

Division of Workers' Compensation Pharmacy and Therapeutics Committee

November 16, 2021

12:30pm to 2:30pm



State of California
Gavin Newsom
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Agenda

- **Welcome and Introductions**

George Parisotto, Administrative Director, DWC

- **Approval of Minutes from the July 21, 2020 Meeting**

Dr. Raymond Meister, Executive Medical Director, DWC

- **Discussion:**

- COVID-19 Vaccine Update / Draft Consensus Statement on COVID-19 Vaccine - *Dr. Raymond Meister*
- Topical Analgesic Update- *Kevin Gorospe PharmD , DWC Consultant*
- Special Fill/Peri-Op Days Supply – *Dr. Joyce Ho, Member*
- MTUS Drug List Categories and RxCUI consolidation - *Kevin Gorospe PharmD*
- P&T Roadmap – *General Discussion*

- **Additional Public Comments**

- **Review of Committee Recommendations**

- **Adjourn**

Welcome and Introductions

George Parisotto

Administrative Director, DWC

Approval of Minutes

Dr. Raymond Meister

Executive Medical Director, DWC

COVID-19 Update

Dr. Raymond Meister

Executive Medical Director, DWC

ACOEEM Treatment Recommendations

Drug	Recommendations
hydroxychloroquine or chloroquine	Recommended for use in the first 3 days of symptoms onset
azithromycin	No recommendation for use in the first 3 days of symptoms Not recommended for use beyond first 3 days of symptoms
favipiravir	Not recommended, insufficient evidence
lopinavir/ritonavir	Recommended in combination therapy with ribavirin and interferon beta-1b
remdesivir	Recommended for the treatment of selected patients
low molecular weight heparin	Recommended for the treatment of selected patients
IL-6 receptor agonist (e.g. tocilizumab)	Not recommended
baricitinib	Moderately recommended for the treatment of selected patients
casirivimab plus imdevimab	Recommended for the treatment of patients with mild to moderate COVID-19

ACOEEM Treatment Recommendations

Drug	Recommendations
bamlanivimab	Recommended for the treatment of patients with mild to moderate COVID-19
ivermectin	No recommendation, insufficient evidence
Convalescent COVID-19 antibodies	No recommendation, insufficient evidence
glucocorticosteroids	Recommended, hospitalized patients, moderate to severe COVID-19
interferon beta-1b	Recommended, adjunctive use in selected patients
ribavirin	Recommended, adjunctive use in selected patients
zinc	Recommended for potential prevention of more severe disease as well as for the treatment of patients with COVID-19
vitamin D	Recommended for potential prevention of more severe disease as well as for the treatment of patients with COVID-19

Utilization of Ivermectin

- 2020-2021 utilization data
 - Not a complete data set (some data not in system yet)
 - 37 total claim lines identified
- Diagnosis not on pharmacy claims
- A review of some of the injury descriptions for individuals prescribed ivermectin, none were for COVID-19.

Consensus Statement on Vaccination

- For P&T review and approval

“As an advisory body of healthcare professionals and consistent with the current evidence-based recommendations of the MTUS-ACOEM COVID-19 Guideline, the Division of Workers’ Compensation Pharmacy and Therapeutics Committee strongly supports the use of vaccination for the prevention of COVID-19.”

Committee Discussion

Public Comments

Topical Analgesic Update

J. Kevin Gorospe, PharmD
DWC Consultant

ACOEM Inquiry

- P&T wanted clarification regarding the brand ingredient match-ups for camphor, menthol, methyl salicylate.
- According to ACOEM the intent was to represent “sports creams” by adding 3 ingredients: methyl salicylate, camphor, and menthol.
- These ingredients represent sports creams as referenced in ACOEM guidelines.
- Bengay Ultra is used as an example of brand name “sports cream.” It does not convey that Bengay Ultra is the only sports cream available or covered.

Capsaicin, “Sports Creams,” and Other Creams; Ointments and Topical Agents

- Per the guidelines:

“Capsaicin is applied to the skin as a cream or ointment and is thought to reduce pain by stimulating other nerve endings, thus it is thought to be potentially effective through distraction. Rado-Salil ointment is a proprietary formulation of 14 agents, the two most common of which are menthol (55.1%) and methylsalicylate (26.5%). There are many other commercial products that similarly cause either a warm or cool feeling in the skin. All of these agents are thought to work through a counter-irritant mechanism (i.e., feeling the dermal sensation rather than the LBP).”

Summary

- Based on ACOEM's response, any product considered a "sports cream" that contains capsaicin, camphor, menthol, or methyl salicylate should be considered as part of the MTUS formulary.
- For consideration
 - How to represent the many products on the MTUS List?
 - Should just the primary ingredient RxCUI be listed, but restrict by noting only topical dosage forms?

MTUS List Example

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Therapeutic Classification	Pharmacological Category	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)	Dosage Form	Strength	RxCUI	Comments
menthol	BIOFREEZE	Non-Exempt	Not Applicable	Not Applicable	Analgesic - Topical	Counterirritant	(NR) Ankle and Foot Disorders (NR) Cervical and Thoracic Spine Disorders (NR) Chronic Pain (R) Hand, Wrist, and Forearm Disorders (X) Hip and Groin Disorders (NR) Low Back Disorders (NR) Shoulder	ALL TOPICAL DOSAGE FORMS (ALONE OR IN COMBINATION)	ALL STRENGTHS	6750	Not Applicable
methyl salicylate	BENGAY ULTRA	Non-Exempt	Not Applicable	Not Applicable	Analgesic - Topical	Counterirritant	(NR) Cervical and Thoracic Spine Disorders (NR) Chronic Pain (R) Hand, Wrist, and Forearm Disorders (X) Hip and Groin Disorders (NR) Low Back Disorders (NR) Shoulder	ALL TOPICAL DOSAGE FORMS (ALONE OR IN COMBINATION)	ALL STRENGTHS	29787	Not Applicable

Committee Discussion

Public Comments

Special Fill/Peri-Op Days Supply

Dr. Joyce Ho, Member



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Special Fill / Peri-Op Days Supply

- Why is 4 days the standard?
- Is the P&T restricted from increasing to a higher days supply?
- Is it appropriate to increase the days supply for some drugs? For example
 - cortisone acetate
 - prednisolone sodium phosphate

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Current Drug Classification	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)
baclofen	LIORESAL	Non-Exempt	4 days	4 days	Musculoskeletal Therapy Agents (Muscle Relaxants)	(R, X) Cervical and Thoracic Spine Disorders (R, X, NR) Chronic Pain (R) Hip and Groin Disorders (X, NR) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder (R) Traumatic Brain Injury
methylphenidate hcl	RITALIN	Non-Exempt	4 Days	Not Applicable	ADHD / Anti-narcolepsy / Anti-Obesity / Anorexiant	(R) Traumatic Brain Injury
aripiprazole	ABILIFY	Non-Exempt	4 Days	Not Applicable	Antipsychotic/ Antimanic Agents	(R) Depressive Disorders (NR) Post-Traumatic Stress Disorder
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	(R) Depressive Disorders
cortisone acetate	CORTONE	Non-Exempt	4 days	Not Applicable	Corticosteroids	(R, X, NR) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (NR) Elbow Disorders (R, NR) Hand, Wrist, and Forearm Disorders (X) Hip and Groin Disorders (R, X, NR) Low Back Disorders (R, X, NR) Shoulder
cyclobenzaprine hcl	AMRIX, FLEXERIL	Non-Exempt	4 days	Not Applicable	Musculoskeletal Therapy Agents (Muscle Relaxants)	(R, X) Cervical and Thoracic Spine Disorders (R, X, NR) Chronic Pain (R) Hip and Groin Disorders (X, NR) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder
dantrolene sodium	DANTRIUM	Non-Exempt	4 Days	Not Applicable	Musculoskeletal Therapy Agents (Muscle Relaxants)	(X) Cervical and Thoracic Spine Disorders (X) Chronic Pain (X) Hip and Groin Disorders (X) Knee Disorders (X) Low Back Disorders (X) Shoulder (R) Traumatic Brain Injury

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Current Drug Classification	Reference in ACOEM Guidelines (Copyright Reed Group Ltd.)
dexamethasone sodium phosphate ophthalmic	DECADRON	Non-Exempt	4 days	Not Applicable	Ophthalmic Agents (Steroid)	(R, X, NR) Eye
eszopiclone	LUNESTA	Non-Exempt	4 Days	Not Applicable	Hypnotics / Sedatives / Sleep Disorder Agents	(R) Depressive Disorders
fluorometholone	FML	Non-Exempt	4 days	Not Applicable	Ophthalmic Agents	(R, X, NR) Eye
loteprednol etabonate ophthalmic	ALREX	Non-Exempt	4 days	Not Applicable	Ophthalmic Agents (Steroid)	(R, X, NR) Eye
midazolam hcl	VERSED	Non-Exempt	4 Days	Not Applicable	Hypnotics / Sedatives / Sleep Disorder Agents	(R) Traumatic Brain Injury
prednisolone sodium phosphate	ORAPRED ODT	Non-Exempt	4 days	Not Applicable	Corticosteroids	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (NR) Elbow Disorders (R, NR) Hand, Wrist, and Forearm Disorders (X) Hip and Groin Disorders (R, X, NR) Low Back Disorders (R, X, NR) Shoulder (R) Work Related Asthma
prednisolone sodium phosphate ophth	INFLAMASE FORTE	Non-Exempt	4 days	Not Applicable	Ophthalmic Agents (Steroid)	(R, X, NR) Eye
prednisone	DELTASONE, METICORTEN, PARACORT, RAYOS	Non-Exempt	4 days	Not Applicable	Corticosteroids	(R, X) Ankle and Foot Disorders (R, X) Cervical and Thoracic Spine Disorders (R, X) Chronic Pain (NR) Elbow Disorders (R, NR) Hand, Wrist, and Forearm Disorders (X) Hip and Groin Disorders (R, X, NR) Low Back Disorders (R, X, NR) Shoulder (R) Work Related Asthma
tizanidine hcl	ZANAFLEX	Non-Exempt	4 days	Not Applicable	Musculoskeletal Therapy Agents (Muscle Relaxants)	(R, X) Cervical and Thoracic Spine Disorders (R, X, NR) Chronic Pain (R) Hip and Groin Disorders (X, NR) Knee Disorders (R, X) Low Back Disorders (R, X) Shoulder (R) Traumatic Brain Injury

MTUS Drug Categories/RxCUI

J. Kevin Gorospe, PharmD
DWC Consultant



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Updated List with RxCUIs and New Categories

- Updated list is based on MTUS v9
- Additional Non-Exempt Drug RxCUIs consolidated
- Proposed new categories
 - Second level “pharmacological category” added
 - Somewhat based on existing therapeutic categories, plus additions from FDA labeling, consultant knowledge, Up To Date online reference
- Looking for input on
 - Heading Names
 - Changes to categories, additions, refinements, different nomenclature

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill	Peri-Op	Current Drug Classification	Therapeutic Classification	Pharmacological Category
baricitinib	OLUMIANT	Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory	Analgesic - Oral	Anti-Inflammatory (Janus Kinase Inhibitor)
baricitinib	OLUMIANT	Exempt	Not Applicable	Not Applicable	Analgesics - Anti-Inflammatory	Analgesic - Oral	Anti-Inflammatory (Janus Kinase Inhibitor)
becaplermin	REGRANEX	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	Dermatologicals	Platelet Derived Growth Factor
beclomethasone dipropionate	QVAR	Non-Exempt	Not Applicable	Not Applicable	Antiasthmatic and Bronchodilator Agents	Antiasthmatic Agents	Corticosteroid
bepotastine besilate ophth	BEPREVE	Exempt	Not Applicable	Not Applicable	Antihistamine and/or mast cell stabilization	Ophthalmic Agents	Antihistamine H1 Antagonist / Mast Cell Stabilizers
besifloxacin ophth	BESIVANCE	Exempt	Not Applicable	Not Applicable	Topical Antibiotic	Ophthalmic Agents	Fluoroquinolone
betamethasone dipropionate	DIPROLENE, DIPROSONE, SERNIVO	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	Dermatologicals	Corticosteroid
betamethasone valerate	VALISONE, BETAVAL, BETATREX, LUXIQ	Non-Exempt	Not Applicable	Not Applicable	Dermatologicals	Dermatologicals	Corticosteroid
boswellia serrata extract	Not Applicable	Non-Exempt	Not Applicable	Not Applicable	Chemicals	Alternative Medicines	Dietary Supplement
brexpiprazole	REXULTI	Non-Exempt	4 Days	Not Applicable	Antipsychotics / Antimanic Agents	Antipsychotics / Antimanic Agents	Atypical Antipsychotic
bromfenac sodium ophth	PROLENSA	Exempt	Not Applicable	Not Applicable	Ophthalmic Agents (NSAID)	Ophthalmic Agents	Anti-Inflammatory - NSAID

Committee Discussion

Public Comments

Cost-Effective Formulary

General Discussion



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Cost-Effective Formulary Consideration

- Was a New York cost-effective formulary facilitated by ACOEM?
 - ACOEM has no recollection of helping New York create a cost-effective formulary
- Current California statute does not identify cost as a specific factor in establishing the MTUS Formulary
- Legislative intent provisions of AB 1124 re cost:
 - “Use of generic or generic-equivalent drugs in the formulary pursuant to evidence-based practices, with consideration being given to use of brand name medication when its use is cost-effective, medically necessary, and evidence-based”
 - “Guidance on the use of the formulary to further the goal of providing appropriate medications expeditiously while minimizing administrative burden and associated administrative costs”
- Cost as a factor is generally accepted as part of formulary management
 - Generic first policy is a cost-driven policy

Workers' Compensation Research Institute

- Report “Topical Analgesic Use in Workers’ Compensation”, published August 2021
- Found large price differences in equivalent products
 - Private label topical trolamine salicylate 10% found to be 66 times higher than the over-the-counter product.
- No evidence that these higher priced private label topicals have clinical benefits when compared to lower price comparable products

Exempt Drug Criteria

- Being noted as a first line therapy weighs in favor of being Exempt.
- Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being Exempt.
- A safer adverse effects (risk) profile weighs in favor of being Exempt.
- Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being Exempt.
- Exempt Drugs
 - No Prospective Review (PR) if in accord with MTUS
 - PR requirements apply for otherwise “exempt” Physician Dispensed and Brand Name Drugs

Committee Discussion

Public Comments

Review of Recommendations

Adjournment