



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, November 13, 2012
10:30 a.m. – 1 p.m.**

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

Topic	Discussion
<p>1) WELCOME/ INTRODUCTION</p> <p>2) CALL TO ORDER/ REVIEW AND APPROVAL OF SEPTEMBER 11, 2012 MINUTES</p>	<ul style="list-style-type: none"> • Special announcement/appreciation, Pauline Chan announced Phyllis Burns' retirement and thanked her for her many years of hard work and assistance to the Department • The meeting was called to order by the Chair of the Board, Dr. Marilyn Stebbins • Board members present: Drs. Timothy Albertson, Patrick Finley, Janeen McBride, Marilyn Stebbins, Stephen Stahl • Board members absent: Drs. Robert Mowers and Andrew Wong • Board members and attendees introduced themselves • Pauline Chan, RPh reviewed agenda items to be covered • The Medi-Cal DUR Board (the "Board") approved the September 11, 2012 minutes as submitted <p>ACTION ITEM: POST SEPTEMBER 11, 2012 BOARD MEETING MINUTES ON DUR WEBSITE</p>
<p>3) OLD BUSINESS</p>	<p>a. Review of Action Items From Previous Board Meeting:</p> <p>i. DUR's role in Medi-Cal fee-for-service (FFS) and the transition of FFS beneficiaries to Medi-Cal Managed Care Programs</p> <ul style="list-style-type: none"> • Mike Wofford addressed the board's question of their role for the DUR program given the migration of FFS beneficiaries into Medi-Cal Managed Care. • There will always be a FFS population which currently include categories of exemption, e.g. some dual eligible's, foster children, Long Term Care (LTC), some with Share of Cost (SOC), California Children's Services (CCS), and those not mandated to go to managed care (currently ~1M covered lives). There are about ~5M covered lives with managed care. • FFS will remain and the role of the board will remain equally important. While the Board's recommendations are focused on FFS, the policies used by the managed care programs will meet or exceed the FFS standards. • Current utilization reports have limited information for managed care programs. The data available for analysis for managed care is currently limited to carve-out pharmaceuticals. • The Board members discussed the need to have more complete data included in the reports they review in order to make more informed and better recommendations. • If the board is making recommendation to set the bar, they are setting it without data. • While the existing data warehouse used by Xerox doesn't include the necessary data to generate such reports, letters of support have been written by DHCS to give the Xerox access to an additional database, Management Information System/Decision Support System (MIS/DSS) that will have more complete managed care and utilization information for longer periods of time. The Board would then have access to additional data presented

	<p>in the reports presented to the Board.</p> <p>ACTION ITEM: FOLLOW UP, MIS/DSS ACCESS FOR XEROX</p> <ul style="list-style-type: none"> • The Board noted that there are several open positions and there is a need to have these filled given the Department's desire to have a well functioning Board. • The Board inquired about the possibility of having Board meetings where Board members might attend via a video conference for those coming from a long distance. • Pauline noted the board meeting follows open meeting act, as written in the DUR bylaws. It might prove difficult for board members to attend remotely, as certain rules apply, including ensuring public access to the remote location, and posting the remote location in advance. <p>ACTION ITEM: LOOK INTO VIDEO MEETING CAPABILITIES FOR FUTURE BOARD MEETINGS</p> <ul style="list-style-type: none"> • Board expressed the desire to evaluate how they can be most effective in the current environment <p>ACTION ITEM: SCHEDULE WORKGROUP MEETING WITH BOARD MEMBERS AND DUR TEAM TO EVALUATE HOW THE BOARD CAN PROVIDE MEANINGFUL CONTRIBUTIONS TO DHCS</p>
<p>4) NEW BUSINESS</p>	<p>a. Board Activities</p> <p>i. Mission & Vision Statements Review</p> <ul style="list-style-type: none"> • The mission statement was presented by Pauline Chan: <ul style="list-style-type: none"> – The mission of the Medi-Cal DUR Board is to facilitate the appropriate and effective delivery of health care to the Medi-Cal beneficiaries. – Purpose: DUR Board provides evidence based recommendations to DHCS to improve the quality and cost effectiveness of drug use in the Medi-Cal program. – Goals: DUR Board establishes goals to achieve measurable and actionable outcomes. • Board raised the question that the mission statement isn't completely accurate as its activities are currently mostly focused on the FFS population. <p>ii. DUR Board Goals 2013</p> <ul style="list-style-type: none"> • The 2013 DUR Board goals were outlined by Pauline Chan • Partial list of proposed goals include review/update of DUR Board mission statement, bylaws, and complete quarterly report revisions. • Continue to provide evidence based recommendation to promote safe and effective use in the Medi-Cal FFS program. • Systematic and ongoing review and update of the DUR manual.
	<p>b. Quarterly Report – 2Q2012 (April-June 2012)</p> <p>i. Utilization Review</p> <ul style="list-style-type: none"> • Presented by Amanda Smith (UCSF) • Utilization is generally trending downward, likely due to the shift of covered lives to managed care. • Utilization reports for antivirals and antipsychotics include the entire Medi-Cal population as these are “carve-out” drugs. • Financial data in the reports include only reimbursement dollars paid to pharmacies and are not a true reflection of the actual costs, as drug rebates are not included. • The reimbursement formula is designed to use the lowest cost product for the program. If, after adjustments, e.g. rebates, a brand name drug has the lowest net cost for the program,

that drug is then what will be available for the program.

ACTION ITEM: PAULINE WILL LOOK INTO WHAT IS FEASIBLE TO REPORT ON AS IT RELATES TO COSTS

- ii. Research Topics and Action Items from the May Meeting were presented by Amanda Smith (UCSF)
 - 1. Physician Administered Drugs (PADs) broken out by class, specialty
 - This data is reflected in Appendix B of the quarterly report.
 - It was clarified that in the Family PACT (Planning Access Care Treatment) program, oral contraceptives are dispensed in the provider's office and are categorized as Physician Administered Drugs.
 - 2. Generic Utilization Data, top drugs for brands where a generic is available
 - This data is included in the quarterly report on page 15, item E.
 - 3. Geographic Variation in the Medi-Cal FFS Population
 - This data is reflected on item F on page 17 and on page 18 and Figure 6 of the quarterly report.
 - 4. Paliperidone Injection Utilization, growth vs substitution
 - This data is presented on page 19 and 20 of the quarterly report.
 - The growth of Invega Sustenna™ is only partly explained by its substitution in place of Risperdal Consta™. There was additional growth in the utilization of Invega Sustenna™ through substitution by users of oral atypical antipsychotic medications. Utilization trends for the entire injectable market were not reviewed.
 - The Board recommended additional follow-up on this topic to review utilization of the entire injectable market.

ACTION ITEM: COMPARE UTILIZATION FOR ALL ATYPICAL ANTIPSYCHOTIC INJECTIONS TO INVEGA SUSTENNA™. IN ADDITION, LOOK AT NEW STARTS OF ATYPICAL ANTIPSYCHOTICS IN THE LAST 3 YEARS, ORAL OR INJECTABLE

c. Prospective DUR

- i. Discontinued Drugs on the Target Drug List
 - Patrick Robinson made a recommendation to remove astemizole , carbaspirin, cerivastatin, chlorphentermine, cisapride, clortermine, ethynodiol/mestranol, fenfluramine, mazindol , mephentermine , metaraminol, norethynodrel/mestranol, rofecoxib, terfenadine and troglitazone from the DUR manual and tables
 - Board agreed and voted to recommend that these drugs be removed from the DUR manual and tables

ACTION ITEM: REMOVE DISCONTINUED DRUGS ON THE TARGET DRUG LIST AS RECOMMENDED BY PATRICK ROBINSON

- ii. Additive Toxicity (AT): Review of DUR Alert
 - Definition of the additive toxicity alert was examined in the Medi-Cal Provider Manual; it currently has different definitions in various parts of the Manual.
 - Amanda Smith (UCSF) recommended that the Manual be updated so the same definition is used through-out the Manual.
 - The target drug list for AT alerts was compared to drugs that were generating AT alerts and there were some discrepancies.
 - Xerox/UCSF made recommendations to add drugs that are generating AT alerts to the target drug list and remove alerts as noted below:

	<ul style="list-style-type: none"> – Add drugs to target drug list: ARIPIRAZOLE, ZIPRASIDONE HCL, ZIPRASIDONE MESYLATE – Delete AT alerts: LEVOFLOXACIN, LEVOFLOXACIN/DEXTROSE 5%-WATER, OM-3/EPA/DHA/FISH OIL/FLAX/E, TESTHINE SULFATE/PF, WHEAT DEXTRIN/B6/FA/B12, TESTOSTERONE, <ul style="list-style-type: none"> • Board discussed the rationale for keeping the AT alert for testosterone. <p>ACTION ITEM: CHANGES FOR ADDITIVE TOXICITY ALERT WERE APPROVED AS RECOMMENDED TO THE BOARD EXCEPT FOR TESTOSTERONE (THE AT ALERT WILL REMAIN ON AND TESTOSTERONE WILL BE ADDED TO THE TARGET DRUG LIST)</p> <p>iii. Sildenafil (Revatio™) – Drug-Age Contraindication</p> <ul style="list-style-type: none"> • The FDA notified health professionals on 8/30/12 that this drug should not be prescribed to children (ages 1 through 17) with a diagnosis of pulmonary arterial hypertension, due to an increased risk of death. • There is currently no drug-age DUR alert. • Medi-Cal paid claims data were presented by Amanda Smith (UCSF) and there were only a few claims for this drug in this population, and claims did decrease after the FDA notification. • The use of sildenafil is subject to a Treatment Authorization Request (TAR), and these requests are being reviewed by the TAR office. • The Board didn't make any recommendation for action as there were only a few paid claims in the pediatric age range before the alert came out and because sildenafil is subject to TAR review. • The Board liked the format of this presentation and would like future prospective and retrospective DUR reviews to follow this template.
	<p>d. Retrospective DUR</p> <p>i. Influenza Vaccine</p> <ul style="list-style-type: none"> • Presented by Shalini Lynch (UCSF). • DUR educational alert was published recommending influenza vaccination for ages 6 months and older (is now available on the provider website). • Alert outlined how the vaccine is not harmful; offers benefit to all age groups throughout the season, and cannot cause influenza. • During the last flu season (2011-2012), over 50% of paid claims for influenza vaccine came from the pharmacy setting. • Board discussion included whether beneficiaries are getting the vaccine, and where are they getting it. Could the Department Survey a research population? Maybe compare utilization between our managed care plans and the FFS, or maybe department of public health? <p>ACTION ITEM: IF POSSIBLE, CAN WE SEE WHEN/WHERE MEDI-CAL POPULATION GOT FLU SHOT ADMINISTERED? SURVEY A POPULATION? MAYBE COMPARE OUR MANAGED CARE PLANS AND THE FFS POPULATION OR COMPARE WITH DEPARTMENT OF PUBLIC HEALTH DATA?</p> <p>ii. Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine</p> <ul style="list-style-type: none"> • Presented by Shalini Lynch (UCSF). • DUR educational bulletin on Tdap vaccine in the process of being reviewed for publication to the provider website as an educational bulletin for December, 2012. • Tdap vaccine licensed in 2005, first vaccine for adolescents and adults that protects against

	<p>pertussis as well as tetanus and diphtheria.</p> <ul style="list-style-type: none"> • It is widely available and has the opportunity to decrease the overall pertussis burden in the United States as well as pertussis exposure by persons at increased risk for complications. • Currently not a reimbursable item in retail pharmacies and only 1.6% of the paid claims for Tdap vaccination have been in the pharmacy setting. • The vaccination rate for Medi-Cal FFS beneficiaries peaked in Q4 2010 during pertussis outbreak in California and has been declining ever since.
	<p>e. DHCS Medical Policy Update: Hepatitis C Screening</p> <ul style="list-style-type: none"> • Presented by Patrick Robinson (Xerox). • Medical policy now covers screening for procedure codes 86803 (Hepatitis C antibody) and 86804 (Hepatitis C antibody confirmatory test), so we should see increased utilization of these tests.
	<p>f. Medicare Part D Update: Drug coverage changes in 2012 & impact on Medi-Cal FFS</p> <ul style="list-style-type: none"> • Presented by Amanda Smith (UCSF). • Starting in January of 2013, there are changes to Medicare part D drugs where barbiturates and benzodiazepines will be covered. • As these have been a covered benefit by Medi-Cal, this should result in a potential future savings. • CMS suggests the use of a prior authorization for the barbiturates because Medicare Part D will only pay when used to treat epilepsy, cancer, or a chronic mental health disorder. • Pauline Chan provided DHCS update on Medicare Part D drugs: Pharmacy Benefits Division/Medi-Cal will issue a policy on this topic in the form of a Medi-Cal bulletin.
	<p>g. DHCS Update</p> <ul style="list-style-type: none"> • Presented by Pauline Chan, DHCS <p>i. Review of annual report timeline</p> <ul style="list-style-type: none"> • Federal fiscal year begins October 1st and ends September 30th • October to January, Fiscal Intermediary (FI) compiles annual report • February 28th, FI submits annual report to DHCS • March 21st, DHCS sends edits to FI • April 24th FI submits final draft to Board as part of agenda packet • May DUR Board Meeting, Board makes edits • May 18th, DUR Chair signs report • June 20th, FI submits signed report to DHCS • June 30th, DHCS sends report to CMS • Last year was the 1st year that CMS required electronic submission <p>ii. DUR Manual Review Cycle</p> <ul style="list-style-type: none"> • Nothing to report. <p>iii. Medicaid Quality Measures Update: Required by Affordable Care Act: section 2701</p> <ul style="list-style-type: none"> • The initial core set of health quality measures (51) recommended for Medicaid-eligible adults. • Initial core set of measures as it related to adults included adult health, maternal/reproductive health, complex health care needs, and mental health and substance

	<p>abuse</p> <ul style="list-style-type: none"> • Five criteria were used to prioritize measures including importance, scientific evidence, scientific soundness, current use in and alignment with federal programs, and feasibility for state reporting. <p>iv. DHCS Quality Strategy</p> <ul style="list-style-type: none"> • DHCS has recently updated a document on Quality Improvement In Health Care, including development of a Quality Strategy. Pharmacy Benefits Division quality improvement projects are included in the DHCS quality strategy. <p>v. Improving Psychotropic Medication Use</p> <ul style="list-style-type: none"> • DHCS Pharmacy Benefits Division and Behavioral Health Division, and California Department of Social Services (CDSS) jointly sponsored a stakeholder's kick off meeting on 10/29/12 to outline the quality improvement initiative of improving psychotropic medication use for children and youth in foster care. Over 75 people attended, represented over 40 stakeholders groups. We received really good feedback from stakeholders. There will be three work groups: 1) data and technology work group, 2) clinical work group, and 3) family education. Work groups will begin January 2013. <p>vi. Alert on Over-The-Counter (OTC) meds: FDA MedWatch 10-25-2012</p> <ul style="list-style-type: none"> • Ask board's recommendation about putting on website and board recommended to do so. <p>ACTION ITEM: ALERT ON OTC MEDICATIONS, POST ON PROVIDER WEBSITE PER BOARD'S RECOMMENDATION</p>
5) BOARD MEMBERS & PUBLIC COMMENT	<ul style="list-style-type: none"> • Reminder to board members to submit meeting feedback • Board requested PMPM (per member per month) calculation to compare data tables in the utilization reports
6) CONSENT AGENDA	
7) CLOSING REMARKS ADJOURNMENT	<ul style="list-style-type: none"> • The next Board meeting will be on February 12, 2013. • The meeting was adjourned at 12:45 p.m.

Action Items	Ownership
Post approved September 11, 2012 Board Meeting Minutes to DUR website	Jannice
MIS/DSS Update	Pauline
Look into video meeting capabilities for future board meetings	Pauline
Pauline to look into what is feasible to report on as it relates to drug costs	Pauline
Compare utilization for all atypical antipsychotic injections to Invega Sustenna. In addition, look at new starts of atypical antipsychotics in the last 3 years, oral or injectable.	Amanda
Remove discontinued drugs on the target drug list as recommended by Patrick R.	DHCS will need to write OIL
Changes for additive toxicity alert were approved as recommended to the Board except for testosterone (the alert will remain on and testosterone will be added to the target drug list).	DHCS will need to write OIL
If possible, can we see when/where Medi-Cal population got flu vaccination? Survey a research population? Maybe compare between our managed care	Xerox/DHCS

plans and the FFS or maybe department of public health?	
Alert on OTC meds, post on provider website per board's recommendation	Patrick
Look into PMPM calculations for monthly/quarterly report to easily compare tables	Pauline/Patrick