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Pharmacy and Therapeutics Advisory Committee

DRAFT - MINUTES OF MEETING

Wednesday, January 20, 2021

Via Video/Audio 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.
Steven Feinberg, M.D.
Joyce Ho, M.D.
Lori Reisner, Pharm.D.
Todd Shinohara, Pharm.D., MA.
Raymond Tan, Pharm.D.

I. Welcome and Introductions

George Parisotto, Administrative Director, DWC

- 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 DWC is recruiting for the 2021-2022 term to serve on the P&T Committee; deadline is Friday, February 5, 2021

II. Approval of Minutes from the October 21, 2020 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the October 21, 2020 meeting

Vote: The committee members in attendance voted unanimously for approval of the minutes from the October 21, 2020 meeting. Lori Reisner was not present at the time of the vote.

Related briefing: [October 21, 2020 Meeting of Minutes](https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/Meeting-Minutes.pdf)

(<https://www.dir.ca.gov/dwc/MTUS/Meetings/October-2020/Meeting-Minutes.pdf>)

III. MTUS Drug List v8

- Effective February 1, 2021
- Updates included new drug recommendations addressed in the Antiemetics Guideline
- Updated Guideline References for desvenlafaxine succinate

IV. Discussion

- Antiemetics – perphenazine & granisetron
 - Perphenazine
 - Current approved indications: treatments of schizophrenia, severe behavioral/psychological symptoms of dementia, and severe nausea/vomiting
 - Previously added to MTUS list as “Exempt” – (R) Depressive Disorders
 - Granisetron (KYTRIL)
 - Current approved indications: treatments for chemotherapy-induced nausea/vomiting and chemotherapy-induced nausea/vomiting prophylaxis, radiation-induced nausea/vomiting prophylaxis, and post-operative nausea/vomiting
 - [Perphenazine & Granisetron Cost Per Day spreadsheet](#)
(<https://www.dir.ca.gov/dwc/MTUS/Meetings/January-2021/Perphenazine-&-Granisetron-Cost-Per-Day-DRAFT-for-Discussion.xlsx>)
 - Generic cost of products = Medi-Cal Price (generic) x maximum doses per day
 - Most inexpensive product (perphenazine – 8mg) shows \$1.45/day and most expensive product (granisetron hydrochloride – 1 mg) shows \$3.77/day
 - Utilization of granisetron hydrochloride (KYTRIL) and perphenazine – How much was utilization in claims last year?
 - No utilization info on KYTRIL
 - Info on perphenazine difficult – used for more than one indication; indication for use is not in the data
 - Perphenazine already exempt on the MTUS list

Motion: KYTRIL is currently listed as Exempt on the MTUS Drug List. Should KYTRIL remain exempt or move to non-exempt status?

Vote: The committee members in attendance voted unanimously to keep KYTRIL exempt. Lori Reisner was not present at the time of the vote.

- RxUI refresher
 - Beneficial consolidation of some of the RxUIs
 - Publicly available coding system
 - Multiple layers:
 - Ingredient
 - Precise ingredient
 - 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](#) (<http://www.nih.gov/>)
 - RxNAV example: prochlorperazine (drug ingredient)
 - Results displayed showing the multiple layers: ingredient, precise ingredient, brand name, clinical drug component, branded drug component, clinical drug or pack, branded drug or pack, clinical dose form

- group, dose form group, and branded dose form group
 - Exempt products will be based off the Clinical Drug or Pack category
 - Consolidation of Non-Exempt products into a description shown under Clinical Dose Form Group (ex. Prochlorperazine Oral Liquid Product)
- RxCUI consolidation
 - Previous request to consolidate Non-Exempt under a single RxCUI – reduce size of the list
 - Consolidation at Dose Form level
 - “Ingredient” and “Precise Ingredient” level too broad – would include dosage forms not suitable for the MTUS Drug List (e.g. injectable products)
 - RxNAV example: acyclovir
 - Most Non-Exempt drugs could be consolidated under a single “Dose Form” RxCUI
 - Consolidate under “Oral Product”
 - RxNAV example: betamethasone
 - Dose Form too broad and included multiple drug ingredients on the MTUS Drug List
 - When trying to consolidate under a single product, it is inclusive of both salt forms (betamethasone and betamethasone valerate)
 - Additional changes
 - Drug ingredient names corrected to match FDA listings
 - Brand drug names corrected to match ingredient, dosage form, and strength of specific products
 - Therapeutic categories were corrected/changed for consistency
 - See [Recommended Drug Class Changes spreadsheet](https://www.dir.ca.gov/dwc/MTUS/Meetings/January-2021/Recommended-Drug-Class-Changes-DRAFT-for-Discussion.xlsx) (<https://www.dir.ca.gov/dwc/MTUS/Meetings/January-2021/Recommended-Drug-Class-Changes-DRAFT-for-Discussion.xlsx>)
 - 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
 - Is there one recommended nomenclature? How were the drug classifications postulated?
 - Looks like current Drug Class listings lean towards utilization, and not chemical
 - DWC to reach out to ACOEM first regarding identifying the products both by their names and therapeutic categories so they are consistent with other references in the market that utilizes more standardized nomenclature
 - Outside of opioids and narcotics, everything is first categorized by use, then sub-group
 - Anti-depressants with subgroups MAOIs, SSRIs, SNRIs, etc.
 - What do you think about the naming convention of starting out as analgesics?
 - Anti-inflammatory is not only an analgesic, but also an anti-inflammation medication. Adding a top category may cause confusion. There are multiply examples of medications that belong in two therapeutic categories and will just show up on both lists.

- DWC to consult with ACOEM regarding splitting out the Drug Class column – one for Drug Class and one for Use
 - Current MTUS list has no RxCUIs, no dosage forms and strengths and the drug classes as they exist on ACOEM.
 - Consideration to move forward to an expanded spreadsheet with consolidated products under RxCUIs with dosage forms and strengths for publication. Individuals could use filters and sorting features.
 - Possibility of building a search engine based off the expanded Excel spreadsheet
 - Need to make updates to some of the drugs:
 - Prednisolone mild should be prednisolone no salt
 - All diclofenacs were moved to non-exempt status
 - Public and committee members can submit suggestions to drug changes to [DIR formulary email address](mailto:formulary@dir.ca.gov) (formulary@dir.ca.gov)
- Reports/research of interest
 - Discussion on what the committee would like to see in order to make the best decisions
 - Dose and duration types of reports
 - MME levels
 - Utilization reports on drugs such as opioids and anticonvulsants.
 - Reports that alerts on price spikes of drugs
- COVID-19 Vaccination Guideline
 - December 14, 2020 was the last update. ACOEM likely to do another update in March 2021.
 - To access, there is a link on the DWC website for access to the [MDGuidelines website](https://www.mdguidelines.com) (<https://www.mdguidelines.com>). There is a banner across the MDGuidelines website with a free link to this guideline.
 - DWC would like to officially incorporate the COVID-19 Guideline into the MTUS. There will be a public hearing on February 18, 2021 to adopt the COVID-19 Guideline into the MTUS.
 - Suggestion to have a recommendation for people having long term cardiac and pulmonary issues from COVID-19 in the next update
- Review of recommendations
 - Minutes from the October 2020 meeting approved
 - Maintain KYTRIL as an exempt medication on antiemetics
 - Was noted that pregabalin could be consolidated on the MTUS list
 - Recommendation to split Drug Class and Use into two columns for ease of use when searching
 - Present an updated and revised list to develop a search engine for next meeting
 - Recommendation for outpatient COVID-19 recovery

V. Public Comments

- Is there any projected minimum time frame on the pharmacy reimbursement rule?
 - DWC response: It will be several more months. There needs to be a rule making action which will take a period of time.