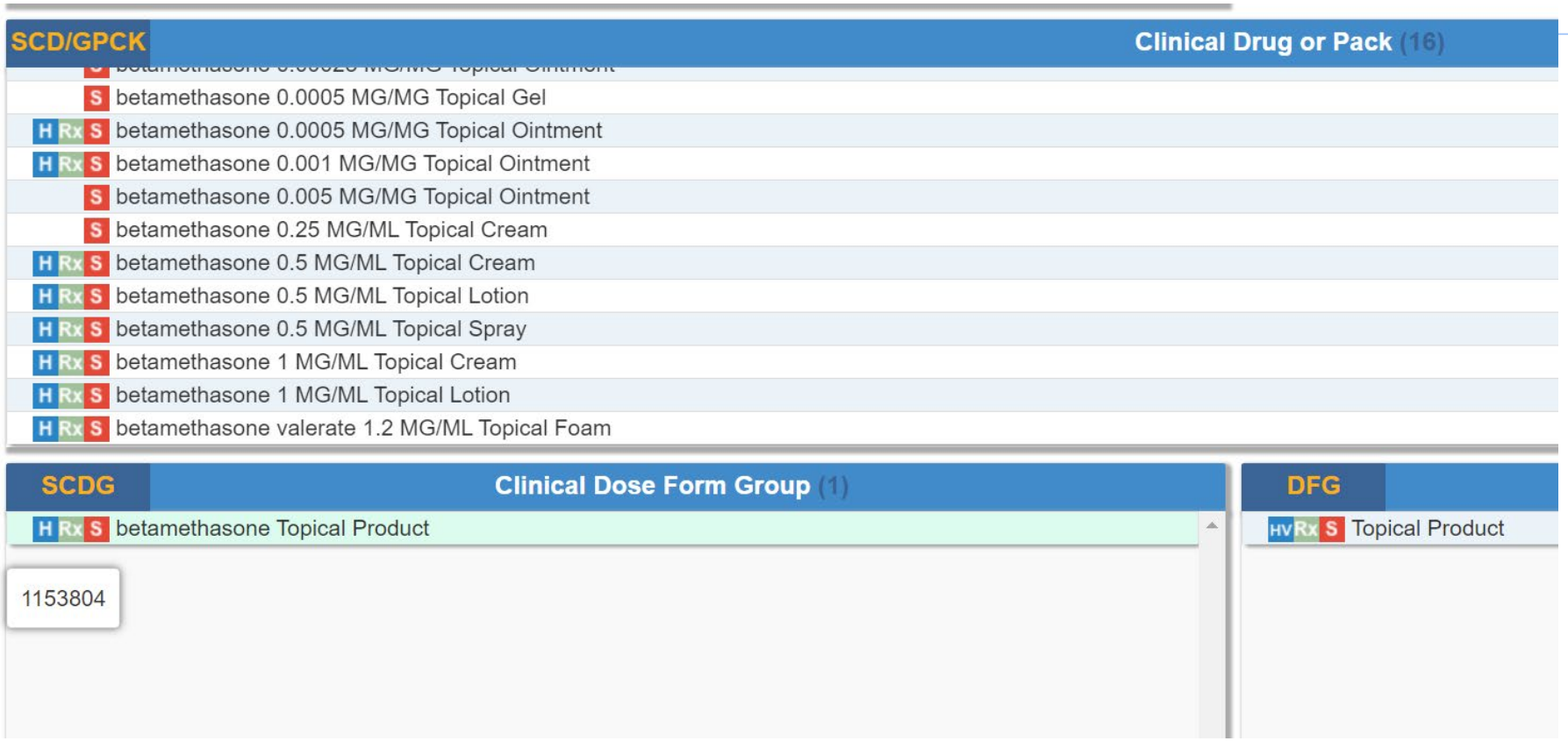
Most Non-Exempt drugs could be consolidated under a single “Dose Form” RxCUI, e.g., “Oral Product” for acyclovir

SCD/GPCK	Clinical Drug or Pack (7)
H Rx S	acyclovir 200 MG Oral Capsule
S	acyclovir 200 MG Oral Tablet
H Rx S	acyclovir 40 MG/ML Oral Suspension
H Rx S	acyclovir 400 MG Oral Tablet
H Rx S	acyclovir 50 MG Buccal Tablet
S	acyclovir 80 MG/ML Oral Suspension
H Rx S	acyclovir 800 MG Oral Tablet

SCDG	Clinical Dose Form Group (1)	DFG
H Rx S	acyclovir Oral Product	HV Rx S Oral Product

1153461

In some instances, Dose Form too broad and included multiple drug ingredients that appear on the MTUS list, for example betamethasone topical or drugs with individual allowances (e.g. 4-day Special Fill for specific drugs). In these cases, drugs were not consolidated.



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Additional changes

- In addition to RxCUI consolidation other changes were made that deviate from the latest MTUS v8
  - Drug ingredient names corrected to match FDA listings, e.g.
    - bromfenac changed to bromfenac sodium
    - emedastine ophth changed to emedastine difumarate ophth
    - Consolidate camphor/menthol/methyl salicylate into single entry as reference brand BEN GAY ULTRA contains all three; leave menthol as standalone for listed reference brand BIOFREEZE
  - Brand drug names corrected to match ingredient, dosage form, and strength of specific products, e.g.
    - prednisolone sodium phosphate ophth (ingredient corrected to add “phosphate”) changed reference brand to INFLAMASE FORTE; the listed OMNIPRED is actually prednisolone acetate

More Changes

- Therapeutic categories were corrected/changed for consistency
  - isocarboxazid, phenelzine, selegiline, tranylcypromine from “Antidepressants” to “Antidepressants (MAOIs)
  - nefazodone from “Antidepressants (SSRI)” to “Antidepressants (Serotonin Modulators)”
  - 4-day Special Fill and Peri-Op quantities for specific opioids were entered per prior P&T recommendation
  - P&T recommendations on Exempt status were incorporated
  - Drugs no longer on the market were removed
- Various name and therapeutic classification change recommendations will be communicated to ACOEM

Previous P&T Recommendations

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Drug Class	Dosage Form	Strength	RxCUI	Comments
bromfenac sodium ophth	BROMSITE	**Non-Exempt**	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.075%	1790141	Move bromfenac sodium from exempt to non-exempt status
bromfenac sodium ophth	BROMDAY, XIBROM	**Non-Exempt**	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.09%	578018	Move bromfenac sodium from exempt to non-exempt status
bromfenac sodium ophth	PROLENSA	**Non-Exempt**	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Solution, ophthalmic	0.07%	1375917	Move bromfenac sodium from exempt to non-exempt status
diclofenac potassium	CATAFLAM	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Tablet	25 MG	857702	**Move all oral systemic diclofenac from exempt to non-exempt status**
diclofenac potassium	CATAFLAM	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Tablet	50 MG	855942	**Move all oral systemic diclofenac from exempt to non-exempt status**
diclofenac potassium	ZIPSOR	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	25 MG	858342	**Move all oral systemic diclofenac from exempt to non-exempt status**
diclofenac potassium	CAMBIA	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Powder for Solution	50 MG	859063	**Move all oral systemic diclofenac from exempt to non-exempt status**
indomethacin	TIVORBEX	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	20 MG	1490727	**Recommend to the Administrative Director that 20mg and 40 mg indomethacin be changed from exempt to non-exempt**
indomethacin	TIVORBEX	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	40 MG	1491529	**Recommend to the Administrative Director that 20mg and 40 mg indomethacin be changed from exempt to non-exempt**
meloxicam	VIVLODEX	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	5 MG	1722349	**Recommend to Administrative Director that capsule form of meloxicam (5mg and 10mg strengths) be changed from exempt to non-exempt.**
meloxicam	VIVLODEX	**Non-Exempt**	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory (NSAID)	Capsule	10 MG	1722357	**Recommend to Administrative Director that capsule form of meloxicam (5mg and 10mg strengths) be changed from exempt to non-exempt.**
naloxone hcl	EVZIO	**Non-Exempt**	Not Applicable	Not Applicable	Antidotes and Specific Antagonists	Injection IM/SC	2 MG/ 0.4ML	1855730	**Recommend that the Administrative Director keep Narcan (nasal) exempt and change designation of Evzio (auto-injector) from exempt to non-exempt.**

Committee Discussion

Public Comments

Reports/Research of Interest

General Discussion

Committee Discussion

Public Comments

COVID Vaccination

- ACOEM COVID-19 (Coronavirus) Guideline was last updated on December 14, 2020

General Discussion

California Dept. of Public Health

- Information available
  - Main Website
    - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
  - Community Vaccine Advisory Committee
    - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
  - Drafting Guidelines Workgroup
    - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Drafting-Guidelines-Workgroup.aspx

Committee Discussion

Public Comments

Review of Recommendations

California Department of Industrial Relations

Adjournment