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Pharmacy and Therapeutics Advisory Committee

MINUTES OF MEETING

Wednesday, January 23, 2019

Elihu Harris State Building
1515 Clay Street, Conference Room 1, Second Floor
Oakland, California 94612

In Attendance:

DWC:	**Committee Members:**
George Parisotto	Raymond Meister, M.D., DWC Executive Medical Director
DWC Administrative Director	Rajiv P. Das, M.D.
Jackie Schauer	Basil R. Besh, M.D.
DWC Legal Counsel	Steven Feinberg, M.D.
Kevin Gorospe, Pharm.D.	Todd Shinohara, Pharm.D., MA.
DWC Consultant	Raymond Tan, Pharm.D.
	Lori Reisner, Pharm.D.

I. Welcome and Introductions

George Parisotto, Administrative Director, DWC

- DWC soon to have announcement for access to adopted MTUS-ACOEM content and medical formulary via an online customized portal on MDGuidelines
- Conflict of Interest Statements of P&T Committee members to review terms and update form annually
- Purpose of P&T Committee is to discuss and advise the division regarding updates to the formulary
- State and federal Antitrust Law advisement

II. Approval of Minutes from the September 26, 2018 Meeting

Dr. Raymond Meister, Executive Medical Director, DWC

Motion: Approval of the minutes from the September 26, 2018 meeting

Vote: The committee members in attendance voted unanimously for approval of the minutes from the September 26, 2019 meeting. Dr. Basil Besh and Lori Reisner arrived after the vote.

Related briefing: https://www.dir.ca.gov/dwc/MTUS/Meeting-September.pdf

III. Overview of Utilization Review and Request for Authorization

George Parisotto

a. Request for authorization (RFA) is required for every prescriber to dispense drugs, exempt or non-exempt
b. RFA is not required if a prior authorization agreement exists between the claims administrator and the prescriber
c. Retrospective review is always available and does not require a RFA if documentation exists to conduct a review

IV. Update on the MTUS Drug List Version 4 (effective February 15, 2019)

Dr. Raymond Meister

a. MTUS drug list is based upon the evidence-based foundation of the ACOEM formulary and guidelines
b. ACOEM released a new treatment guideline in November 2017 for traumatic brain injuries. In October 2018, new drug recommendations were added to the online ACOEM formulary based on the ACOEM treatment guidelines.
c. The ACOEM Formulary Change Report that MDGuidelines publishes provides the basis for updates to the MTUS drug list.
   Discussion: The P&T members will review the current version of the MTUS drug list and at each P&T committee meeting, discuss if they would like to make any recommendations regarding possible changes or updates to the formulary. This approach ensures P&T discussion and recommendations are considered on a quarterly basis. This is preferred over waiting to discuss before publishing new MTUS drug list versions, which occur on an ad hoc basis and merit quick incorporation into the MTUS formulary.

V. RxCUI and Unique Product Identifier Usages: The Role of PBMs and System Users

Intent is for claims processors who receive claims from pharmacies to identify those products in their system to determine if they should pay that claim or deny it because it doesn't have the right authorization attached to it. NDC level is too large to maintain.

Key discussion points

- RxCUI is a non-proprietary identifier and is publicly available without charge
- There are crosswalks available to link RxCUI with NDC, GPI, etc.
- RxCUI will be provided as an informational tool only, and its use is optional
- There is a unique RxCUI for each drug ingredient/strength/dosage form combination
- Federal law references RxCUI as standard nomenclature for communication between electronic health systems
- Listing RxCUI on the MTUS drug list will enable claim processes to code systems to implement the formulary in a consistent manner
- Established MTUS formulary based on best available medical evidence provided by ACOEM Treatment Guidelines and ACOEM Formulary. Ability to use RxCUI to standardize interpretation of exemption status
- Currently, exempt drugs are defined as safe and effective in the acute phase of treatment of an injury and/or illness. Any drug that does not meet this definition is categorized as non-exempt.
- Discussion of reference brand name column to hold hierarchy value
- Discussion of RxCUI as a tool to indicate drug status based on criteria determined by the P&T Committee, such as cost
- Support for RxCUI as a valuable tool; can be maintained by DWC

- RxCUI is convertible to a NDC number. Those NDC numbers can be rolled up into a GPI (Group Product Identifier). These tables facilitate coding and usability.
- P&T Committee action:
    a. Recommendation to the committee to work with DWC to establish MTUS formulary listings for prescribers
    b. Recommendation to consider syntax to distinguish brand and generic drug names on MTUS drug list.

Motion: Adoption of RxCUI to MTUS Drug List

Vote: The committee members in attendance voted unanimously for approval to include RxCUI on the drug list.

VI. MTUS Drug List – Inclusion of Sorted Tabs for Exempt/Non-Exempt, Special Fill, and Peri-Op

P&T Committee action:

Recommendation to add the tab titles to the top of each Excel sheet to coincide with the each tab. Include the word "Excerpt."

Motion: Inclusion of the sorted tabs layout to the MTUS Drug List v5 moving forward

Vote: The committee members in attendance voted unanimously for approval of the MTUS Drug List to include sorted tabs for exempt, non-exempt, special fill, and peri-op.

VII. Public Comments

- Commenter suggested RxCUI is not used anywhere else in the country and that California is the exception. There was a request for feedback from PBMs on use of RxCUI.
- RxCUIs provide a beneficial translation tool. RxCUIs is the universal language so different systems can talk to each other.
- Concern was raised that two systems may produce two answers in the absence of a unique product identifier.
- RxCUI used to eliminate friction between the prescriber and the filler on the existing strength and dosage.
- Intent of the RxCUI is for claims processors who receive claims from the pharmacies to identify those products in their system to pay or deny the claim if it does not have the right authorization attached to it.