Division of Workers' Compensation Pharmacy and Therapeutics Committee

April 16, 2025

12:30pm to 2:30pm





Agenda

- Welcome and Introductions
 George Parisotto, Administrative Director, DWC
- Physician and Pharmaceutical Fee Schedule Update George Parisotto
- Approval of Minutes from the January 15, 2025 Meeting Dr. Raymond Meister, Executive Medical Director, DWC
- Discussion:
 - Biosimilars Statement Kevin Gorospe Pharm D, DWC Consultant
 - Cannabis Coverage *Dr. Raymond Meister*
 - Topically Applied Drugs Spending Kevin Gorospe Pharm D
- Additional Public Comments
- Review of Committee Recommendations
- Adjourn



Welcome and Introductions

George Parisotto
Administrative Director, DWC



Physician and Pharmaceutical Fee Schedule Update

George Parisotto Administrative Director, DWC





Approval of Minutes

Dr. Raymond Meister

Executive Medical Director, DWC



Biosimilars Statement

J. Kevin Gorospe, PharmD DWC Consultant





Biosimilar Use Review

- Substituting a biosimilar biologic product for a reference brand biologic is not the same as substituting a generic drug for brand drug.
- Some, not all, biosimilar products have been determined by the FDA as "interchangeable" with the reference biologic product.
- The relationship between an interchangeable biosimilar to the reference brand can be viewed in a similar manner as the generic substitution dynamic.



P&T Draft Policy Statement

- Given the increase in numbers of interchangeable biosimilars, the P&T committee wanted to provide a statement in support and encourage their use.
- A cursory review did not find specific policies in other workers' compensation programs related to interchangeable biosimilars
- It is note that the Federal Employee Compensation Administration notes in their FECA Bulletin 22-02 that "In general, the formulary favors biosimilar biologic products over the biological reference product."
- A statement was crafted for review by the P&T Committee and is worded as encouragement to consider interchangeable biosimilars as first line agents and not as a mandate.



Statement for Review

"Workers' compensation plans are encouraged to increase their use of cost-effective treatments by using biosimilars when these products are identified as both interchangeable and more cost effective than branded reference biologic products."



Committee Discussion



Public Comments



Cannabis Guideline Brief Update

Dr. Raymond Meister Executive Medical Director, DWC





Committee Discussion



Public Comments



Topically Applied Drugs Spending

J. Kevin Gorospe, PharmD DWC Consultant





Topically Applied Drugs

- A question was asked about the amount being spent on topically applied drugs
- When reviewing both pharmacy and physician dispensed topical drugs, there are two pharmaceutical categories that account for most of the total payments
 - Topical Local Anesthetics
 - Examples include lidocaine, lidocaine/prilocaine, benzocaine
 - Topical Anti-inflammatory, Non-Steroidal
 - Includes diclofenac and diclofenac combination products
- P&T Committee has covered these categories in previous meetings



PHYSICIAN	DISPENSED	DRUGS

Drug Type	Total Claims	Percent of All Drugs	Percent of Topical Drugs	Total Paid	Percent of All Drugs	Percent of Topical Drugs
Topical drugs	40,549	11%	100%	\$3,513,019.71	25%	100%
Topical local anesthetics	19,993	5%	49%	\$2,950,478.26	21%	84%
Topical Anti-inflammatory, Non-Steroidal	12,381	3%	31%	\$403,409.93	3%	11%
All drugs	386,174	100%	Not applicable	\$14,068,285.74	100%	Not applicable

PHARMACY DISPENSED DRUGS

Drug Type	Total Claims	Percent of All Drugs	Percent of Topical Drugs	Total Paid	Percent of All Drugs	Percent of Topical Drugs
Topical drugs	109,999	28%	100%	\$11,575,799.91	82%	100%
Topical local anesthetics	37,937	10%	34%	\$6,072,124.28	43%	52%
Topical Anti-inflammatory, Non-Steroidal	49,459	13%	45%	\$3,776,236.09	27%	33%
All drugs	386,174	100%	Not applicable	\$14,068,285.74	100%	Not applicable



Committee Discussion



Public Comments



Review of Recommendations



Adjournment

