

DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Workers' Compensation

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## Pharmacy and Therapeutics Advisory Committee

### MINUTES OF MEETING

Wednesday, September 26, 2018

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

Rajiv P. Das, M.D.

Basil R. Besh, M.D.

Steven Feinberg, M.D.

Todd Shinohara, Pharm.D., MA.

Raymond Tan, Pharm.D.

##### **Absent:**

Lori Reisner, Pharm.D.

#### **I. Welcome and Introductions**

George Parisotto, Administrative Director, DWC

- Assembly Bill 1124 / background to formulary and P&T Committee
- Bagley-Keene Act governs meetings
- Conflict of Interest Statements of P&T Committee – annually/when changed interests necessitate update
- State and federal Antitrust Law advisement

#### **II. Overview of MTUS Formulary**

Dr. Raymond Meister, Executive Medical Director, DWC

##### **Related briefing:**

<https://www.dir.ca.gov/dwc/MTUS/Pharmacy-and-Therapeutics-Committee-Presentations/Presentation-Meister.pdf>

#### **III. Discussion: MTUS Drug List Structure and Content**

a. Unique Pharmaceutical Identifiers (i.e. RxCUI)

Kevin Gorospe, Pharm.D., Consultant, DWC

##### **Related briefing:**

<https://www.dir.ca.gov/dwc/MTUS/Pharmacy-and-Therapeutics-Committee-Presentations/Presentation-Pharm.pdf>

- RxCUI codes are more for the payers and the systems than the prescribers. Medical practitioners should be following the MTUS guidelines.

- The strengths will tell the pharmacists which RxCUI is prescribed. The granular level of detail (RxCUI) from the prescribers is not necessary.
- b. Therapeutic Equivalents, Pharmaceutical Alternatives and Cost Consideration Raymond Tan, PharmD, Director, Pharmacy Benefit Management, Zenith Insurance Company

**Related briefing:**

<https://www.dir.ca.gov/dwc/MTUS/Pharmacy-and-Therapeutics-Committee-Presentations/Presentation-Tan-Pharm.pdf>

**Discussion Highlights**

1. Unique Pharmaceutical Identifiers
  - Whether or not RxCUI should be included on MTUS drug list.
  - Who will use the RxCUI and how?
2. How detailed or how comprehensive should the drug formulary be?
  - Implications for Utilization Review
3. Exempt versus non-exempt drugs <noted as key role of the P&T Committee>
4. There should be a guiding; consistent and practical reason one drug should be exempt and the other not.
5. Concern was raised about reviewers understanding and defaulting to understanding the prescriber as choosing the correct option when more than one possibility exists.

*Motion:*

DWC to create a mechanism to obtain input on the drug list from the community. DWC would invite comments from the public (especially providers) to share evidence, insight into issues of concern with regard to exempt/non-exempt drug designations, the efficacy and safety of exempt and non-exempt drugs, and other drug list concerns. This would enable the P&T to review new and existing agents for exempt status that could be submitted as recommendations to the DWC AD.

*Vote:* The committee members in attendance voted unanimously to proceed with this motion.

**IV. Public Comments**

- Request for information of how PBMs are affected by the formulary and updating process.
- There is a need to clarify that exempt medications must be included on the RFA for purposes of retrospective review.
- Public input is vital to consider and should be acknowledged.
- System participants: it would be helpful to explain the role of each in the process. Comment that Labor code 5402(c) provides \$10K in coverage to address emergent conditions.
- Concern with delays the RxCUI may cause. Response: RxCUI is open source and vendors already have RxCUIs. RxCUI is the US standard. There is no delay anticipated, but rather the benefit of standardization across the system.
- PBM comment: RxCUI is not commonly used in WC system, however it can be cross-referenced.
- Specialty of Psychiatry is not included and needs to be considered.
- Question about RxCUI replacing NDC numbers. Payers use RxCUI as a cross-reference to identify products (drugs). Pricing still occurs at NDC levels. Maintenance of RxCUI is more efficient. RxCUIs is a conduit which systems can talk to each other.
- Request to have multiple sorted versions of the MTUS drug list for reference.