



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, May 20, 2014
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
1) WELCOME/ INTRODUCTION	<ul style="list-style-type: none"> • The meeting was called to order by the Chair of the Board, Dr. Andrew Wong • Board members present: Drs. Marilyn Stebbins, Timothy Albertson, Janeen McBride, Robert Mowers, Patrick Finley, and Andrew Wong • Board members absent: None • Board members and attendees introduced themselves. • Pauline Chan, RPh, Diane Tran, PharmD, and Dorothy Uzoh, PharmD were present from DHCS Pharmacy Benefits Division. • Ivana Thompson, PharmD (Xerox) announced that the DUR Board meeting is being recorded and reminded everyone to sign in.
2) CALL TO ORDER/ REVIEW AND APPROVAL OF NOVEMBER, 2013 MINUTES	<p>The Medi-Cal Drug Use Review Board (the "Board") reviewed the February 18, 2014, minutes. Dr. Wong noted one typographical error and motioned that the minutes be approved with this change. There was no discussion. The Board voted unanimously to approve the minutes with this change.</p> <p>ACTION ITEM: Incorporate Dr. Wong's edit into the minutes and post to the DUR website.</p>
3) OLD BUSINESS	<p>a. Review of Action Items from Previous Board Meeting:</p> <ul style="list-style-type: none"> i. Revisions to dashboard of relative drug costs for selected arthritis treatment drugs: Will be presented by Dr. Wong as part of the DUR Board activities. ii. Testing the AT alert for acetaminophen: Dr. Thompson reported that the AT alert for acetaminophen-containing drugs has been implemented in test mode in April 2014 and that the follow up review will be conducted six months after the implementation. iii. Restrictions to promethazine with codeine cough syrup: Dr. Thompson reported that Xerox has received an operational instruction letter from DHCS and will be implementing 360 ml limit per dispensing and limit of 3 dispensings in any 75 days with an effective date within the next 60 days. iv. Updates to CMS Annual Report Survey (question 3, answer b): Ms. Chan reported that CMS is modifying their annual report survey for the 2013 federal fiscal year and there will be modifications to the questions asked in the survey. Ms. Chan will present a summary of the proposed changes to the survey during her pharmacy update. v. Suggest CMS provide more guidance for calculation of cost-savings estimates: Ms. Chan will report on the new guidelines during her pharmacy update. vi. High Dose (HD) and Low Dose (LD) Alerts: An updated review of these alerts will be presented later in the meeting as part of the prospective DUR review section.

	<ul style="list-style-type: none"> vii. Ingredient Duplication (ID) Alerts for HIV antiretroviral drugs: Dr. Thompson reported the ID alert for HIV drugs is in testing mode and will be implemented by the end of May 2014. viii. More in-depth look at the use of folic acid: Will be presented later in the meeting as part of the retrospective DUR review section. ix. Summarize potential DUR educational bulletin, alert, and review topics with each DUR Board Meeting packet: Will be presented later in the meeting as part of the retrospective DUR review section
<p>4) NEW BUSINESS</p>	<ul style="list-style-type: none"> a. Board Activities: <ul style="list-style-type: none"> i. Cost Comparison of Selected Arthritis Medications: Dr. Wong updated a document containing the relative cost of selected arthritis drugs based on WAC prices (graphically represented by \$ to \$\$\$\$), depending on average cost per month). Dr. Wong noted that the document posted on the DHCS website contained an error stating that the brand name for apremilast should be Otezla™ (not Orenzia™). The error was corrected before the meeting so the document presented had the correct information. b. Pharmacy Update: <ul style="list-style-type: none"> i. Naloxone: Ms. Chan stated that this presentation by Dr. Uzoh has been moved to the next DUR Board meeting in September, 2014. ii. New CMS Annual Report Survey: Ms. Chan presented the proposed changes to the FFY 2013 CMS Annual Report Survey. The submission deadline for the FFY 2013 report has been moved to September 30, 2014, which will leave a short turnaround time from the day the report is presented to the DUR Board at the September 16, 2014, DUR Board meeting. Ms. Chan reported on the following new questions proposed for the FFY 2013 report: <ul style="list-style-type: none"> • When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your system allow the pharmacist to override for situations such as: <ul style="list-style-type: none"> ○ Lost/stolen Rx ○ Vacation ○ Other: describe in details • Does your system have an accumulation edit to prevent patients from obtaining additional refills during the calendar year? • Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries? <ul style="list-style-type: none"> ○ If "Yes," what actions does this process initiate? <ul style="list-style-type: none"> <input type="checkbox"/> Deny claims <input type="checkbox"/> Refer to lock-in program <input type="checkbox"/> Refer to program integrity unit (audit and investigational branch) <input type="checkbox"/> Others include SURS, Office of Inspector General • Do you have a "lock-in" program? <ul style="list-style-type: none"> ○ If "Yes," what are the criteria? <ul style="list-style-type: none"> <input type="checkbox"/> Number of controlled substances (cs) <input type="checkbox"/> Different prescribers of cs <input type="checkbox"/> Multiple pharmacies <input type="checkbox"/> Number of days' supply of cs <input type="checkbox"/> Multiple ED visits <input type="checkbox"/> Other criteria ○ If "Yes," do you restrict the beneficiary to: <ul style="list-style-type: none"> <input type="checkbox"/> A prescriber only <input type="checkbox"/> A pharmacy only <input type="checkbox"/> A prescriber and pharmacy ○ What is the "lock-in" time period? <ul style="list-style-type: none"> <input type="checkbox"/> 6 months

- 12 months
- Other

- Does your state have a prescription drug monitoring program (PDMP)?
 - If “Yes,” does your agency have the ability to query the state’s PDMP database?
 - If “Yes,” do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing restrictive substances?
 - How does the state apply information to control fraud and abuse?
 - Does the state have access to border states’ PDMP information?
- Does your state require that Pain Management providers be certified?
- Does your program obtain the DEA Active Controlled Substance Registrant’s File in order to identify prescribers not authorized to prescribe controlled drugs?
- Does your state currently have point of service (POS) edits in place to limit the quantity of short-acting opioids?
- Do you currently have POS edits in place to limit the quantity of long-acting opioids?
- Morphine equivalent daily dose (MEDD)
- Buprenorphine
- Psychotropic drugs in children – to manage/monitor the appropriate use of psychotropic drugs in children
 - Only children in foster care
 - All children
 - Other
- Psychotropics – stimulants

Dr. McBride asked if the current system has a lock-in function, Dr. Thompson replied that the current system does not and she did not know if the replacement system would have a lock-in function.

Ms. Chan also reported that DHCS is developing an updated hepatitis C treatment protocol, a catalog of retrospective DUR criteria, and a DUR orientation manual. Details will be shared at the next DUR Board meeting. Finally, Ms. Chan also reported that at the next DUR Board meeting she would share recent updates from the CDSS/DHCS Foster Care Quality Improvement Project.

- iii. New DUR Board Member Appointment: Ms. Chan announced the appointment of Dr. Randall Stafford to the DUR Board. His first DUR Board meeting will be the upcoming meeting that will be held on September 16, 2014.

c. Presentations: Prescription Opioid Overuse

- i. Presentation: “Pharmaceutical Supply Chain Thefts Reporting and Prevention” by Virginia Harold, MS (Executive Director, California State Board of Pharmacy)
 - Ms. Harold reported that the California State Board of Pharmacy is conducting outreach presentations to educate and prepare pharmacies in loss prevention of controlled substances by internal or external theft, including a description of the next steps when theft is suspected, and corresponding responsibility in appropriately dispensing controlled substances. Ms. Harold stated the Board of Pharmacy also provides education presentations to the DEA regarding controlled substance theft and prevention.
 - The Board of Pharmacy addresses approximately 5% of all pharmacies where issues are reported. Ms. Harold stated that the role of pharmacists is to both prevent loss and appropriately dispense controlled substances. To prevent loss, Ms. Harold outlined some of the best practices when ordering, receiving, storing and auditing controlled drugs, as well as steps to be taken in case loss is discovered. Further, Ms. Harold addressed the legal requirements, including the following:

- Business and Professions Code Section 4104: outlines reporting requirements for mentally, chemically, and physically impaired licensees.
- CA Health & Safety Code Section 11153: prescriptions must be written for a legitimate medical purpose, with the pharmacist having a corresponding responsibility to determine prescriptions are for a legitimate medical purpose
- CA Code of Regulations 1761 (b): even after speaking with a prescriber, the pharmacist may refuse to fill a prescription
- Some common 'red flags' suggesting when prescription may not be appropriate to dispense were provided by Ms. Harold and she encouraged all the pharmacies to apply for and utilize CURES, citing several cases where it helped discover illicit activities. By 2016 all pharmacies must be registered in CURES.

ii. Presentation: "Pharmacy Board Drug Abuse Subcommittee and Opioid Dispensing" by Ramon Castellblanch, PhD (Board Member, California State Board of Pharmacy)

- Dr. Castellblanch described the mission of this subcommittee is to "... promote the prevention and treatment of prescription drug abuse, particularly the abuse of controlled substances; provide education to practitioners and the public regarding prescription drug misuse; and optimize the widespread use of tools such as CURES."
- Dr. Castellblanch presented an overview of recent county-level opioid projects in San Diego and Placer Counties. In San Diego County, the project is mainly funded by the High Intensity Drug Trafficking Areas (HIDTA) program, and includes drug take-back boxes in sheriff's offices, development of County Medical Society Task Force guidelines, a two-hour television special, and UCSD is possibly considering an elective course on pain management. Placer County is in the process of developing their program, and will include a plan for policy and procedures for locked boxes in pharmacies, a procedure and flyer for pharmacist consultations, and the development of educational materials for proper medication disposal.
- Dr. Castellblanch noted a recent shift in how we view potential for abuse of opioids when used for pain management, resulting in the FDA decision to recommend reclassifying of hydrocodone combination products to a more restrictive schedule. In addition, the CA Board of Pharmacy removed their outdated "*Health Notes*" from 1996 and is in the process of updating all Board of Pharmacy website materials on opioids. Experts will provide testimony for updating materials at an upcoming subcommittee session in San Diego on May 28, 2014.

d. Quarterly Report – 1Q2014 (January – March 2014)

- Amanda Fingado (UCSF) presented the DUR quarterly report for the 1st quarter of 2014. She reported that the impact of carved-out drugs utilized by beneficiaries in Medi-Cal managed care plans can be seen in this report, as there has been a change in the top drug therapeutic category by percentage of utilizing beneficiaries with a paid claim. The top drug therapeutic category by percentage of utilizing beneficiaries with a paid claim is now ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG, which replaced ANALGESICS/ ANTIPYRETICS, SALICYLATES for the first time since these data have been reported. Ms. Fingado also reported an increase in total paid claims and percent of utilizing beneficiaries with a paid claim in comparison to both the prior quarter and the prior-year quarter for metformin and lisinopril. Ms. Fingado suggested that further evaluation of metformin use for metabolic syndrome could be a potential topic for a future retrospective DUR review. Dr. Mowers suggest looking at beneficiaries' use of metformin associated with concomitant use of atypical antipsychotic drugs, as well as ACE inhibitors/ARBs, and statins. Dr. Mowers suggested reviewing all patients on antipsychotics for concomitant use of drugs used to help with side effects of treatment with antipsychotic drugs. Ms. Fingado stated that because the antipsychotic drugs are carved-out for Medi-Cal managed care we would have a lot of missing data for drugs that are not carved-out, so it was discussed that the reverse approach would be best (find those beneficiaries taking metformin, ACE

inhibitors/ARBs, and statins and reviewing those beneficiaries for concomitant use of antipsychotic drugs. Ms. Fingado also noted increasing rates of benzotropine mesylate, which is a carved-out drug often used to mitigate the extrapyramidal side effects of antipsychotic treatment. Dr. Finley wondered if patients were still taking this drug even after being switched to an atypical antipsychotic, as use of this drug should be decreasing as use of atypical antipsychotics is increasing. A motion was made – and seconded – to recommend these two retrospective DUR reviews. There was no further discussion. The motion was carried.

ACTION ITEM: The DUR Board recommends a retrospective DUR review of utilizing beneficiaries of 1) metformin, 2) ACE inhibitors/ARBs, and 3) statins, reviewing each utilizing beneficiary for concomitant use of atypical antipsychotics.

ACTION ITEM: The DUR Board recommends a retrospective DUR review of utilizing beneficiaries of benzotropine mesylate, reviewing each utilizing beneficiary for concomitant use of any antipsychotic medication.

e. Review of Physician Administered Drugs (PADs) presented by Amanda Fingado

Ms. Fingado noted that the document posted on the DHCS website contained an error stating the reimbursement paid was reimbursement paid to pharmacies (instead of to physicians). The error was corrected before the meeting so the document presented had the correct information. Ms. Fingado showed a summary of paid claims for physician-administered drugs for federal fiscal year (FFY) 2013, which includes paid claims with dates of services between October 1, 2012 and September 30, 2013. These data were presented in three tables: 1) the top 20 drugs by total reimbursement paid, 2) the top 20 drugs by utilizing beneficiaries, and 3) the top 20 drugs by reimbursement paid to pharmacies per utilizing beneficiary. Ms. Fingado suggested presenting a more in-depth look of physician-administered drugs by quarter at future DUR Board meetings. The DUR Board agreed that they would be interested in having these data presented as a regular feature of DUR Board meetings.

f. Policy Impact Report: Tramadol presented by Amanda Fingado

Ms. Fingado reported that as of October 1, 2012 the following policy restrictions on tramadol 50mg tablets were implemented on the Medi-Cal List of Contract Drugs: 1) a maximum quantity limit of 240 tablets per dispensing, and 2) a maximum duration of therapy of 90 days. To assess the impact of this policy change on the Medi-Cal fee-for-service population, she evaluated pharmacy claims data for all narcotic analgesic medications before and after the maximum quantity and duration of therapy restrictions were enacted for tramadol. Paid pharmacy claims for tramadol with dates of service between October 1, 2011, and September 30, 2012, were reviewed for all Medi-Cal fee-for-service beneficiaries to establish a baseline cohort of beneficiaries with a history of tramadol use during the year preceding the policy change. To be included in the study population, two consecutive years of continuous eligibility in the Medi-Cal fee-for-service program were required between October 1, 2011, and September 30, 2013, to allow for complete medical and pharmacy claims data the year prior to and the year after the policy change. A one-month break in service was allowed. A total of 16,367 beneficiaries met these inclusion criteria.

Ms. Fingado stated that during the year following the tramadol policy change (between October 1, 2012, and September 30, 2013) over one-third of the study population (n=5,911, 36.1%) had no paid claims for any narcotic analgesic medications. Of the 10,365 beneficiaries with a paid claim for a narcotic analgesic medication during this time period, over half (n= 6,581, 63.6%) had a paid claim for 50mg tramadol tablets. Referring back to the original study population (n=16,367), these numbers translated to a 36.7% decrease in utilizing beneficiaries of all narcotic analgesics and a 59.8% decrease in utilizing beneficiaries of tramadol in the year following the policy change. For those beneficiaries with paid claims for narcotics, there were a total of 85,087 paid claims for all narcotic analgesic medications between October 1, 2012, and September 30, 2013. Of these, 43.3% (n=36,852) were paid claims for tramadol 50mg. All 58 paid claims for billed quantities over

240 tablets had an approved *Treatment Authorization Request* (TAR). Ms. Fingado also stated that during the year following the tramadol policy change, almost half of beneficiaries with paid claims for tramadol 50mg tablets had duration of therapy greater than 90 days (n=3,220; 48.9%). Of those, only 11.9% of the paid claims for tramadol 50 mg tablets had an approved TAR with the paid claim, suggested further evaluation needs to be done to determine if the duration of therapy restriction is being implemented correctly.

A motion was made – and seconded – to recommend a further evaluation of the beneficiaries who received an approved *Treatment Authorization Request* (TAR) for a quantity of tramadol 50mg greater than 240 tablets. There was no further discussion. The motion was carried.

ACTION ITEM: The DUR Board recommends a further evaluation of the diagnosis codes for the beneficiaries who had a paid tramadol claim with an approved *Treatment Authorization Request* (TAR) for a quantity greater than 240 tablets.

g. Prospective DUR presented by Amanda Fingado

i. Review of DUR Alerts for New GCNs

- Starting on November 11, 2013, new GCNs are reviewed and cross-referenced to the Medi-Cal target drug list for prospective DUR. If a GCN matches a drug on the Medi-Cal target drug list, the prospective DUR alert profile for the existing GCN is used to set the prospective DUR alert profile for the new GCN. GCNs are reviewed to make sure they are not for bulk formulations. At each DUR Board meeting a list of new GCN additions with prospective DUR alerts turned on other than ER and DD will be provided to the DUR Board for review. For this meeting, the DUR Board reviewed the alert profiles of the following GCNs that were added during Q12014 (January – March 2014):

- GCN #071827: GABAPENTIN ENACARBIL, Drug-Allergy (DA), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #071889: ESTROGENS,CONJ/BAZEDOXIFENE, Drug-Pregnancy (PG), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD)
- GCN #070480: LEUPROLIDE/NORETHINDRONE ACET, Drug-Pregnancy (PG), Therapeutic Duplication (TD), Ingredient Duplication (ID)
- GCN #070481: LEUPROLIDE/NORETHINDRONE ACET, Drug-Pregnancy (PG), Therapeutic Duplication (TD), Ingredient Duplication (ID)
- GCN #071954: AMOX TR/POTASSIUM CLAVULANATE, Drug-Allergy (DA), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #013079: DIGOXIN, Therapeutic Duplication (TD), Overutilization (ER), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #071934: DIGOXIN, Therapeutic Duplication (TD), Overutilization (ER), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072096: TESTOSTERONE UNDECANOATE, Additive Toxicity (AT)
- GCN #072110: MORPHINE SULFATE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072111: MORPHINE SULFATE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072134: OXYCODONE HCL/ACETAMINOPHEN, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- A motion was made – and seconded – to accept these alert profile recommendations. There was no discussion. The motion was carried.

ii. Update: High Dose (HD) and Low Dose (LD) Alerts

- A review of the HD and LD alerts showed inconsistencies between drugs that appear on the Medi-Cal target drug list for prospective DUR and drugs that have HD and LD alerts

turned on. Further, the DUR Manual lists only the incorrect dosage ranges for adults. Ms. Fingado reported that in total, 32 drugs with HD/LD alerts turned on (for the pediatric population only) are not listed as target drugs in the DUR Manual and an additional three drugs with HD and/or LD alerts turned on do not appear on the target drug list for either the HD or LD alerts (although these drugs do appear on the main list of target drugs in the DUR manual). The pediatric and adult dosage ranges used by First Databank for each of these drugs were reported, with a recommendation made to the DUR Board for each drug.

- A recommendation was made to update Sections 20 and 35 of the DUR manual to reflect the currently active HD and LD alert and a recommendation was made to turn off the HD and LD alerts in adults for somatropin, as there are no established adult minimum and maximum dosage ranges in the First Databank file.
- A motion was made – and seconded – to agree with the recommendations provided to the DUR Board for each of these drugs. There was no further discussion. The motion was carried.

ACTION ITEM: A summary of the DUR Board recommendations for updating Sections 20 and 35 of the DUR manual to reflect the currently active HD and LD alerts and the DUR Board recommendation to turn off the HD and LD alerts for somatropin will be submitted to DHCS for review.

h. Retrospective DUR presented by Dr. Shalini Lynch (UCSF):

i. Review of Retrospective DUR Criteria: Nicotine Replacement Therapy

- Dr. Lynch reported that while Medicaid enrollees have a higher smoking prevalence than the general population, only one nicotine replacement therapy (NRT) drug [NicoDerm CQ® (nicotine) patches for 14 weeks of therapy] and two additional smoking cessation aids are on the Medi-Cal List of Contract Drugs [Zyban® (bupropion) and Chantix® (varenicline); both for 12 weeks of therapy]. An approved *Treatment Authorization Request* (TAR) is needed for these drugs for more than two treatment courses within one year and/or for use of any smoking cessation products not appearing on the Medi-Cal List of Contract Drugs, including all other forms of NRT (gum, lozenge, oral inhaler, and nasal spray). This is despite current clinical guidelines and a 2013 meta-analysis that concluded that NRT, bupropion and varenicline all improve the chances of quitting, with a low risk of harm. In addition, combination use of NRT (using the patch plus a short-acting NRT as needed for cravings) has been found to be as effective as varenicline, and more effective than single types of NRT. With combination use of NRT recommended as a first-line treatment option, Dr. Lynch reported there may be a need to more closely align the Medi-Cal List of Contract Drugs with clinical guidelines, both by offering multiple forms of NRT and allowing combination NRT use by Medi-Cal beneficiaries.
- Ms. Chan reported that DHCS has been reviewing the class of smoking cessation drugs and new drugs will be added to the Medi-Cal List of Contract Drugs this year and *Treatment Authorization Request* (TAR) restrictions may be removed. She reported that June 2014 updates to the Medi-Cal List of Contract Drugs would have more details about the expanded coverage.
- Dr. Stebbins motioned that the DUR Board should publicly state their support of the expanded coverage. This motion was seconded. There was no further discussion. The motion was carried.
- Dr. Lynch recommended writing a DUR educational bulletin to promote smoking cessation coverage within the Medi-Cal fee-for-service population and maximize the impact of statewide smoking cessation efforts. She stated this bulletin could also provide an opportunity to update providers on the details of the expanded coverage of smoking cessation drugs on the Medi-Cal List of Contract Drugs that Ms. Chan reported. Dr. Lynch also stated that if the article was published in the October Medi-Cal Pharmacy Priority Bulletin it could coincide with the Great American Smokeout (an annual event on the third Thursday in November) and could include brief information about this event.

- A motion was made – and seconded – to agree with the recommendation to write this bulletin. There was no further discussion. The motion was carried.

ACTION ITEM: The DUR Board recommends a DUR educational bulletin promoting smoking cessation coverage within the Medi-Cal fee-for-service population and maximizing the impact of statewide smoking cessation efforts for publication in the October Medi-Cal Pharmacy Priority Bulletin.

ii. Update: Folic Acid

- An evaluation of paid claims for folic acid among women of childbearing age found potential underutilization of folic acid among women of childbearing age. Between October 1, 2012, and September 30, 2013 (the measurement year), there were a total of 458,954 female beneficiaries between the ages of 14-45 (at the date of service) in the Medi-Cal fee-for-service population with a pharmacy paid claim. Of those, only 9% had a paid claim for folic acid over during the measurement year. While there are limitations to these data, such as the inclusion of beneficiaries who may have paid claims for folic acid through Medi-Cal managed care, and the lack of information about dietary folic acid intake or over-the-counter folic acid use without a claim being paid through Medi-Cal, it seems increased promotion efforts for folic acid use in this population may be beneficial, in light of both United States Public Health Service and the Centers for Disease Control and Prevention (CDC) recommendations that all women between 15 and 45 years of age should consume 0.4 mg folic acid daily.
- Dr. Lynch also presented a summary of folic acid use among beneficiaries between 46-64 years of age. Of those beneficiaries with a paid claim for folic acid, 18% had a primary ICD-9 code for chest pain and 16% for hypertension even though a recent meta-analysis of 19 randomized controlled trials that included 47,921 participants concluded that B-vitamin supplementation has no effect on the risk of cardiovascular disease, myocardial infarction, coronary heart disease, or cardiovascular death, although it does reduce the risk of stroke by 12%.
- Finally, a review of Medi-Cal fee-for-service beneficiaries with paid claims for methotrexate for rheumatoid arthritis, found 64% also had at least one paid claim for 1mg folic acid during the measurement year. In the United States, recent evidence-based clinical guidelines promote folic acid supplementation as a cost-effective and perhaps cost-saving treatment strategy for every rheumatoid arthritis patient starting treatment with methotrexate. Dr. Wong suggested a review of literature from outside the United States, which may indicate a reduced effect of methotrexate among patients with concomitant use of folic acid.
- A motion was made – and seconded – to agree with the recommendation to write a DUR educational bulletin on this topic, focusing on the underutilization of folic acid in women of childbearing age. The motion was carried.
- However, before including any recommendations about concomitant use of methotrexate and folic acid in this educational bulletin, Dr. Wong asked for additional information about recent publications supporting this recommendation, including a literature review of research from outside the United States. A motion was made – and seconded – to conduct additional evaluation of clinical guidelines for concomitant use of folic acid and methotrexate before recommending the use of folic acid to all providers prescribing methotrexate for rheumatoid arthritis. There was no further discussion. The motion was carried.

ACTION ITEM: The DUR Board recommends a DUR educational bulletin promoting folic acid use among women of childbearing age in the Medi-Cal fee-for-service population for publication in the December Medi-Cal Pharmacy Priority Bulletin.

ACTION ITEM: The DUR Board recommends additional evaluation of clinical guidelines for concomitant use of folic acid and methotrexate before recommending the use of folic acid to all providers prescribing methotrexate for rheumatoid arthritis.

- i. Review of DUR Publications presented by Dr. Shalini Lynch (UCSF):
- i. DUR Educational Bulletin (March, 2014): Cough
 - Cough is highly prevalent in the United States and is one of the most frequent reasons to consult a physician. The American College of Chest Physicians (ACCP) Evidence-Based Clinical Practice Guidelines call for: 1) a systematic, integrated approach for clinicians trying to classify, evaluate and treat unexplained cough; 2) use of algorithms to guide the provider to determining etiology; and 3) sequential steps to therapy.
 - A review of paid pharmacy claims between January 1, 2012, and December 31, 2013, found that 1 in 10 utilizing beneficiaries in the Medi-Cal fee-for-service population had a paid claim for an antitussive.
 - General clinical recommendations for providers included: 1) conducting a thorough medical history and physical examination to evaluate cough; 2) recommending lifestyle interventions to help alleviate cough; and 3) consideration of Tdap vaccine to prevent cough related to *B.pertussis*.
 - Clinical recommendations for adults and adolescents included: 1) initiation of empiric therapy in sequential and additive steps for those patients presenting with chronic cough and normal chest radiography and 2) due to their limited evidence of efficacy, contraindications in the pediatric population, and potential for abuse among all beneficiaries, narcotic antitussive medications should be used sparingly.
 - Clinical recommendations for children included: 1) chest radiography and spirometry for chronic cough lasting longer than 4 weeks and 2) providing guidance and education to parents about nonpharmacological therapies for cough and the risks of over-the-counter cough medication in children.
 - ii. DUR Educational Bulletin (May, 2014): ACE Inhibitors/ARBs, Diuretics, and Digoxin
 - When patients use certain medications such as angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs), diuretics and/or digoxin for extended periods of time, they are at greater risk of having an adverse drug event.
 - Appropriate therapeutic monitoring for medication effectiveness and possible side effects can reduce the likelihood of adverse drug events.
 - Periodic monitoring of electrolytes and renal function are recommended for patients who require chronic therapy with ACE inhibitors or ARBs, diuretics and/or digoxin.
 - While annual monitoring rates among Medi-Cal fee-for-service beneficiaries taking ACE inhibitors or ARBs, diuretics and/or digoxin fell within the range for published state and national averages, they were below the minimum performance level established by the California Department of Health Care Services (DHCS).
 - Clinical recommendations to providers included a reminder that annual therapeutic monitoring is recommended for persistent use of ACE inhibitors/ARBs, diuretics, and/or digoxin, even among stabilized patients without co-morbid conditions.
 - Providers were also encouraged to educate patients about: 1) the anticipated benefits of medication therapy, 2) the importance of laboratory monitoring; and 3) the possible adverse effects of therapy.
 - iii. Discussion/Recommendations for Future Bulletins
 - Dr. Lynch presented a summary of approved topics for future DUR educational bulletins, alerts, retrospective reviews, and prospective reviews. The DUR Board agreed to keep all of these topics in the queue, with a priority on summarizing the red flags for potential substance abuse and/or prescription drug diversion in the doctor's office and the pharmacy. A motion was made – and seconded – to agree with the recommendation to write the next DUR bulletin on this topic. There was no further discussion. The motion was carried.

ACTION ITEM: The DUR Board recommends a DUR educational bulletin summarizing the red flags for potential substance abuse and/or prescription drug diversion in the doctor's office and

	the pharmacy.
j. PUBLIC COMMENTS	None.
k. CONSENT AGENDA	<ul style="list-style-type: none"> The next Board meeting will be held on September 16, 2014, in Training Rooms B+C at 1500 Capitol Avenue, Sacramento, CA 95814. Dr. Wong proposed that the meeting be held an hour earlier to accommodate individuals traveling from across the state. DHCS will verify room availability for a 9:30 a.m. – 12 p.m. meeting.
l. ADJOURNMENT	<ul style="list-style-type: none"> The meeting was adjourned at 1:02 p.m.

Action Items	Ownership
Incorporate Dr. Wong's edits into the minutes and post to the DUR website.	Ivana/Amanda
The DUR Board recommends a retrospective DUR review of utilizing beneficiaries of 1) metformin, 2) ACE inhibitors/ARBs, and 3) statins, reviewing each utilizing beneficiary for concomitant use of atypical antipsychotics.	Amanda/Shalini
The DUR Board recommends a retrospective DUR review of utilizing beneficiaries of benzotropine mesylate, reviewing each utilizing beneficiary for concomitant use of any antipsychotic medication.	Amanda/Shalini
The DUR Board recommends a further evaluation of the diagnosis codes for the beneficiaries who had a paid tramadol claim with an approved <i>Treatment Authorization Request (TAR)</i> for a quantity greater than 240 tablets.	Amanda/Shalini
A summary of the DUR Board recommendations for updating Sections 20 and 35 of the DUR manual to reflect the currently active HD and LD alerts and the DUR Board recommendation to turn off the HD and LD alerts for somatropin will be submitted to DHCS for review.	Ivana/Pauline
The DUR Board recommends a DUR educational bulletin promoting smoking cessation coverage within the Medi-Cal fee-for-service population and maximizing the impact of statewide smoking cessation efforts for publication in the October Medi-Cal Pharmacy Priority Bulletin.	Amanda/Shalini
The DUR Board recommends a DUR educational bulletin promoting folic acid use among women of childbearing age in the Medi-Cal fee-for-service population for publication in the December Medi-Cal Pharmacy Priority Bulletin.	Amanda/Shalini
The DUR Board recommends additional evaluation of clinical guidelines for concomitant use of folic acid and methotrexate before recommending the use of folic acid to all providers prescribing methotrexate for rheumatoid arthritis.	Amanda/Shalini
The DUR Board recommends a DUR educational bulletin summarizing the red flags for potential substance abuse and/or prescription drug diversion in the doctor's office and the pharmacy.	Amanda/Shalini