



**MEDI-CAL DRUG USE REVIEW BOARD  
MEETING MINUTES  
Tuesday, May 22, 2012  
10:30 a.m. – 1 p.m.**

**Location:** ACS State Healthcare, LLC, A Xerox Company  
Monterey Training Room  
840 Stillwater Road  
West Sacramento, CA 95605

Topic	Discussion
<p>1) <b>WELCOME/ INTRODUCTION</b></p> <p>2) <b>CALL TO ORDER/ REVIEW AND APPROVAL OF FEBRUARY 14, 2012 MINUTES</b></p>	<ul style="list-style-type: none"> <li>• New DUR data analyst, Amanda Smith with UCSF, was introduced.</li> <li>• The meeting was called to order by the Chair of the Board, Dr. Marilyn Stebbins.</li> <li>• Board members present: Drs. Timothy Albertson, Patrick Finley, Robert Mowers, Stephen Stahl, Marilyn Stebbins, and Andrew Wong.</li> <li>• Board members absent: Dr. Janeen McBride.</li> <li>• Introduction of board members and attendees.</li> <li>• Pauline Chan, RPh reviewed agenda items to be covered in today's meeting.</li> <li>• The minutes from the February 14, 2012, meeting were motioned to be approved as amended with edits by Dr. Timothy Albertson and seconded by Dr. Stephen Stahl.</li> <li>• The DUR Board approved the February 14, 2012 minutes with edits.</li> </ul>
<p>3) <b>OLD BUSINESS</b></p>	<p>a. Review of Action Items From Previous Board Meeting:</p> <ul style="list-style-type: none"> <li>i. Volunteers from board to work on redesign of DUR quarterly report.               <ul style="list-style-type: none"> <li>• The redesign of the DUR quarterly report is currently being done to mirror the DUR annual report.</li> <li>• Pauline Chan recommends creating a volunteer group with board members to discuss potential ideas/recommendations for future reports.</li> </ul> </li> <li>ii. Regarding MTM in other states with ACS, Patrick will research and report back to the group.               <ul style="list-style-type: none"> <li>• ACS works as the administrator for two MTM programs.</li> <li>• Montana currently has a state program where, if a patient qualifies, a doctor or pharmacist can sign them up at no cost and is open to all Montana citizens. The pharmacist must be credentialed and is paid up to \$200. Invoices must be submitted within two weeks.</li> <li>• Massachusetts is currently developing a MTM program.</li> </ul> </li> <li>iii. Board to compose letter of support to supplement DHCS's application to the Quality Improvement Learning Collaborative.               <ul style="list-style-type: none"> <li>• DHCS decided that the letter of support should come from the Child and Adolescents group.</li> <li>• Pauline Chan added that California was not selected.</li> <li>• New York, New Jersey, Oregon, Illinois, and Vermont were selected.</li> <li>• DHCS will continue with the state collaborative, a 3-year quality initiative starting July 1<sup>st</sup>.</li> </ul> </li> <li>iv. Medi-Cal Bulletin: An Overview of Treatment Approaches to Insomnia – January 2012 – Take a look at trazodone utilization for sleep in more detail.               <ul style="list-style-type: none"> <li>• The fall bulletin covered agents for insomnia.</li> <li>• Shalini Lynch presented trazodone utilization data for FY 2010–2011 in the age group</li> </ul> </li> </ul>

	<p>from 20 – 64 at daily doses of 50mgs, 100mgs and 150mgs. The data was typical and an assumption could be made that providers are basically not coding for insomnia.</p> <ul style="list-style-type: none"> <li>• The most common episode treatment group assigned at the drug level was for insomnia at over 30% with daily doses under 150mg.</li> </ul> <p>v. Pauline to reconvene the Intervention and Target Drug List Work Groups with the board members.</p> <ul style="list-style-type: none"> <li>• Pauline Chan will work with board members to schedule.</li> <li>• The Target Drug work group will begin the processes of reviewing the capabilities of the new claims processing system for prospective DUR.</li> </ul> <p><b>ACTION ITEM: Pauline Chan to work with board members to schedule Intervention and Target Drug List Work Group.</b></p>
	<p><b>b. Board Member Projects</b></p> <p><b>i. Anti-depressants</b></p> <ul style="list-style-type: none"> <li>• Data and Research Committee (DRC) approval expired, in the process of renewing with DRC.</li> <li>• Lisa will take as an action item.</li> <li>• New procedure should be in place to streamline process for projects.</li> <li>• Patrick Finley asked to talk with Pauline Chan regarding the DRC renewal.</li> </ul> <p><b>ACTION ITEM: Lisa to look into the expired DRC approval for the board project.</b></p> <p><b>ii. Intervention Work Group</b></p> <ul style="list-style-type: none"> <li>• Pauline Chan has the list of the board subgroups.</li> <li>• Target Drug List Work Group – The approach will be to review the Prospective DUR for implementation of new claims processing system. For example, most plans have early refill as part of the claim edits, not prospective DUR, as in Medi-Cal. The claim standard allows a reason for early refill (i.e. vacation, lost Rx, therapy change) that can be tracked and if appropriate, specific reasons can require a prior authorization.</li> <li>• Usefulness of high alerts was questioned; Patrick Robinson had researched. However, because the alerts are coded in the claim processing system using First Data Bank data, the modification would take a lot of time and be expensive. Patrick suggested we put our time and resources into the new system.</li> <li>• With the new system, DUR alerts will be able to be modified on the fly without additional programming.</li> <li>• Pauline Chan introduced Jay Shukla, new CA-MMIS pharmacist with DHCS who will be working closely with the new system.</li> </ul>
<p><b>4) NEW BUSINESS</b></p>	<p><b>a) Modifications to the DUR Board Projects website</b>  <a href="http://files.medi-cal.ca.gov/pubsdoco/dur/dur_wnup.asp">http://files.medi-cal.ca.gov/pubsdoco/dur/dur_wnup.asp</a></p> <p><b>i. Rheumatoid Arthritis Project</b></p> <p><b>ii. Antidepressant Medication Use in Children and Adolescents Project</b></p> <ul style="list-style-type: none"> <li>• DUR board projects will be updated on the website with the information from the annual report regarding these projects.</li> </ul>
	<p><b>b) DHCS Update</b></p> <p><b>i. CMS Annual DUR Report</b></p> <ul style="list-style-type: none"> <li>• DHCS is responsible for the content because the reporting period is when Hewlett Packard (HP) had the contract.</li> <li>• This year, physician administered drugs (PADs) metrics were added.</li> <li>• Patrick Robinson clarified how PADs are classified in the data warehouse. <ul style="list-style-type: none"> <li>○ NDC not required (vaccines)</li> </ul> </li> </ul>

- Miscellaneous Product (supplies, IV solutions)
- NDC required
- Dr. Robert Mowers questioned if the PADs could be broken out by class.

**ACTION ITEM: Next quarterly report, Patrick Robinson to break out PADs by class.**

- PADs may be a potential cost growth area.
- In Attachment 1 of the report, Patrick Robinson pointed the following caveats have been added to this year's report:
  - "The Medi-Cal Fee-For-Service (FFS) Program pays for many 'carve-out' medications in the psychotherapeutic and anti-virals-HIV specific treatment areas for Medi-Cal Managed Care eligibles."
  - "The Medi-Cal Fee-For-Service Program continues to pay for the six 'Medicare Part D excluded' categories of drugs that it currently covers. The categories that Medi-Cal will continue to cover are:
    - Anorexia, weight loss or weight gain
    - Symptomatic relief of coughs and colds
    - Non-prescription drugs (Part D, not Medi-Cal, covers insulin products)
    - Barbiturates
    - Benzodiazepines
    - Prescription vitamins and minerals
      - Select single vitamins and minerals pursuant to prior authorization or utilization restrictions.
      - Combination vitamin and mineral products are not a benefit.
      - Vitamins and minerals used for dietary supplementation are not a benefit.
  - It was noted that the regulations for some of the excluded Medicare Part D drugs like barbiturates and benzodiazepines will change in 2013 and be included in Medicare Part D.
- The DUR drug alerts Drug Allergy and Drug Age were shown to be overridden 100% of the time.
- On the CMS.gov website, it is now possible to query DUR reports of other states and can potentially compare California with other states.
- 2011 data are available online for comparison.
- Each state is required to use the same template starting in Federal Fiscal Year 2011.
- The board questioned which drugs were covered by Medi-Cal fee-for-service and managed care. The board was informed that a very specific list of covered drugs called the Contract Drug List are in the provider manual and do not require a Prior Authorization if used within the stated requirements for fee-for-service. The Medi-Cal Managed Care carve out drugs (paid by Medi-Cal fee-for-service) are listed on the web.

**ACTION ITEM: Send the relevant sections of the Provider Manual page to the board members for the Medi-Cal Managed Care carved out drugs (i.e. identify psychotherapeutic/HIV drugs).**

- ACS has requested access to FFS vs. Managed Care data in the MIS/DSS data warehouse. The request is currently with DHCS upper management. The MIS/DSS tool is much more powerful and complete than the current tool (SURS) used by ACS/UCSF.
- In regards to bulletins/educational articles, the group has moved forward with shorter articles.
- The group currently has a list of providers to distribute the articles to; however, the list today is at an organization level, not at the prescriber level.
- The group is also working with the Department of Public Health.
- Dr. Stephen Stahl suggested we start a list that engages prescribers.

- Dr. Gerald Rogan stated that medical societies, even specialty societies, have a list serve for their doctors (prescribers).
- DUR would need permission to use the 10,000 registered emails of Medi-Cal providers that have at least 30% Medi-Cal volume in the current State Level Registry (SLR) from the Medi-Cal EHR Incentive Program.

**ACTION ITEM: For the educational articles/bulletins distribution, research the possibility of a list serve, also at the provider level, to potentially engage providers.**

**ACTION ITEM: Requested to find out how many hits we have on the educational bulletins posted on the web. If not, could we start tracking this?**

- 2011 DUR Annual Report, Attachment 7, Prescription Drug Monitoring Program, the Controlled Substance Utilization Review and Evaluation Program (CURES) are now under the budget of the Department of Justice.
- 2011 DUR Annual Report, Attachment 8, Innovative Practices, included 2 studies on rheumatoid arthritis led by Dr. Andrew Wong, Study of Antipsychotic Use in Long Term Care Facilities, Antipsychotic Utilization Review Collaborative with the California Mental Health Care Management (CaIMEND) Program, Meeting Feedback to Improve Meeting Effectiveness, and Education Presentations Using Adult Learning Principles.
- 2011 DUR Annual Report, Attachment 9, E-Prescribing Activity Summary was given by Lisa Ashton.
- 2011 DUR Annual Report, Table 3, Generic Utilization Data (p.73) for S = Single-Source, N = Non-Innovator (generics) and I = Innovator Multi-Source (brand with generics available). The categories were matched using a CMS file. The non-matched NDCs included compounded medications and other products like nutritional, iron and calcium.

**ACTION ITEM: Break out utilization by top drugs for brands where a generic is available**

- Board approved 2011 annual report and will sign today.
- ii. Medi-Cal Incentives to Quit Smoking (MIQS)
- Presented by Gordon Sloss, MPA.
  - CMS priorities are tobacco, obesity and diabetes.
  - ~11% of healthcare costs are attributed to tobacco use.
  - Out of ~7.5M Medi-Cal beneficiaries, 681,000 are smokers and over 500,000 have diabetes.
  - 19.9% of Medi-Cal members with diabetes also smoke.
  - Grant for \$10M over 5 years and the term of the grant is from 9/2011 – 9/2016 (typo on slides).
  - 10 states were selected to see what might work for this population.
  - In California, Medi-Cal smokers will receive a \$20.00 gift card after completing the 1<sup>st</sup> consulting call.
  - The smokers helpline is housed at University of California, San Diego (UCSD).
  - Institute for Health and Aging (UCSF) are the “health economists” that will see if the incentives result in a return on investment (ROI).
  - The goal is 75,000 Medi-Cal members.
  - Using rapid-cycle evaluation, everyone receives the \$20.00 incentive; most they can receive is \$60.00.
  - Nicotine patch plus counseling doubled success.
  - Project will compare nicotine replacement therapy (NRT) and NRT plus relapse prevention and evaluate whatever works best which will then move forward with outreach to other populations.
  - MIQS Outreach and Promotion was presented by Tami MacAller, MPH, CHES of the

California Diabetes Program (Department of Public Health and University of California, San Francisco).

- Key area is to see what smoking does with diabetes.
- Smoking may be an independent risk factor for type 2 diabetes.
- MIQS outreach focus motivates patients to quit, refers them to the CA smokeline, 1-800-NO BUTTS promoting “Ask-Advise-Refer.”
- Currently piloting in Sacramento County.
- Calls to the smokeline have doubled since the pilot started.
- Person calling must ask for the gift card and be enrolled in Medi-Cal to be eligible.
- Helpline counselors also focusing on health living and cessation classes.
- Program uses patches; medications like Chantix are available through FFS.
- Board asked if there was a way to access those who’ve called the helpline and the answer from MIQS was yes because the Medi-Cal beneficiary number is required for those who’ve called.
- The DUR board requested those Medi-Cal beneficiary numbers of those who’ve called to examine their drug utilization.

**ACTION ITEM: Explore the possibility of analyzing the Medi-Care beneficiary numbers of those who have called the MIQS hotline to examine their drug utilization.**

- iii. Project Policy update – Polypharmacy in children and adolescents
  - Code 1 restriction on concurrent use of antipsychotics (polypharmacy) for ages 6 – 18 effective 5/2012.
  - Referring to the use of 2 or more antipsychotics.
  - TAR required for use of antipsychotic polypharmacy.
- iv. DHCS/CDSS collaboration: Quality Improvement Project: Improving psychotropic medication use in foster care children and youth in Medi-Cal.
  - The role of DUR is to monitor dispensing at the point of service (POS) and influence prescriber behavior.
  - Announcement was made regarding the board vacancies, which was put on the Medi-Cal DUR website and the California Pharmacist Association website.
- v. DUR: Tramadol
  - Presented by Marco Gonzales, Pharm.D. of DHCS, Pharmacy Benefits.
  - Tramadol is a narcotic-like pain reliever used to treat moderate to severe pain.
  - Federal MAC on tramadol.
  - Dosage forms available are 50; 100, 200, 300ER. Tramadol is metabolized in the liver and excreted in the urine.
  - Medi-Cal covers the 50mgs dosage (we do not cover the extended release ER).
  - Could be potentially habit forming and made the U.S. Government Accountability Office (GAO) list of top 14 abused prescription drug list.
  - Carisoprodol (Soma) also made the list but recently became a schedule IV.
  - Vicodin 5/500 spend is ~\$9.5M where 23% of the prescriptions are TAR’ed and a median day supply of 5.
  - Vicodin 5/500 has a code 1 restriction of 3 fills in a 75 day period.
  - Tramadol spend is ~\$2.5M with a median day supply of 30.
  - With a median day supply, question is, are prescribers using tramadol as a maintenance paid medication.
  - Recommendation to restrict it similar to that of other narcotics to a maximum quantity of #80 tablets and a frequency limit of 3 fills in 75 days.
  - There are not very many narcotics without restrictions.

	<ul style="list-style-type: none"> <li>Clearly not used in acute indications, used in chronic indications.</li> <li>Not an ideal drug for the elderly.</li> </ul> <p><b>ACTION ITEM: Look at the tramadol restrictions in other states from a DUR perspective.</b></p> <ul style="list-style-type: none"> <li>The board liked the idea of 3 fills in a 75 day period.</li> <li>Board would like to revisit with what others have done.</li> </ul>
	<p>c) ACS/UCSF Update</p> <p>i. DUR quarterly report (January – March 2012)</p> <ul style="list-style-type: none"> <li>On page 8, added a paragraph about the Medi-Cal Managed Care (MC) carve out drugs. The declines in utilization from the movement of beneficiaries out of FFS into MC did not have an impact on the carved out medications.</li> <li>Declines were shown in utilization of the top 20 drug therapeutic categories except for two categories: antivirals, HIV-specific and anti-psychotics (both are categories Medi-Cal pays both FFS and MC Medi-Cal recipient drug costs).</li> <li>Glucocorticoids are now broken out into two categories, glucocorticoids (prednisone, dexamethasone) and orally inhaled glucocorticoids.</li> <li>On page 11, research shows the paliperidone increase is mostly the monthly injectable treatment; the oral dosage form of paliperidone has not changed. One possible reason for the increase in the injectable paliperidone is its monthly dosing vs. the bi-monthly dosage of its competitor, Risperdal Consta™.</li> <li>Utilization increases were looked at, not substitution.</li> </ul> <p><b>ACTION ITEM: Research utilization growth vs. substitution for paliperidone injectable.</b></p> <ul style="list-style-type: none"> <li>PAD and generic utilization were added to the quarterly report.</li> </ul> <p>ii. Components of cost trend, include the dose level for a specific drug</p> <ul style="list-style-type: none"> <li>This item was removed from the agenda.</li> </ul> <p>iii. DUR Manual Section 15 – DRAFT REVISION – Retrospective Drug Use Review</p> <ul style="list-style-type: none"> <li>Edited and clean versions were included in the packet for the board</li> <li>Used the CMS DUR website and the Social Security Act concerning DUR as the guide for the changes, definitions mostly unchanged, the Criteria and Standards were changed to add clarity or deleted, added the guiding principles in place of the target drugs and added quality measures like HEDIS.</li> <li>Edits to DUR Manual Section 15 approved by the Board.</li> <li>Website will be updated.</li> </ul> <p>iv. Medi-Cal Bulletin Persistence of beta-blocker treatment after myocardial infarction – 2012</p> <ul style="list-style-type: none"> <li>Presented by Shalini Lynch of UCSF.</li> <li>The presentation is a follow up to 2007 analysis, looking at performance measure.</li> <li>In 2007, 576 continuously enrolled patients were identified, and in 2012, 800 were identified.</li> <li>47% received therapy (32% in 2007) for at least 135 days following discharge (135 is 75% of 180 day which is the HEDIS measure).</li> <li>The National Committee for Quality Assurance (NCQA) is 71-75%.</li> <li>We are trending in the right direction; however, we are significantly lower than where we should be.</li> <li>Suggested actions for providers include prescribing beta-blockers at discharge or follow-up for patients who have experienced a myocardial infarction (except when contraindicated), routinely review joint recommendations published by the ACC/AHA, continue beta-blockers indefinitely, and during each patient follow-up, evaluate compliance and any reasons for noncompliance.</li> </ul>

	<ul style="list-style-type: none"> <li>This topic is already a bulletin.</li> <li>Look at rate of beta-blocker utilization for the first 30 days post discharge from a MI. This may tell us the rate beta-blocker are initially prescribed and possibly change our targeted intervention audience.</li> </ul> <p><b>ACTION ITEM: Review these data to determine if these low numbers are due to a huge drop-off within the first 30 days after discharge or if the number of patients leaving the hospital with a beta-blocker prescription starts out low and continues to be low at 135 days follow up. Potentially break down by county?</b></p>
5) BOARD MEMBERS & PUBLIC COMMENT	<ul style="list-style-type: none"> <li>There were no comments.</li> </ul>
6) CONSENT AGENDA	<ul style="list-style-type: none"> <li>Meeting feedback form was distributed to Board members.</li> </ul>
7) CLOSING REMARKS ADJOURNMENT	<ul style="list-style-type: none"> <li>The next Board meeting will be on September 11, 2012.</li> <li>Suggested 2013 DUR Meeting Schedule: <ul style="list-style-type: none"> <li>February 12, 2013</li> <li>May 14, 2013</li> <li>September 10, 2013</li> <li>November 12, 2013</li> </ul> </li> <li>The meeting was adjourned at 1:30 p.m.</li> </ul>

Action Items	Ownership
Changes to Meeting Minutes	Jannice Tan
Volunteers from Board to work on redesign of DUR quarterly report	Group
Work with board members to schedule and reconvene Intervention and Target Drug List Work Group	Pauline
DRC renewal for Board Project	Lisa
For next quarterly report, break out PADs by class, specialty	Patrick
Send the Provider Manual page and link to the board members for the Medi-Cal Managed Care carved out drugs (i.e. identify psychotherapeutic/HIV drugs)	ACS
For the educational articles/bulletins, research the creation and rules for a list serve, also at the provider level, to potentially engage providers	Group
Table 3, Generic Utilization Data: break out the utilization by drug to see the top drugs for brands where a generic is available	Patrick
Explore the possibility of using the Medi-Care beneficiary numbers of those who have called the MIQS hotline to examine their drug utilization	Group
Look at tramadol restrictions in other states from a utilization control perspective	Marco/Patrick
From the quarterly report, for paliperidone injectable utilization, research growth vs. substitution (monthly dose vs. bi-monthly dose)	Patrick
Beta-blocker treatment after MI, 30-day and see the rate of beta-blocker utilization for the 1 <sup>st</sup> 30-days post discharge from a MI. Potentially break down by county?	Shal