Division of Workers' Compensation Pharmacy and Therapeutics Committee

January 19, 2022

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 November 16, 2021 Meeting**
  Dr. Raymond Meister, Executive Medical Director, DWC
- **Discussion**:
  - COVID 19 Update – *Dr. Raymond Meister, DWC*
  - November Meeting Follow-Up – *Kevin Gorospe Pharm D, DWC Consultant*
    - MTUS Header Changes
    - Standard and Expedited Review Timelines
    - Generic First Policy
  - Topical Analgesics – *Kevin Gorospe Pharm D, DWC Consultant*
  - Oral NSAID Cost Comparison – *Kevin Gorospe Pharm D, DWC Consultant*
  - Closing the High-Cost Drug Loophole – *Kevin Gorospe Pharm D, DWC Consultant*
  - MTUS Expanded Listings – *Kevin Gorospe Pharm D, DWC Consultant*
- **Additional 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

COVID-19 Update

Dr. Raymond Meister
Executive Medical Director, DWC

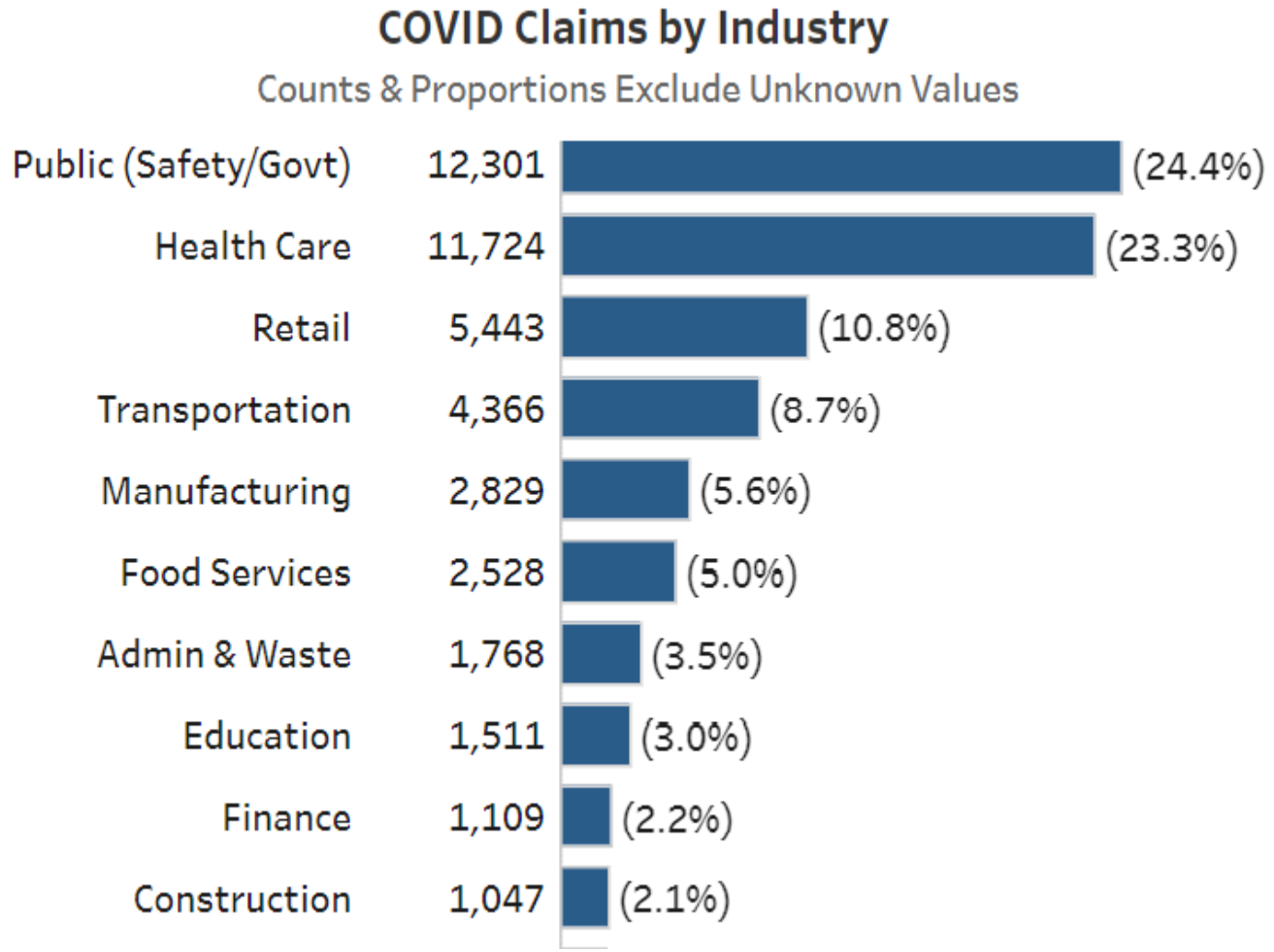
California Department of Industrial Relations

COVID vs. Total Claims in 2021

Total Claims = **607,341**
COVID Claims = **54,434**
or **9% of total claims**

COVID Claims by Industry (1/21-11/21)

Bar graph shows top 10 industries
https://www.cwci.org/CV19claims.html



ACOEM COVID-19 Guideline

Version 9 under development

Committee Discussion

Public Comments

November Meeting Follow-Up

Kevin Gorospe, Pharm D
DWC Consultant

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MTUS Header

- Committee requested addition of language:
  - For Special Fill/Peri-Op – must dispense smallest commercially available product marketed by the manufacturer
  - Memorialize that the MTUS list uses the ACOEM drug categories as a base
- Added the following to the model MTUS list header
  - MTUS Guidelines is the basis for the "Therapeutic Classification" listing. MTUS Guidelines, FDA approved labeling and UpToDate were used as sources for the "Pharmacological Category" listing
  - Special Fill and Perioperative Fill drugs that must be dispensed in a manufacturer's original package (e.g., ophthalmic solutions) must be prescribed/dispensed in the smallest commercially available package size

The MTUS Drug List must be used in conjunction with 1) the MTUS Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and 2) the drug formulary rules. (See 8 CCR §9792.20 - §9792.27.23.) "Reference in ACOEM Guidelines" indicates guideline topic(s) which discuss the drug. In each guideline there may be conditions for which the drug is Recommended (R), Not Recommended (X), or No Recommendation (NR). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use. MTUS Guidelines is the basis for the "Therapeutic Classification" listing. MTUS Guidelines, FDA approved labeling and UpToDate are sources for the "Pharmacological Category" listing.

* Exempt/Non-Exempt

"Exempt" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS. 1) Physician dispensed "Exempt" drugs limited to one 7-day supply at initial visit within seven days of the date of injury without Prospective Review. 2) Prescription/dispensing of Brand name "Exempt" drug where generic is available requires authorization through Prospective Review.

"Non-Exempt" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)

** Special Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) if in accord with MTUS. (See 8 CCR § 9792.27.12.)

***Perioperative Fill – Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the perioperative period (4 days before through 4 days after surgery), and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) is in accord with MTUS. (See 8 CCR § 9792.27.13.)

Special Fill and Perioperative Fill drugs that must be dispensed in a manufacturer's original package (e.g. ophthalmic solutions) must be prescribed/dispensed in the smallest commercially available package size.

Standard and Expedited Review Timelines

- Committee requested clarification of standard / expedited prospective review timelines
- Review timelines are codified in the California Code of Regulations, Title 8, section 9792.9.1.
  - (c)(3) Prospective … decisions to approve, modify, delay, or deny a request for authorization shall be made in a timely fashion that is appropriate for the nature of the injured worker's condition, not to exceed five (5) business days from the date of receipt of the completed DWC Form RFA.
  - (c)(4) Prospective … decisions to approve, modify, delay, or deny a request for authorization related to an expedited review shall be made in a timely fashion appropriate to the injured worker's condition, not to exceed 72 hours after the receipt of the written information reasonably necessary to make the determination.
  - (d)(2) Prospective or expedited approvals shall be communicated to the requesting physician within 24 hours of the decision, initially by telephone, facsimile, or electronic mail, followed by written notice within … two (2) business days for prospective review.
  - (e)(3) For prospective … or expedited review, a decision to modify, delay, or deny shall be communicated to the requesting physician within 24 hours of the decision, initially by telephone, facsimile, or electronic mail. The communication by telephone shall be followed by written notice … within two (2) business days for prospective review and for expedited review within 72 hours of receipt of the request.
- 9792.6.1(j) Expedited review: injured worker faces imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe would be detrimental to the injured worker's life or health or could jeopardize the injured worker's permanent ability to regain maximum function.
- Timelines are based on requirements of Labor Code section 4610.

Generic First Policy

- The Committee requested a clarification regarding the "generic first" policy.
- Legislative intent provisions of AB 1124 directed formulary to consider: "Use of generic or generic-equivalent drugs in the formulary pursuant to evidence-based practices, with consideration given to use of brand name medication when its use is cost-effective, medically necessary, and evidence-based"
- Regulation – 8 CCR §9792.27.7 MTUS Drug Formulary - Brand Name Drugs; Generic Drugs

  If physician prescribes brand, and specifies Dispense As Written / Do Not Substitute where less costly generic therapeutic equivalent exists, must satisfy requirements
  - Must document medical necessity for brand (including patient-specific factors) in chart and Doctor's First Report of Injury or Progress Report (PR-2)
  - Must submit the Request for Authorization and obtain authorization through prospective review before brand name drug is dispensed
- Regulation – 8 CCR § 9792.27.10. MTUS Drug List; Exempt Drugs, Non-Exempt Drugs, Unlisted Drugs, Prospective Review.

  (b) A drug that is identified as "Exempt" may be dispensed to the injured worker without obtaining authorization through prospective review if the drug treatment is in accordance with the MTUS Treatment Guidelines, except:

  (1) Brand name drugs are subject to section 9792.27.7

Committee Discussion

Public Comments

Topical Analgesics

J. Kevin Gorospe, PharmD
DWC Consultant

California Department of Industrial Relations

Topical Analgesics Listing

- The Committee requested an expanded list of all topical analgesics that contain methyl salicylate, camphor, and menthol
- These ingredients represent sports creams as referenced in ACOEM guidelines
- Products that contain these ingredients are classified as Irritants/Counter-Irritants
- All products in the Irritants/Counter-Irritants class and their billing unit prices were pulled from the Medi-Cal drug list
- The unit prices were then multiplied by each item's package size to derive a final price

Committee Discussion

Public Comments

Oral NSAID Cost Comparisons

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Oral NSAIDs

- The Committee requested a list of oral NSAIDs and their prices
- Oral NSAIDs and their billing unit prices are based on Medi-Cal drug prices
- Unit prices were then multiplied times the maximum daily dosing to obtain a per day cost for each drug

Committee Discussion

Public Comments

Closing the High-Cost Loophole

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Loophole Issues

- Re-labeled or compounded drugs that match the MTUS drug listing
- These drugs often have prices that are significantly higher than other generic drugs
- May provide a significant income incentive for prescribers to dispense these drugs
- What can be done to ensure the lowest cost generically equivalent alternatives are being dispensed?

Committee Discussion

Public Comments

MTUS Expanded Listings

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Updated Listings

- Current expanded list is based on MTUS v9
- The Committee requested a review of the list to correct BRAND to ingredient mismatches.
- The list was updated to
  - Correct BRAND ingredient mismatches
  - “Current Drug Classification” column was removed

Committee Discussion

Public Comments

Review of Recommendations

Adjournment