



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, November 10, 2009
11:00am – 1:00pm**

**Location: Department of Health Care Services
1501 Capitol Avenue, Room 71.1203
Sacramento, CA 95814**

Topic	Discussion
1) CALL TO ORDER	<ul style="list-style-type: none"> • The meeting was called to order by Dr. Ross Miller • Board members present: Drs. Janeen McBride, Andrew Wong, Ross Miller, Marilyn Stebbins, and Timothy Albertson • Board member absent: Drs. Kenneth Schell, Stephen Stahl, Patrick Finley, Paul Perry, and Robert Mowers
2) APPROVAL OF LAST DUR BOARD MINUTES	<ul style="list-style-type: none"> • The minutes were reviewed • Dr. Miller made an edit to the 'Public or DUR Board Comments' section of the minutes • Dr. Wong made an edit to a sentence in the 'Ongoing Projects' section of the minutes • Approval of the minutes will be deferred until the next meeting where a quorum is present
3) REVIEW OF ACTION ITEMS	<ul style="list-style-type: none"> • Action items from the February meeting were reviewed. <ul style="list-style-type: none"> ○ The following action items are being carried over to the next Board meeting: <ul style="list-style-type: none"> ▪ DHCS to ask Larry Dickey to attend next Board meeting ▪ DHCS to provide an update on the committee that will help facilitate data exchange <ul style="list-style-type: none"> • Lori Bradley, RPh. stated that this is still in review • Dr. Miller stressed the importance of this committee, the importance of hearing back in February, and volunteers to be a representative on that committee ○ Action item concerning Synagis will be discussed during DHCS comments
4) DHCS COMMENTS	<ul style="list-style-type: none"> • Synagis Update <ul style="list-style-type: none"> ○ Lori Bradley provided an update ○ DHCS recently adopted the guidelines set forth by the American Academy of Pediatrics (AAP) effective November 1, 2009 ○ A bulletin was published and is posted on the DHCS website ○ Nothing has been done with contracting as of yet ○ Action Item: Lori Bradley will send the Board links to the AAP guidelines and the bulletin ○ Dr. Stebbins stated that the guidelines were pretty standard and other institutions were following them ○ Dr. Miller asked if the decision was made by the pharmacy or medical department, or a collaboration of both ○ Pilar Williams indicated that the decision was a collaborative effort and that both the medical policy and managed care departments adopted the new guidelines ○ Dr. Miller commented that there are fee-for-service (FFS) Medicaid programs

	<p>in other states that are not adopting the new guidelines based on the idea that no clinical data has been published supporting the new criteria</p> <ul style="list-style-type: none"> ○ Dr. Stebbins stated that she has not seen any opposition in regards to the guidelines, possibly due to endorsement by the AAP ○ Pilar Williams indicated that the decision to adopt the AAP guidelines has been made and that concerns should be brought directly to the AAP. The DHCS will track impact this year and see what changes, if any, are appropriate for next year. ● FDA Reformulation of Heparin <ul style="list-style-type: none"> ○ Lori Bradley updated the Board on the reformulation of heparin ○ The FDA is reviewing the United States Pharmacopeia (USP) monograph for heparin because of contamination problems that occurred in 2007/2008 ○ New test methods have been developed to self-check the purity of the drug ○ This took effect October 1, 2009 and a bulletin was published by DHCS ○ The new formulation is 10% less potent and has the letter 'N' placed before the lot number to differentiate between the new and old formulations ○ Dr. Albertson stated that there is so much variability in how individual patients respond to heparin that the 10% change would have minimal impact ● Time Series Analysis of Medi-Cal Data <ul style="list-style-type: none"> ○ Dr. Marco Gonzales facilitated a presentation using various motion charts on changes in claim volume, dollars spent and drug utilization in Medi-Cal FFS over the past 10 years (January 1, 1999 – June 30, 2009) ○ First motion chart showed daily spend by claim type (e.g. inpatient, outpatient, pharmacy, medical/physician) <ul style="list-style-type: none"> ▪ Different versions of the same chart introduced various different variables such as beneficiary count for each claim type and claims per beneficiary ○ Medicare Part D made a huge impact in 2006 ○ Second chart represented the daily sum paid amount by drug categories (e.g. antipsychotics, asthma, HTN, HIV, arthritis) ○ Third chart looked at daily number of utilizing beneficiary by drug categories ○ Fourth chart looked at pharmacy claim count by generic ingredient and drug categories, and number of pharmacy providers per beneficiary for each drug category ○ Fifth chart looked at antipsychotics and sum paid for each drug, and number of beneficiaries for each ○ Dr. Gonzales also did some forecasting of future trends ○ Key points: <ul style="list-style-type: none"> ▪ Outpatient claims are surpassing all other claims types except inpatient claims, which continue to be very expensive ▪ Medicare Part D, rate reductions, and federal upper limits (FUL) had visibly huge impact on these utilization metrics ▪ Antipsychotic meds have dominated pharmacy costs ○ Lori Bradley asked if the Board would be interested in more presentations like this in the future ○ The Board indicated that they would ○ Dr. Miller would like to see specifics of certain disease states or certain clinical areas that are of importance to board members or to DHCS
<p>5) HP ENTERPRISE SERVICES COMMENTS</p>	<ul style="list-style-type: none"> ● DUR System Update <ul style="list-style-type: none"> ○ Dr. Ann Nguyen provided an update on system enhancements implemented April 27, 2009 <ul style="list-style-type: none"> ▪ Prospective alert table is now updated on a weekly basis rather than monthly ○ The drug-drug interaction and pregnancy alerts were activated for several drugs after tests results have confirmed their validity and appropriateness

	<ul style="list-style-type: none"> • H1N1 Update <ul style="list-style-type: none"> ○ Dr. Robert Forster provided an update on national and California data associated with the H1N1 pandemic ○ A DUR educational article on H1N1 produced by HP was recently published in the Pharmacy and Medical bulletins ○ Charts from the Centers for Disease Control and Prevention (CDC) illustrating the impact of H1N1 on various age groups, and the timing in comparison to past influenza seasons were presented ○ Information produced by the California Department of Public Health (CDPH), were also reviewed ○ Dr. Forster also talked about factors that contributed to vaccine shortage and delays ○ A chart illustrating the number of claims for Oseltamivir Phosphate (Tamiflu) within the Medi-Cal FFS population showed a significant increase in utilization and occurred much earlier in the influenza season than seen in the past
<p>6) DUR BOARD DISCUSSION ON ONGOING PROJECTS</p>	<ul style="list-style-type: none"> • Antidepressants in Children and Adolescents Study <ul style="list-style-type: none"> ○ Dr. Finley was not in attendance to provide an update on this study ○ Dr. Miller referenced the last Board meeting minutes, which indicated that additional follow up data should be obtained to see if trends were continuing, and wanted it documented as an action item ○ Lori Bradley indicated that Dr. Finley has been working with Dr. Gonzales on this • Rheumatoid Arthritis Study <ul style="list-style-type: none"> ○ Dr. Wong indicated that budget issues and personnel changes at USC slowed progress on the study ○ Dr. Wong provided updates from the American College of Rheumatology’s national meeting <ul style="list-style-type: none"> ▪ One session was on a doubled blinded controlled trial which compared traditional DMARDs, including combination methotrexate, to methotrexate combined with a biologic agent <ul style="list-style-type: none"> • At one year follow-up did not demonstrate any significant improvement in one arm of the study over the other • Hopefully, in the next year, X-Ray radiographic evidence will enable further comparison between the two arms of the study ▪ Another study looked at the use of DMARDs in the treatment of rheumatoid arthritis over a 10 year period, broken down by 3 year intervals, to see if there were significant increases in overall usage <ul style="list-style-type: none"> • Preliminary data did not show a significant increase despite recommendations on more aggressive treatment of rheumatoid arthritis
<p>7) DUR BOARD MEMBER COMMENTS</p>	<ul style="list-style-type: none"> • Dr. Miller presented a few ideas for future projects for the Board to investigate <ul style="list-style-type: none"> ○ Government Accounting Office (GAO) report on improper Medicaid drug spending <ul style="list-style-type: none"> ▪ California was included in the report ▪ Report included doctor shopping, physicians continuing to write prescriptions after being banned from doing so for Medicaid, prescriptions written for dead patients, and prescriptions written by dead doctors ▪ Dr. Miller asked if this report stimulated any internal actions by the Medi-Cal pharmacy department that would be relevant for the DUR Board as an opportunity for cost savings and quality improvement project ▪ Dr. Lee Worth, a pharmacist from DHCS Audits and Investigation (A&I) department responded that the A&I department has been

	<p>actively addressing these issues</p> <ul style="list-style-type: none"> ▪ Dr. Albertson asked if the states included in the report were looked at because they were large states ▪ Dr. Miller stated that the five big states included in the report were looked at because they accounted for 40% of drug payments ▪ Lori Bradley responded that DHCS has been considering a “lock-in” program, which will be available with the new system, to address some of these issues ▪ Dr. Miller asked if this would be something that the Board has some interest in pursuing, possibly looking at actual numbers for California ▪ Dr. Stebbins did not think it would be worthwhile to pursue issues with dead beneficiaries and prescribers since these numbers should be minimal, but the others issues would be of interest (e.g. doctor shopping) ▪ Dr. Albertson thought that there is enough interest by the Board and because this is a significant part of drug utilization, to warrant a report from Medi-Cal FFS on the major issues and current trends as well as actual numbers for California rather than basing it on what is reported in the article ▪ The Board motioned to move forward with this <ul style="list-style-type: none"> ○ Beers criteria and appropriate prescribing in adults over the age of 65 <ul style="list-style-type: none"> ▪ The Beers criteria list is adopted by CMS ▪ Dr. Miller stated that although Medi-Cal does not have Medicare Part D data readily available, there is a number of FFS recipients that are over the age of 65 that are not Medicare eligible and can be used to conduct a claims analysis ▪ Dr. Miller pointed out that Dr. Kevin Gorospe had stated that at the time this wasn’t a good topic due to lack of data, but he (Dr. Miller) was still interested in pursuing this topic ▪ There are approximately over 300,000 recipients over the age of 65 ▪ Dr. Miller asked if this is of interest to the Board ▪ Dr. Stebbins indicated that it is a criteria often used in their geriatric clinic and it would be interesting to pursue ▪ Action item: Lori Bradley will forward Dr. Miller’s attachment to Dr. Worth and Dr. Gonzales will work with him on the data ▪ Dr. Miller asked if the Board should determine the top 3-5 drug interactions which they would like DHCS to run the data for ▪ Dr. Albertson proposed running data on all the drugs on the BEERS list and look at the data that comes up and go from there ▪ Dr. Albertson will work with Dr. Gonzales on this ○ COPD analysis to determine number of recipients diagnosed with COPD <ul style="list-style-type: none"> ▪ Dr. Miller reviewed the hand-out he prepared on COPD and the value of conducting a study on this topic, including the updated HEDIS measures for pharmacotherapy ▪ Dr. Nguyen reported that a DUR educational article was published in early 2008 that used the same HEDIS measures for pharmacotherapy in COPD using Medi-Cal FFS data ▪ Action item: Dr. Nguyen will forward this article to the Board and Dr. Ron Sanui, Medi-Cal Managed Care Pharmacist ▪ Dr. Miller thought that examination of drug utilization in COPD may be relevant to the Board and can be a potential project ▪ The Board agreed that this would be good to pursue as well
<p>8) UTILIZATION REPORTS</p>	<ul style="list-style-type: none"> • Dr. McBride asked about the system enhancement that caused the increase in additive toxicity alert (AT) and if it was all drugs or only target drugs that were

	<p>added</p> <ul style="list-style-type: none"> Action item: Dr. Nguyen will double check which drugs were added to the additive toxicity table Eric King pointed out how claims and dollars paid typically move in sync with each other, except when changes like FUL implementations occurs, which leads to a discrepancy between the drop in claims and the drop in dollars paid Dr. Wong requested clarification on what drugs are included in the ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR category Action item: Dr. Nguyen will forward Dr. Wong the list of drugs that are included in this category Dr. Wong stated that many hospitals are no longer covering dietary supplements and asked if this was also the case with Medi-Cal FFS Maureen Tooker stated that many of the dietary supplements have been taken off formulary
9) PUBLIC OR DUR BOARD COMMENTS	<ul style="list-style-type: none"> A public comment was made regarding the manufacturing of the H1N1 vaccine and that it wasn't possible to manufacture it before the seasonal flu vaccine. Most manufacturers were already well into the production of the seasonal flu vaccine by the time the seed of the H1N1 virus was received. Dr. Forster stated that the virus was already isolated several months before it was sent out and could have been moved up in priority over the seasonal flu vaccine Action item: Dr. Sanui and Vic Walker requested to be sent a copy of the agenda packet prior to the Board meeting A public comment was made about the AAP guidelines on Synagis and that the AAP recommends that physicians continue to do what they think is in the best interest of their patients
10) BOARD DISCUSSION ON MEETING DATES IN 2010	<ul style="list-style-type: none"> Lori Bradley went over the dates for the 2010 Board meetings: February 9th, May 11th, September 14th, and November 9th. Each is the second Tuesday of the month. Meeting time continues to be from 11am – 1pm and will be in the same room
11) ADJOURNMENT	<ul style="list-style-type: none"> The meeting adjourned at 12:55PM

Action Items	Ownership
Ask Larry Dickey to attend the next Board meeting	DHCS
Provide an update on the committee that will help facilitate data exchange	DHCS
Send the Board links to the AAP guidelines and the bulletin	DHCS
Forward Dr. Miller's Beers criteria attachment to Dr. Worth	DHCS
Forward DUR educational article on COPD to the Board and Dr. Sanui	HP
Find out which drugs were added to the additive toxicity alert table	HP
Forward Dr. Wong the list of drugs included in the ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR category	HP