



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, February 14, 2012
10:30AM – 1:00PM**

**Location: Department of Health Care Services
Training Room B+C
1500 Capitol Avenue,
Sacramento, CA 95814**

Topic	Discussion
1) CALL TO ORDER 2) INTRODUCE NEW BOARD CHAIR	<ul style="list-style-type: none"> • New Board chair, Marilyn Stebbins was introduced • The meeting was called to order by the new Chair of the Board, Dr. Marilyn Stebbins • Board members present: Drs. Timothy Albertson, Patrick Finley, Janeen McBride, Robert Mowers, Marilyn Stebbins, and Andrew Wong • Board members absent: Dr. Stephen Stahl • Announcement that Board members Drs. Kenneth Schell and Paul Perry have stepped aside • Introduction of Board members and attendees • Announcement of Vic Walker's retirement from DHCS • Pauline Chan, RPh reviewed agenda items to be covered in today's meeting
3) APPROVAL OF LAST DUR BOARD MINUTES	<ul style="list-style-type: none"> • The minutes from the November 15, 2011 meeting were motioned to be approved as written by Dr. Marilyn Stebbins and seconded by Dr. Timothy Albertson. • The DUR Board approved the November 15, 2011 minutes.
4) VICE CHAIR ELECTION	<ul style="list-style-type: none"> • Written ballot collected by Jannice Tan and counted by Pauline Chan. • Dr. Andrew Wong was announced as the new Vice Chair with 5 votes. • Quorum rule was 4 votes
5) OLD BUSINESS	<p>a. Review of Action Items From Previous Board Meeting:</p> <ul style="list-style-type: none"> i. Volunteers from Board to work on redesign of DUR quarterly reports <ul style="list-style-type: none"> • Quarterly reports will be redesigned accordingly to CMS template • In May, when the annual report is reviewed, Board will be able to make recommendations ii. For February meeting, present ACS's experience with DUR programs in other states <ul style="list-style-type: none"> • Patrick Robinson presenting today iii. Unapproved Cough, Cold, Allergy Products: FDA Prompts Removal From Market article to website <ul style="list-style-type: none"> • Now on DHCS website in addition to bulletins iv. Present components of trend at the dose level for a specific drug, like aripiprazole <ul style="list-style-type: none"> • Deferred to May meeting v. Present data on simvastatin drug interactions <ul style="list-style-type: none"> • Shalini Lynch presenting today

6) NEW BUSINESS

a. ACS's experience with DUR programs in other states

- Rob Berringer, Pharm. D, head of the clinical dept with ACS Virginia, did not make it to the Board meeting
- Patrick Robinson presented PowerPoint, ACS Pharmacy Solutions
- ACS Pharmacy Solutions offers:
 - OS+: Pharmacy claims processing
 - SmartPA: Electronic, real-time prior authorization tool
 - CyberFormance: Integrated financial & clinical reporting application
 - CyberAccess: e-Prescribing, EHR (electronic health record), clinical decision support
 - Call Centers: Economically efficient inbound call centers
- Patient profile letters, to help drive positive health outcomes, like medication compliance are available and may be considered in the next couple of years
- Dr. Wong expressed concern for specialty providers having to go through the cumbersome process of prior authorization because some older drugs don't have FDA approved indications
- There was discussion how SmartPA will save money for providers by having established and known criteria. The OS+ system also can allow drugs by specialty that can ease the administrative burden.
- Marco Gonzalez of DHCS asked if MTM (medication therapy management) is in any other states with ACS. Patrick Robinson will research and get back to the group
- Dr. Andrew Wong commented that it is important to use algorithms, with solid evidence guidelines

ACTION ITEM: Regarding MTM in other states with ACS, Patrick will research and report back to the group.

b. DHCS Update

i. Policy update

- New Medi-Cal benefit: smoking cessation will no longer require a certificate, but still is part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Partnering with the Department of Public Health; new flyer and on DPH's Facebook page

ii. Psychotropic medication use amongst children and adolescents in foster care: state summary report.

- Agency for Healthcare Research and Quality (AHRQ) funded the study, which was a 16 state collaborative
- The study was done with children ages 0–18 years, including Medi-Cal fee-for-service (FFS), and received benefits between 2004–2007
- The study did not include stimulants
- For five year olds, a high dose was defined as > than the Texas maximum dose, and for ages six to eighteen, a high dose is defined as more than two times the Texas maximum dose
- 4,594/17,042 gaps, which was approximately 25% of the total population
- On slide 8, clarified what the “n” for the percentages
- Under the age of five, indications for medication were few, even for the off -label uses, with data reflecting close to zero (Board happy to see this).
- High dose antipsychotic (AP) medication use: CA data partially coincides with the maximum rates
- Multiple AP use: CA follows the mean
- Use of multiple mental health drugs (MHD): CA is around the average
- AP use in foster care children and adolescents ages 18 eighteen years and younger: CA under the mean

	<ul style="list-style-type: none"> • Dr. Patrick Finley asked, once medications are authorized do increases get revisited? Yes, approved medications have an ongoing process to review the continuation of these medications. California also has a judicial process in place as an added protection for appropriate use of medications in foster children. • The National Survey of Child and Adolescent Well-Being (NSCAW) asked states to come up with a plan. Needs to be submitted to CMS by May 2012 (role for DUR) • CMS & DUR Program: Asking DUR Board to monitor point of sale claims for those less than two years old. AP needs a TAR for six to sixteen year olds and look at outliers. Vic Walker stated that a TAR is already in place for children less than six years old • The Center for Health Care Strategies offers a three year funding program to support a Quality Improvement Learning Collaborative designed to improve the use of psychotic medications among children and youth in foster care. Five state teams (Medicaid, child welfare and behavioral health) will be selected. • DHCS applying for the Quality Improvement Learning Collaborative • Pauline Chan asked the Board for a letter of support to submit with the application • Dr. Patrick Finley moved the motion and it was seconded by Dr. Marilyn Stebbins <p>ACTION ITEM: Board to compose letter of support to supplement DHCS's application to the Quality Improvement Learning Collaborative</p> <p>iii. HHS guidance on psychotropic medication use amongst children and adolescents in foster care</p> <ul style="list-style-type: none"> • Included in packet for reference <p>iv. Center for Health Care Strategies Quality Improvement Collaborative</p> <ul style="list-style-type: none"> • Request for application included in packet for reference <p>v. DUR Manual Section 15 - DRAFT REVISION - Retrospective Drug use Review</p> <ul style="list-style-type: none"> • The Board requested that, in the future, the mocked up version with the edits be sent to the Board members so they can see the revisions and can approve during the board meeting • There were minimal changes to definitions within the manual • Patrick Robinson added the last two bullets on page 15-2, regarding the two potential national quality organizations, Pharmacy Quality Alliance (PQA) and The National Committee for Quality Assurance (NCQA) that ACS will be using • Target Drugs were removed from the manual and guiding principles were added • The Board suggested a change in the title Target Drugs to Interventions
	<p>c. ACS/UCSF Update</p> <p>i. DUR quarterly report (October-December 2011)</p> <ul style="list-style-type: none"> • Patrick Robinson reviewed the October–December 2011 DUR Quarterly Summary Report • Decreases in utilization and cost across the board, probably due to the migration of Medi-Cal beneficiaries from FFS to Managed Care • DHCS received waiver to move blind and disabled eligibles (about 380,000) from FFS to Managed Care this last summer • First Data Bank (FDB) froze average wholesale price (AWP) (claims will be reprocessed), waiting for alternative pricing • For prospective DUR, % change decreased from the prior year quarter • Antivirals still going up, however this category is carved out of Medi-Cal Managed Care and into FFS • Increase in paliperidone utilization, not on contract drug list (CDL) • Discussion regarding Medi-Cal Managed Care and FFS which is approximately 67% managed care and 33% FFS. Substantial number of recipients will be in FFS because

of the rural population

- DHCS clarified that up until now, DHCS has focused mostly on FFS but more recently, DHCS is trying to integrate Managed Care as well when requested by the board
- Dr. Andrew Wong stated that LA County is quickly turning into an ACO with transforming healthcare delivery as their main priority. Healthy Way LA will be grandfathered into the Medi-Cal system

ii. Present additional data on simvastatin drug interactions

- Shalini Lynch presented Medi-Cal's FFS HMG-CoA reductase inhibitor (statin) utilization
- Of all claims for HMGs, 41.9% were for simvastatin-containing drugs
- Of the 148,897 HMG recipients, 4513 (3%) had a diagnosis of myopathy, including rhabdomyolysis
- Of these 4513 recipients, 2054 (45.5%) were simvastatin recipients
- Shalini Lynch presented dose limitation, drug-drug interactions, and safety recommendations
- It was stated that beginning treatment at the 80mg dose is not recommended and that there are alternatives on the CDL to the 80mg simvastatin
- Dr. Andrew Wong commented that simvastatin complications include not just myopathy but also myositis (immune mediated necrotizing myopathy)
- It was suggested that this topic could be presented in a future bulletin but will need to wait for research and publications
- DHCS working with the Board of Pharmacy to alert pharmacists of these bulletins (1st pilot is with the State Board of Pharmacy)
- 1st bulletin: Cough and Cold
- 2nd bulletin: Simvastatin
- Dr. Wong would like to see and help with the simvastatin article before it goes out
- Dr. Stebbins suggested a Medi-Cal DUR Facebook page. If we can't get to providers, attempt to reach out to the consumers and Pauline stated that this is in the works

iii. Medi-Cal Bulletin: An Overview of Treatment Approaches to Insomnia – January 2012

- Presented by Shalini Lynch of UCSF
- Highest utilization was for zolpidem 10mg (28%) and temazepam 15mg (21%) and the lowest utilization was for Lunesta (eszopiclone, 1%, not on CDL)
- Trazodone did not meet the criteria because it does not have a FDA indication for sleep
- UCSF did look at data for trazodone but needed a concomitant diagnosis, but this information was not published in the article
- A review in more detail the use of trazodone for sleep was suggested.
- Dr. Patrick Finley glad to see cognitive behavior therapy (CBT) mentioned as a treatment of choice
- Dr. Marilyn Stebbins asked whether psychotherapy is covered by the Medi-Cal program

ACTION ITEM: Take a look at utilization for trazodone for sleep in more detail

d. Board Member Projects

i. Antidepressants

- Patrick Finley presented preliminary results for the study Detection and Treatment of Perinatal Depression in a State Medicaid Population
- Background data showed there is an increased risk of depression during the perinatal period compared to rest of life cycle, risk of untreated perinatal depression greater than risk of treatment, 10-15% of women with depression during pregnancy (major or minor depression), 14.5% of women with depression during 1st 3 months postpartum (6.5% with major depression [AHRQ report 2005]), 6.6% of pregnant women receive antidepressants [Andrade 2007], and of 114 new cases of postpartum depression, 14

received psychotherapy and 4 prescribed antidepressants [Horowitz 2006]

- High level summary of methodology: women between the ages of 18 and 39 who were continuously enrolled in Medi-Cal FFS between January 2006 and December 2009, perinatal cohort consists of women with live birth between October 2007 and March of 2009, control cohort consists of nulliparous women during same timeframe who were randomly assigned delivery dates
- Exclusion criteria: evidence of pregnancy without documented live birth (miscarriages and abortions)
- Primary Outcomes
 - Compared incidence of depression diagnosis (ICD-9 codes) between cohorts for three month timeframes: baseline, pregnancy, postpartum
 - Compared incidence of depression treatment (antidepressant Rx and/or psychotherapy services) during same time frame
- Other: conduct multivariate analysis of demographic variables predicting diagnosis and/or treatment (e.g., age, ethnicity, urban vs rural setting)

RESULTS:

- Demographics:
 - Number of Subjects: Perinatal Cohort (n=6151); Control Cohort (n=71,718)
 - Average Age: 32.6 years
 - Ethnicity: 23% White, 62% Hispanic

- Incidence of Depression Diagnosis:

	<u>Cohort</u>	<u>Perinatal Control</u>	<u>Statistical Significance</u>
○ Pregnancy	1.8 %	5.3 %	<i>p < 0.0001</i>
○ Postpartum	2.2 %	5.2 %	<i>p < 0.0001</i>

- Incidence of Antidepressant Treatment:

	<u>Cohort</u>	<u>Perinatal Control</u>	<u>Statistical Significance</u>
○ Pregnancy	3.2 %	16.9 %	<i>p < 0.0001</i>
○ Postpartum	4.6 %	17.2 %	<i>p < 0.0001</i>

- Incidence of Psychotherapy:
 - incidence < 0.5% for both cohorts

NEXT STEPS?

- Educational opportunity, potentially huge risk = huge spend
- Awareness of detection; who to target?
- Bring study to mental health division with DHCS?

ACTION ITEM: Board Work Groups to discuss and decide on next steps

ii. Intervention Work Group

iii. Target Drug List Work Group (Benefit Edits and Guiding Principles)

- Pauline will reconvene these work groups (Intervention and Target Drug List, Benefit Edits and Guiding Principles)
- Pauline asked the board to recommend people to add to the board

iv. Quarterly Report Revision

- To be based on CMS template, ongoing

v. Simvastatin alert

- Shalini Lynch presented the Simvastatin report

e. E-prescribing adoption in California

i. Electronic Prescribing (eRx) Adoption and Use

- Used to track growth and utilization of eRx in California
- Provides a basis for targeting and determining outcomes of interventions

	<p>ii. Partners in E Project</p> <ul style="list-style-type: none"> • Intervention aimed at increasing the number of pharmacies enabled for e-prescribing in the Medi-Cal program • Inter-professional training and incorporates safety into health IT adoption • Lisa Ashton presented the summaries of the Partners in Electronic Prescribing Projects <ul style="list-style-type: none"> ○ CA chosen as a challenge state (one out of five) ○ Program will use an established train-the-trainer program model ○ Program will be in partnership with UC Davis • Objectives <ol style="list-style-type: none"> 1. Create a cross-disciplinary learning environment for health information technology (IT) among health professionals, which will focus on shared learning, maximizing transparency and minimizing the burden of Electronic Health Record (EHR) adoption to Medi-Cal providers. 2. Educate and deploy a pharmacy student workforce with the attitudes, knowledge, and skills required to identify and resolve barriers to e-prescribing in community pharmacies, a critical component of health IT adoption in California. 3. Evaluate the current state of health IT on patient safety and identify strategies to minimize the risks to implementation and use.
7) BOARD MEMBERS & PUBLIC COMMENT	<ul style="list-style-type: none"> • Sabrina Aery (BMS) requested that HIV and antipsychotic drugs be listed as carve-out drugs in a footnote for DUR reports (monthly, quarterly, annual)
8) CONSENT AGENDA	<ul style="list-style-type: none"> • Meeting feedback form was distributed to Board members
9) CLOSING REMARKS ADJOURNMENT	<ul style="list-style-type: none"> • The next Board meeting will be on May 22, 2012 • The meeting was adjourned at 1:30PM

Action Items	Ownership
Changes to Meeting Minutes	Jannice Tan
Volunteers from Board to work on redesign of DUR quarterly report	Group
Regarding MTM in other states with ACS, Patrick will research and report back to the group.	Patrick
Board to compose letter of support to supplement DHCS's application to the Quality Improvement Learning Collaborative	Board
Medi-Cal Bulletin: <u>An Overview of Treatment Approaches to Insomnia – January 2012</u> –Take a look at trazodone utilization for sleep in more detail	ACS/UCSF
Pauline to reconvene the Intervention and Target Drug List Work Groups with the Board members	Pauline
Next steps for Patrick Finley's study Detection and Treatment of Perinatal Depression in a State Medicaid Population	Group