MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, November 18, 2008
10:00 am to 12:00 pm

Location: **Department of Health Care Services**
1500 Capitol Avenue, Training Rooms A & B
Sacramento, CA 95814

Topic	Discussion
1) CALL TO ORDER	• The meeting was called to order by Dr. Stephen Stahl • Board members present: Drs. Stephen Stahl, Janeen McBride, Andrew Wong, Ross Miller, Patrick Finley, Paul Perry, Marilyn Stebbins, Timothy Albertson, and Robert Mowers
2) APPROVAL OF LAST DUR BOARD MINUTES	• Minutes unanimously approved as amended

3) DHCS COMMENTS	• Lori Bradley, RPh. presented the March 2008 issue of Pharmacy Today that featured Dr. Stebbins
	  o The article talked about some of the work Dr. Stebbins has been doing, including MTM
	• Dr. Miller asked if there would be interest in publications involving Board members on work outside of DUR. Eric King stated that in the past, such items were typically talked about under the DUR Board Member Comments on Ongoing Projects section
	• An update on e-prescribing has been deferred until the next Board meeting
	• SSRI Utilization
	  o Lori Bradley, RPh. presented a chart on SSRI pharmacy claims
	  o Lori thought a good idea for a future educational bulletin would be to compare citalopram to lexapro. Citalopram is not on the contracted drug list, whereas lexapro is and has a simpler molecular structure. All prescriptions for citalopram are currently covered through TARs.
	  o The Board expressed opposition towards having a bulletin done on recommending prescribers to use a more expensive brand name product over one that is generic.
	o Prospective DUR alert system
	  o The system is currently being updated. Effective November 1, 2008, the alert system has been static. Alerts that existed in the system prior to that will continue to work. Any new alerts from newly approved drugs or updates to pre-existing drugs, will not be generated. The enhancement is expected to be completed sometime after February 1, 2009.
	• The Board members requested to receive the pharmacy bulletins and quarterly educational bulletins electronically. It was suggested that a distribution list be created to send these to the Board members

	• Pregnancy Alert o DHCS and EDS have been working on updating the pregnancy alert table and putting drugs in test mode to ensure that the alerts are valid and the number of alerts generated will not overload the system o Reports are generated on the results of the alerts in test. o The Board members requested being updated on such reports in the future o The pregnancy alert table was recently updated with new ICD-9 codes for 2009 o Board members discussed the merits of placing a hard edit on drugs that are pregnancy category X and leaving category D drugs as soft edits o Dr. Finley inquired about the delay time from when a prescription is filled and when the patient is identified as being pregnant o Vic Walker, RPh. stated that if it is based on a prescription for a prenatal vitamin, then it's instantaneous. If the information is from diagnosis codes off of medical claims, it can be much longer depending on when we receive the claim from the provider. o Dr. Nguyen expressed that there may be situations in which the patient may not be pregnant (e.g. she had just given birth). Setting the alert as a hard edit may cause a delay in the patient receiving their prescription. In such situations, we hope that the pharmacist would consult with the patient to confirm the pregnancy and determine whether a change in prescription is warranted o It was expressed that setting alerts based on pregnancy category D or X may not be the best way to set pregnancy alerts o Dr. Nguyen stated that the alert is also set if it has a pregnancy severity level one, which means it should not be taken during pregnancy. This is set by First Data Bank, whom also takes into account not only teratogenic effects but also post marketing studies and other ways in which the drug can affect the pregnancy. o Dr. Miller requested that the Board be updated on the test results.
4) ONGOING PROJECTS	• Antidepressants in Children and Adolescents Study o Dr. Finley recently started revisiting the study o Still working on the encryption issue, but this may no longer be an issue if the data does not need to leave Sacramento, and if it does not include any PHI information o Vic Walker, RPh. indicated that the work load required by DHCS may be a road block. If DHCS needs to do the number crunching themselves then there may be paperwork required and the rate limiting step is how much time would be required to generate and format the data. • Asthma Study o Dr. Albertson reported that the study has been discontinued o The human subjects study was not renewed. There was some data that was collected during the human subjects approval period. o This item can be removed from the agenda • Rheumatoid Arthritis Study o Dr. Wong reported that there was a teleconference to discuss data output o The data was more complicated than anticipated and is currently going through quality assurance for validation and reliability o Patients given biologic agents were seen to be younger than those given traditional DMARDs with an average age of 49 years, 2/3 of which were

	females o May look at use of biologic agents earlier on in the disease
5) DUR BOARD MEMBER COMMENTS ON ONGOING PROJECTS	• There were no additional comments on ongoing projects
6) UTILIZATION REPORTS	• EDS actions items from the May DUR Board meeting were discussed o Comparison of Medi-Cal $PMPM and average cost per prescription with those from EDS Medicaid accounts in other states o Dr. Miller was hoping to get more recent data than the 2004 data that was provided since these data are pre-Part D o EDS was unable to provide high-level comparative information from the other state accounts as they were considered proprietary data o Educational Bulletins o Dr. Nguyen discussed the handout on future article topics, and expressed that Board members are welcome to suggest topics, although it is not guaranteed that all topics would become articles o Dr. Miller suggested topics most relevant to our patient population, such as those by top volume, diagnosis, disease state o Dr. Stebbins suggested that given the fiscal situation of the state, topics on drugs that have a significant financial impact should be considered o Dr. Miller likes the idea of discussing topics before hand, which could help with prioritizing certain issues • Quarterly Utilization Reports • The second and third quarter reports were discussed. As requested during the May DUR Board meeting, the average cost per RX and cost per member per month tables were combined into one • Dr. Wong requested additional information on which drugs were included under the Immunosuppressive Drugs category in Table 6 of the 2nd quarter report. Dr. Nguyen indicated that she will email Dr. Wong with the information • Dr. Miller suggested reformatting the utilization reports (e.g. using bullet points) so that they are easier to read
7) 2009 MEETING CALENDAR	• The rooms for the 2009 meetings have been booked in advance for the year • Dates reserved: February 10th, May 12th, September 15th, and November 10th, 2009 • The meetings will be in a different room but will continue to be at the same time
8) PUBLIC OR DUR BOARD COMMENTS	• A public member asked about the DUR educational bulletins and how they could provide information on studies pertaining to educational bulletin topics • It was indicated that they can forward the information to Dr. Nguyen
9) ADJOURNMENT	• The meeting adjourned at 11:30 a.m.

Action Items	**Ownership**
1. Format agenda to include action items as a separate item	EDS, an HP Company
2. Include Board members on distribution list for pharmacy bulletins and educational bulletins	EDS, an HP Company
3. Format quarterly utilization reports in a manner that is easier to read and follow (e.g. bullet points)	EDS, an HP Company
4. Provide reports on the results of drugs and pregnancy alerts in test.	EDS, an HP Company