



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, May 14, 2013
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 FEBRUARY 12, 2013 MINUTES</p>	<ul style="list-style-type: none"> • The meeting was called to order by the Vice Chair of the Board, Dr. Andrew Wong • Board members present: Drs. Timothy Albertson, Patrick Finley, Janeen McBride, Robert Mowers and Andrew Wong • Board members absent: Drs. Marilyn Stebbins and Stephen Stahl • Board members and attendees introduced themselves. • Mike Wofford, Pharm.D. Chief of Pharmacy Policy Branch of Pharmacy Benefits Division (PBD), and other pharmacist staff from the division, including Teri Miller, Pharm.D., Dorothy Uzoh, Pharm.D., Cassie McCrary, Pharm.D., Chris Amaral, Pharm.D., and Jay Shukla, R.Ph. were present and introduced. • Pauline Chan, RPh reviewed agenda items to be covered and noted that the Drug Use Review (DUR) Board meeting would follow Robert’s Rules of Order on parliamentary procedures. • The Medi-Cal Drug Use Review Board (the “Board”) approved the February 12, 2013 minutes with the minor changes submitted by Dr. Andrew Wong
<p>3) OLD BUSINESS</p>	<p>a. Review of Action Items From Previous Board Meeting:</p> <ul style="list-style-type: none"> i. MIS/DSS update: Mike Wofford, Pharm D., Chief of Pharmacy Policy Branch, shared that he and Toby Douglas had met with the DUR Board since the last DUR Board Meeting. At this meeting it was decided that the DUR Board’s request for access to the MIS/DSS database would be denied for lack of necessity, based on the current functions of the Board. In the future, the role of the DUR Board may be evaluated to potentially include involvement with the Medi-Cal population in managed care plans and access to MIS/DSS may be revisited at that time. In addition, net drug costs (drug cost less rebates) were discussed, and DHCS legal did not feel comfortable providing any data in this area given their concern that actual rebate information could be determined. Therefore, it was decided that all Medi-Cal DUR drug cost data will continue to be reimbursement dollars paid to the pharmacy. ii. Teleconferencing: To be in compliance with the Bagley-Keene Open Meeting Act (available at: http://aq.ca.gov/publications/bagleykeene2004_ada.pdf), which governs the rules to hold public meetings, additional resources and staffing will be needed to hold meetings at multiple sites. DHCS has checked with their legal department and they made the determination that offsite meetings would be costly because DHCS staff would have to be present at all approved meeting sites. iii. Foster care children and youth population: Currently, there are approximately 58,000 foster care children and youth in California. All foster care children and youth are eligible to receive Medi-Cal benefits. Many benefits these children and youth are eligible to receive overlap in both FFS and managed care.

	<ul style="list-style-type: none"> iv. Health care reform and impact on Medi-Cal: Pauline Chan reported there are ongoing legislative hearings to determine policy relating to the migration and expansion of the Medi-Cal population due to health care reform. Details of how health care reform will impact Medi-Cal cannot be fully assessed at this time. v. MIS/DSS and SURS: Addressed in Section 3.a.i. (above). vi. Follow up and next steps on Dr. Finley’s depression study: Dr. Finley’s study is being submitted in a peer-reviewed journal for publication. After publication, we may wish to consider publishing a brief DUR educational alert with a link to Dr. Finley’s published article. vii. Retrospective DUR review of opioids: Due to today’s full agenda, this topic has been tabled until the next Board meeting (September 2013). viii. Quality Improvement strategies and DUR: Pauline Chan reported Pharmacy Benefits Division met with DHCS Quality Improvement to discuss opportunities to integrate DUR activities in the DHCS Quality Improvement Plan. Potential opportunities include addressing medication safety. As a first step to increase consumer education and awareness on drug safety, the DUR program submitted the following two FDA drug safety alerts as items for the DHCS Welltopia Facebook page: <ul style="list-style-type: none"> 1. Spring cleaning for your medicine cabinet! Safe ways to get rid of unused or unwanted medicine: http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm 2. Up, up, and away! Keep eye drops and nasal sprays out of kid’s reach: http://www.fda.gov/forconsumers/consumerupdates/ucm325220.htm ix. Drug allergy alerts: Pauline Chan explained that each state Medicaid is required to comply with DUR regulations. There are two processes in place: 1) prospective DUR and 2) retrospective DUR. The prospective DUR process requires each state to screen for potential drug therapy problems as outlined in the regulations, including drug-allergy interactions. Because this is a requirement, DHCS must comply with the regulations. For reference, DUR legislation from Title 42 of the US Code [§1396r-8 (g)] (available at: http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/pdf/USCODE-2008-title42-chap7-subchapXIX-sec1396r-8.pdf), and the Medi-Cal DUR Board bylaws were given to Dr. Andrew Wong. Both the DUR legislation and bylaws state that screening for drug-allergy interactions is a part of the prospective DUR program. For these reasons, DHCS will retain prospective DUR alerts for drug- allergy interactions as part of the prospective DUR review process. x. Drugs for migraine: Pauline Chan reported a follow up of the Board’s request to review quantity limits for triptan tablets and nasal spray based on three observations: 1) Medi-Cal is an outlier with respect to other plans; 2) generic availability has lowered the cost of the product such that tight utilization control may not be necessary; and 3) TAR burden. Pharmacy Benefits Division thanked the board for the recommendation. However, while Medi-Cal differs from other plans, a review of TAR records suggests the “essential need” for a less restrictive quantity limit is not urgent. In conclusion, Pharmacy Benefits Division’s response is that there is no change of policy at this time, although they will continue to keep the recommendation under consideration. xi. Retrospective DUR – diabetes care for pediatric population: Review presented under new business (see Section 4.d.i., below). xii. Drug interaction: beta-blockers and antidepressants: Dr. Finley is submitting an application for this research project to the Drug Research Committee (DRC).
4) NEW BUSINESS	<ul style="list-style-type: none"> a. Board Activities <ul style="list-style-type: none"> i. Annual DUR report to the Centers for Medicare & Medicaid Services (CMS): The report will be submitted by June 28, 2013. <ul style="list-style-type: none"> • Pauline Chan (DHCS) and Patrick Robinson (Xerox) highlighted the changes from last year’s report:

	<ul style="list-style-type: none"> ○ Retrospective DUR is now contracted to UCSF. ○ Electronic prescribing has not been fully implemented in California for FFY 2012. ○ A new methodology was used to determine cost-savings as a result of the DUR program. The new methodology was based on potential estimated cost savings as a result of pharmacists' actions in response to the prospective DUR alerts. This methodology change fits closer to what is used by other states, although California is using a more conservative estimate. <ul style="list-style-type: none"> ● Motion was made and seconded to approve the Annual Report. The Board members present unanimously approved the report for submission. <p>ACTION ITEM: The Board Chair, Dr. Marilyn Stebbins, is requested to sign a cover letter providing DHCS with formal approval of the report by the Board. Xerox/UCSF will assist DHCS in obtaining Dr. Stebbins' signature on this letter.</p> <ul style="list-style-type: none"> i. Update from Audits & Investigations: Dr. Lee Worth described the Controlled Substance Utilization Review and Evaluation System (CURES) program, which is summarized in Attachment 7 of the annual DUR report to CMS.
	<ul style="list-style-type: none"> b. Quarterly Report – 2012 Q4 (October – December 2012) presented by Amanda Fingado (UCSF). <ul style="list-style-type: none"> ● An increase in the utilization of loratidine was observed from 2011 Q4 to 2012 Q4. ● Dr. Albertson suggested that next year we might consider a loratidine bulletin as it relates to cough and cold (loratidine has no effect on cough and cold symptoms).
	<ul style="list-style-type: none"> c. Review of DUR Publications presented by Dr. Shal Lynch (UCSF). <ul style="list-style-type: none"> i. DUR Educational Bulletin (February, 2013): Migraine quality of care <ul style="list-style-type: none"> ● This bulletin highlighted the most current 2012 guidelines published by the American Headache Society (AHS) and American Academy of Neurology (AAN) which recommend divalproex/sodium valproate, metoprolol, propranolol, timolol, and topiramate as agents with Level A evidence for episode migraine prevention. ● Migraine quality-of-care benchmarks proposed in the literature were used to compare beneficiaries since a Healthcare Effectiveness Data and Information Set (HEDIS®) measure does not exist for migraine quality-of-care. ii. DUR Educational Alert (March, 2013): National Prescription Drug Take-Back Day <ul style="list-style-type: none"> ● This alert provided information to providers and the public regarding a safe and convenient way to dispose of expired, unwanted or unused prescription drugs. ● The alert provided a link to search for collection sites, a link to patient handouts (provided in multiple languages), and suggestions for health care providers to ask their patients about the state of their medicine cabinets on a regular basis (especially those who use multiple medications and/or opioids). iii. DUR Educational Bulletin (April, 2013): Comprehensive diabetes care <ul style="list-style-type: none"> ● American Diabetes Association (ADA) and HEDIS recommendations were both included in this bulletin, which included HbA1C monitoring for patients with diabetes ≥ once per year and a lipid panel, including low density lipoprotein (LDL-C) measurement, for most adult patients with diabetes ≥ once per year. ● Key results presented in the bulletin showed close to half of the Medi-Cal fee-for-service beneficiaries in this study population had a co-morbid mental health condition.

	<ul style="list-style-type: none"> • Additionally, Medi-Cal fee-for-service beneficiaries showed lower rates of HbA1C and lipid panel monitoring in comparison with a national subset of Medicaid fee-for-service beneficiaries, regardless of co-morbid mental health condition status. • Clinical recommendations were provided in the bulletin, including evaluating patients diagnosed with diabetes to determine their understanding of their disease and educating patients about diabetic complications on a routine basis, even patients who have been living with diabetes for many years. <p>ACTION ITEM: As a follow-up to the results shown in the comprehensive diabetes care bulletin, break out diabetes HbA1c and LDL-C screening data by geographic region and – if possible – look at concurrent anti-psychotic use.</p>
	<p>d. Retrospective DUR</p> <p>i. Review of Retrospective DUR Criteria presented by Dr. Shal Lynch (UCSF)</p> <p>1. Comprehensive diabetes care: use of insulin or oral hypoglycemics/anti-hyperglycemics in children and adolescents</p> <ul style="list-style-type: none"> • The Board agreed that the number of patients with diabetes were too low in the Medi-Cal fee-for-service child and adolescent population to continue with a more in-depth educational bulletin. <p>ii. Discussion/Recommendations for Future Educational Bulletins</p> <ul style="list-style-type: none"> • The next DUR educational bulletin (in process) will look at the rate of serum drug concentration monitoring in beneficiaries with persistent use of anticonvulsant medications. The initial review for this topic was presented to the DUR Board and approved at the February 2013 DUR Board meeting.
	<p>e. Presentation: “Promoting Opioid Safety: Naloxone Access in San Francisco” by Drs. Phillip Coffin and James Gasper (San Francisco Department of Public Health)</p> <ul style="list-style-type: none"> • An overview was presented of successful programs that aim to provide access to naloxone kits and education regarding naloxone administration to laypersons. • Desired program outcomes include overdose reversals and a reduction in community-level mortality. • As of 2010, there are 14 opioid overdose prevention programs in California. • In San Francisco, naloxone access is through community-based dispensing of the Drug Overdose Prevention and Education (DOPE) program. • The DOPE program provides laypersons with an intranasal naloxone kit consisting of two atomizers, a brochure, and two naloxone 2mg/2ml prefilled syringes. • As of April 11, 2013 DOPE had 916 reported opioid overdose reversals.
5) BOARD MEMBERS & PUBLIC COMMENT	None.
6) CONSENT AGENDA	Board agreed to the following DUR meeting dates in 2014: February 18, 2014 May 20, 2014 September 16, 2014 November 18, 2014
7) CLOSING REMARKS ADJOURNMENT	<ul style="list-style-type: none"> • The next Board meeting will be on September 10, 2013. • The meeting was adjourned at 1 p.m.

Action Items	Ownership
Post approved February 12, 2013 Board Meeting Minutes to DUR website (including edits from the Board)	Jannice (Xerox)
Board chair (Marilyn Stebbins) to sign DUR Annual Report cover letter and DHCS to submit approved DUR Annual Report to CMS	Marilyn/DHCS (Xerox/UCSF to assist)
As a follow-up to the results shown in the comprehensive diabetes care bulletin, break out diabetes HbA1c and LDL-C screening data by geographic region and – if possible – look at concurrent anti-psychotic use.	Amanda/Shal (UCSF)