

DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Workers' Compensation1515 Clay Street, 17th Floor, Oakland, CA 94612

Telephone: 510-286-7100

[Formulary Email Address](mailto:Formulary@dir.ca.gov): Formulary@dir.ca.gov[Formulary Website](https://www.dir.ca.gov/dwc/MTUS/MTUS-Formulary.html): https://www.dir.ca.gov/dwc/MTUS/MTUS-Formulary.htmlMAILING ADDRESS:
P. O. Box 420603
San Francisco, CA 94142**Pharmacy and Therapeutics Advisory Committee****DRAFT - MINUTES OF MEETING****Wednesday, October 18, 2023**

Via Tele/Video-Conference

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.
Julie Fuller, M.D.
Joyce Ho, M.D.
Todd Shinohara, Pharm.D., MA.
Raymond Tan, Pharm.D.
Lori Reisner, Pharm.D.

I. Welcome and Introduction

George Parisotto, Administrative Director, DWC

- A. Conflict of interest reminder and advise P&T Committee members to review it; need to submit annually
- B. State and federal antitrust law advisement
- C. Confidential proprietary information, specific contract pricing among topics to avoid
- D. Update on progress of Pharmaceutical Fee Schedule revision project

II. Approval of Minutes from the April 19, 2023 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the April 19, 2023 meeting**Vote:** The committee members in attendance voted unanimously for the approval of the April 19, 2023 meeting minutes**III. MTUS Drugs List 11**

- A. New drug list to be posted in near future, will coincide with updated ACOEM guidelines on Covid 19, Shoulder Disorders
- B. Dr. Meister has reached out to ACOEM regarding obtaining more detail on artificial tears. Anticipate future updates will also include the changes to have more ingredients-based listings on artificial tears

IV. Discussion

A. Guidelines for Prescribing Controlled Substances

- a. Medical Board of California updated guidelines for prescribing controlled substances for pain in July 2023
 - i. They have a special note regarding Workers' Compensation patients
- b. ACOEM will revise and issue its opioid guidance later this year
- c. How will the updates affect the formulary?
 - i. DWC response: The updates will probably not affect the formulary. Some changes on morphine equivalents, but that is a prescribing, not a formulary issue. Also, Medical Board has a special note regarding workers' compensation
- d. Committee asked if the Medical Board of California guidance will be posted to the DIR website?
 - i. DWC response: Tentative no. That would not fit the precedent since the licensing board's guidelines are separate from the workers' compensation guidelines

B. MTUS Listings – Categories

- a. Discussion of adding additional drug categories to aid drug selection
Current MD Guidelines system based on Medi-span GPI. Staffers looked into adding the next level of the Medi-Span drug class, concluded the benefits too negligible to justify the trouble, (e.g. "anticonvulsant" vs "anticonvulsant – misc.")
- b. New approach is for DWC to look into creating its own MTUS subclasses using publicly available information
 - i. National Library of Medicine RxClass
 - ii. United States Pharmacopeia
 - iii. Staff Captured classifications from five different lists
 - Established Pharmacologic Classes (EPC)
 - MeSH Pharmacologic Action (MeSHPA)
 - Anatomical Therapeutic Chemical classification (World Health Organization)
 - Veterans Administration Classes
 - USP DC (United States Pharmacopeia drug classification)
 - iv. Some drugs have multiple classifications because they either are often combined or have more than one use

- v. Regarding USP, which is used for Medicare, DWC relied on the 2023 version
 - vi. End result was a spreadsheet for discussion that lists drug ingredients, route of administration, category used in the MD guidelines, and classifications from EPC, MeSHPA, etc.
 - c. Questions pertaining to the MTUS spreadsheet from the committee:
 - i. Review of sample drugs on spreadsheet, empty cells mean that nothing is listed at the moment even though more information could have been included, had the sources provided it
 - ii. Committee wants to look at some of the most commonly prescribed drugs on the spreadsheet. There is a concern that some of the categories were “Too biochemical.” DWC and committee looks at one drug, gabapentin, and discussed the non-biochemical sounding columns in the spreadsheet
 - iii. MTUS schedule for now works like any other spreadsheet, needs to be manually updated, and is oriented more towards doctors than pharmacists
- iv. Would the committee need to choose one of the categorization schema for everything, or would there be a more manual process?
 - Could be more manual, would maintain over time and choose best categorization for helpfulness to the prescriber
 - d. Committee discusses the merits of reshuffling or adding to the spreadsheet, and perhaps incorporating it into a database
 - i. Request for category for adjunctive pain medication
 - ii. Questions about how to most clearly list drugs with multiple uses?
 - iii. Discussion of the merits of MeSHPA
 - iv. Would it be helpful to start with the non-exempt drugs or the special fill/perioperative fill drugs?
 - DWC response: Would need to wait for another meeting
 - v. Would it be more time efficient to only list all the uses of medications that are used around the perioperative period?
 - vi. Desire for spreadsheet to offer recommendations for similar drugs if the drug a doctor is a looking for is not in the formulary
 - DWC response: This is a grouping issue, and while it is easy for single-use drugs, it gets tricky with multiple use drugs, and technology aside, this back end spreadsheet is still necessary for any more automated front end interface
 - vii. Is it okay to group together medications that have similar functions but different mechanisms? Example: various medications can function as painkillers off-label
 - viii. Gabapentin as an example
 - Has multiple functions
 - Is commonly prescribed in the Workers Comp system

- ix. Maybe all of this gray area has to do with pain management. Proposed label, “adjunctive pain medication”
- x. FDA approval vs MTUS for justifying off-label usage. DWC response: Statute allows off-label use if in accordance with the MTUS treatment guidelines
- xi. DWC imagines categorizing drugs not by their FDA approval, but by their usage to have a more user-friendly categorization, for example could have “mental health” category. Someone should go through the list to figure this out. Committee asked if this would mean adding yet another category? DWC responded that no it would not
 - Committee suggested adding three yes/no columns for MTUS guideline recommendation status. (yes, no, no answer)
 - DWC response that the MTUS Drug List already contains column indicating Recommended, Not Recommended, No Recommendation; guideline itself should be consulted for details of the recommendations
- xii. Lots of talk about integrating the spreadsheet into a more user friendly database. But it may be a while before DWC would have resources to develop an interactive database
- xiii. Proposal of incorporating criteria from external formulary based on ACOEM guidelines into MTUS schedule
 - DWC will perform trial run with a specific category of drugs. Committee settled on Adjunctive pain medication due to opioid restrictions impacting prescription rates
 - Committee complaint: It is a lot of work for the treating physician to cross reference. We need to streamline it
- e. Demonstration of MD Guidelines search tool. Helpful but a lot of work to cross reference two databases or spreadsheets
- f. Committee asks how does exempt status help the treating physician. How does it expedite patients getting medication? DWC responds that the condition ties back to the recommendation in the ACOEM guidelines. Optimally, it all lines up. If not, the treating physician could request through an RFA a non-exempt medication. A lot of this is up to the utilization reviewers and how they apply the guidelines

V. Public Comment

- A. Dr. Dinesh Govindarao asked for having end user feedback before any large database goes into production, expressed approval for the idea of including more detail in the MTUS spreadsheet
- B. A member of the public posted a comment asking the committee to ask ACOEM to list exempt status on their formulary website. Committee members initially

responded that it was outside of committee scope, but then changed their mind if it was done in the capacity of a committee recommendation resulting from its findings

VI. Review of Recommendations

- A. No recommendations to vote on. Committee would like to see potential categorization for pain medications / adjunctive pain medications in light of current MTUS Drug List and ACOEM guidelines

VII. Adjournment