



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES**

Tuesday, February 17, 2015

9:30 a.m. – 12 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>	<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. Timothy Albertson, Janeen McBride, Marilyn Stebbins, Randall Stafford and Andrew Wong. • Board members absent: Drs. Patrick Finley and Robert Mowers • Board members and attendees introduced themselves. • Pauline Chan, RPh and Dorothy Uzoh, PharmD were present from DHCS Pharmacy Benefits Division • Pauline Chan introduced Al Schaad from the State Board of Pharmacy • Ivana Thompson, PharmD (Xerox) announced that the DUR Board meeting is being recorded and reminded everyone to sign in.
<p>2) CALL TO ORDER/ REVIEW AND APPROVAL OF NOVEMBER, 2014 MINUTES</p>	<p>The Medi-Cal Drug Use Review Board (the "Board") reviewed the November 25, 2014 minutes. Dr. Wong noted he had minor edits and motioned that the minutes be approved with these changes. There was no discussion. The Board voted unanimously to approve the minutes as edited by Dr. Wong.</p> <p>ACTION ITEM: Incorporate Dr. Wong's edits into the minutes and post to the DUR website.</p>
<p>3) OLD BUSINESS</p>	<p>a. Review of Action Items from Previous Board Meeting:</p> <ul style="list-style-type: none"> i. Morphine milligram equivalency: Shalini Lynch, PharmD (UCSF) reported that the DUR program had received guidance and input on morphine milligram equivalency from the Medical Board of California, the California Department of Industrial Relations Division of Workers' Compensation, and the California State Board of Pharmacy. Dr. Lynch suggested writing a DUR educational bulletin on this topic, which would include a summary of state and national guidelines for a suggested "yellow zone" for opioid prescribing, morphine equivalency calculations for current quantity limits of opioids on the Medi-Cal List of Contract Drugs, morphine equivalency calculations for Medi-Cal fee-for-service beneficiaries with paid claims for opioids, and a link to the CDC morphine milligram equivalency daily dose calculator. A motion was made and seconded to accept the proposal to write a DUR educational bulletin as described by Dr. Lynch. <p>ACTION ITEM: The DUR Board recommendations for a DUR educational bulletin to educate providers on morphine milligram equivalency will be submitted to DHCS.</p> <ul style="list-style-type: none"> ii. Updates to Section 35 of the DUR manual: Ms. Chan reported the edits have been approved and the updated version has been published to the DUR website. iii. Updated retrospective DUR review on concomitant use of benzotropine mesylate and antipsychotics: Dr. Lynch reported updates to this document will be presented later in the meeting. iv. Updated retrospective DUR review of the use of metformin, ACE inhibitors/ARBs, and/or statins among beneficiaries with at least one paid claim for a second-generation antipsychotic: Amanda Fingado (UCSF) stated that due to time constraints for this

	<p>meeting, this item had been moved to the agenda for the next DUR Board meeting in May.</p> <p>v. DHCS summary regarding carved-out drug coverage: Ms. Chan reported that the HP170 and San Mateo County plans do not carve-out antipsychotic drugs.</p> <p>vi. Retrospective DUR review on HIV antiretroviral medications in collaboration with the Medi-Cal Managed Care program: Dr. Thompson said this review will be presented at the upcoming DUR Board meeting in May, provided the necessary data are obtained by early April.</p>
<p>4) NEW BUSINESS</p>	<p>a. Board Activities</p> <p>i. Review of Board Goals and Objectives: Dr. Wong presented the DUR Board goals for 2015-2016:</p> <ul style="list-style-type: none"> • Conduct systematic review to identify therapeutic drug categories and establish relative cost comparisons that also comply with contractual requirements for cost confidentiality • Promote dialogue, collaboration and recommend best practices in pharmacy utilization management on drugs that are commonly used in both Medi-Cal Fee For Service (FFS) and Managed Care Organizations (MCOs) • Recommend prospective DUR alerts system design as part of new CAMMIS system • Expand and evaluate targeted DUR educational outreach to providers • Continue to collaborate with other agencies on related topics • A motion was made – and seconded – to agree with these goals and objectives. There was no discussion. The motion was carried. <p>ii. Conflict of Interest: Dr. Wong discussed the new Conflict of Interest form and the updated statement in the draft of the DUR Bylaws and invited other Board members to provide their comments. Dr. Stafford stated he thinks this is a great idea and will provide more transparency to the DUR Board. Dr. McBride asked what the next steps would be, as the forms they were given were a draft version. Ms. Chan reported that each Board member would be receiving the final version of the Conflict of Interest form in the mail and must sign and return their form to DHCS before the next Board meeting in May.</p> <p>iii. Revision of DUR Bylaws: Dr. Wong noted that the Conflict of Interest paragraph appears twice in the revised document and the duplicate section should be deleted from the final version of the DUR Bylaws. Dr. Wong motioned to approve the revised Conflict of Interest section in the DUR Bylaws, with his suggested edit incorporated. There was no discussion. The motion was carried.</p> <p>ACTION ITEM: The revised Conflict of Interest forms will be finalized and mailed to each Board member for completion and the revised DUR Bylaws will be finalized and sent to the current Board Chair (Dr. Wong) for signature.</p> <p>b. Summary of DHCS Policy for Hepatitis C Medications: Dr. Julia Logan, the Quality Officer from the Office of the Medical Director, gave a presentation summarizing the latest developments regarding hepatitis C virus (HCV) treatment policies.</p> <p>Sofosbuvir and simeprevir were approved by the FDA in late 2013. AASLD/ADSA guidelines were released in January 2014, but they did not have any guidelines of who to treat and when to treat. VA clinical guidelines were published in March 2014, and the current DHCS policy was modeled after VA guidelines and was released in July 2014. The DHCS policy authorizes treatment for F3 and F4 stages of liver disease and for extra</p>

hepatic manifestations or liver transplant, regardless of stage. Currently, DHCS policy includes the following utilization controls:

- Authorized prescriber with experience in treating hepatitis C
- Lab monitoring
- Substance use
- Co-infections
- Adherence

Since DHCS policy was released in July 2014, two new treatments for hepatitis C have been FDA-approved for genotype 1: Harvoni (approved in October 2014) and Viekira Pak (approved in December 2014). Also in December 2014, the VA reported on their early experiences with sofosbuvir-based regimens and found the following:

- Treatment discontinuation rates (13.6% overall) were significantly higher than what was reported in clinical trials
- Among veterans who discontinued early, 34% discontinued due to presumed virologic failure
- Estimated sustained virologic response rates were lower than what was reported in the clinical trials

Dr. Logan also reported utilization data for HCV through 9/30/14 (before Harvoni and Viekira Pak). The data presented showed a total of 320 Medi-Cal managed care beneficiaries treated for a cost of \$22 million, and a total of 1,375 Medi-Cal fee-for-service beneficiaries were treated at a cost of \$86 million. There was a question from an audience member about whether these data were reversed. Dr. Logan stated she would have to check with Mike Wofford (DHCS) to confirm the accuracy of these data. The most recent state budget designated \$300 million for the treatment of HCV in California, and in March 2015 a statewide workgroup will begin trying to align state efforts and address high costs of HCV treatment.

Questions from the public:

- *“When will DHCS update HCV policy with the new medications?”* Dr. Logan replied that they are currently waiting on the governor’s workgroup to begin this discussion and also to review the updated VA guidelines, which are expected to publish any day now. DHCS expects their policy to be updated within the next few months.
- *“What percentage of the population has been treated so far?”* Dr. Logan replied that it would be difficult to answer from available claims data at this time, but that DHCS will try to provide an answer. As the Department of Corrections is a closed system, she does know that they currently have 17,000 people awaiting treatment, with each of those people being monitored and restaged on an annual basis.
- *“If discontinuation of treatment is not recommended with current regimens, why does the VA report such a high discontinuation rate?”* Dr. Logan clarified that discontinuation could happen for a variety of factors, including loss to follow-up. Physicians were not recommending discontinuation, but outside of a clinical trial setting there are a variety of factors that may contribute to the higher rate of discontinuation in the VA population.
- Dr. Moizeau, a physician who treats patients with HCV, stated that she is experiencing difficulties getting these medications approved for patients in certain Medi-Cal managed care plans. Dr. Logan asked Dr. Moizeau to contact her with additional details so she could assist her. Dr. Moizeau also questioned the policy requiring drug and HIV screening for the patients with no history of drug abuse or any HIV risk factors. Dr. Logan explained that some plans might be interpreting and applying the policy too tightly, and that the work group will be addressing those issues in the coming months. Finally, Dr. Moizeau asked if the state is planning to negotiate prices on these drugs and Ms. Chan responded that DHCS is currently looking into this.

c. Quarterly Report – 4Q2014 (October – December 2014): Ms. Fingado reported an

increased use of two drug therapeutic categories of antibiotics (PENICILLINS and MACROLIDES), which usually happens during Q4 and Q1 during cold and flu season. Ms. Fingado also noted a decrease in total paid claims (decreased by 31%) and percent of utilizing beneficiaries with a paid claim (decreased by 21%) for HYDROCODONE/ACETAMINOPHEN since the prior quarter. Ms. Fingado stated these decreases are most likely attributed to the reclassification of all hydrocodone products to Schedule II controlled substances, effective October 6, 2014. Dr. Uzoh asked if the data show a corresponding increase in use of APAP/codeine products. Ms. Fingado reported that there have been anecdotal reports of increased use of tramadol and APAP/codeine products and the DUR program is planning to present a retrospective DUR review on utilization among the entire class of opioids at the DUR Board meeting in September or November, to allow enough time for follow-up after the rescheduling of tramadol and hydrocodone.

- d. Review of Physician Administered Drugs (PADs) – 3Q2014 (July – September): Ms. Fingado showed a summary of paid claims for physician-administered drugs for the 4th quarter of 2014, which includes paid claims with dates of services between July 1, 2014, and September 30, 2014. 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 reported increases in both total utilizing beneficiaries (77% increase) and total paid claims (48%) from 2Q2014 to 3Q2014 in the category “PHYSICIAN ADMINISTERED DRUG – NDC NOT REQUIRED,” which can be attributed to large increases in the influenza vaccine starting in September 2014. Ms. Fingado also reviewed use of diphtheria/pertussis/tetanus vaccine and did not find an increase in this vaccine from 2Q2014 to 3Q2014, even though California was experiencing a pertussis epidemic during that time.
- e. Prospective DUR presented by Amanda Fingado (UCSF)
- i. Review of DUR Alerts for New GCNs in 4Q2014 (October – December 2014)
- 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 these five GCNs:
 - GCN #072943: MORPHINE SULFATE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #072944: MORPHINE SULFATE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073029: DAPAGLIFLOZIN/METFORMIN HCL, Drug-Disease (MC), Therapeutic Duplication (TD), High Dose (HD), Low Dose (LD)
 - GCN #073030: DAPAGLIFLOZIN/METFORMIN HCL, Drug-Disease (MC), Therapeutic Duplication (TD), High Dose (HD), Low Dose (LD)
 - GCN #073031: DAPAGLIFLOZIN/METFORMIN HCL, Drug-Disease (MC), Therapeutic Duplication (TD), 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. Review of DUR Manual: Section 25 Update
- Ms. Fingado reported that Section 25 of the DUR Manual is in need of major revisions due to the addition of new target drugs and changes in drug therapeutic categories over time. Ms. Fingado stated that the revisions to Section 25 would include updated drug therapeutic categories for all drugs currently on the Medi-Cal list of target drugs for prospective DUR. Ms. Fingado proposed an annual update of

Section 25 to make sure it stays current.

- A motion was made – and seconded – to accept these revisions to Section 25. Dr Stafford suggested that drugs which are no longer on the market be removed from the list. Ms. Fingado and the DUR Board agreed with Dr. Stafford's recommendation and the motion was carried.

ACTION ITEM: The DUR Board recommendations to update Section 25 of the DUR Manual will be submitted to publications for DHCS approval.

f. Review of DUR Educational Outreach to Providers

- i. Tramadol Letter Outcomes: Ms. Fingado reported that total of 33 letters were sent to 32 providers (one provider had two mailing addresses listed). Ms. Fingado also reported that updated prescribing data were obtained before the letters were mailed, in order to confirm that these providers were still among the original top 100 prescribers. She noted that some prescribers had decreased their prescribing of tramadol, most commonly during June/July of 2013. Ms. Fingado also reported the rate of undeliverable letters returned was 9% and that the provider response rate was 9%. Finally, Ms. Fingado stated that all responses received were positive. Dr. Thompson shared a voicemail left by a provider who shared that his prescribing of tramadol had decreased considerably in recent months and would continue to decline after receipt of the DUR letter.
 - ii. Asthma Letter Proposal: Ms. Fingado presented a proposal for the next DUR educational letter to providers, which was based on the DUR bulletin that reviewed asthma quality-of-care in the Medi-Cal population. Ms. Fingado shared that the objectives of this proposal would be 1) to improve the quality of asthma care in the Medi-Cal fee-for-service population in Los Angeles County; and 2) to determine if including patient-specific profiles in an educational DUR outreach letter to providers results in improved outcomes over a generic mailing. Ms. Fingado stated that the dataset used in writing the Medi-Cal DUR educational bulletin on asthma was used to identify Medi-Cal FFS beneficiaries residing in Los Angeles County with 1) four or more dispensing events for asthma rescue medications without an outpatient visit in which asthma was one of the listed diagnoses during the measurement year; and 2) an AMR < 0.50 during the measurement year. As of December 2014, a total of 113 Medi-Cal FFS beneficiaries meet all listed criteria. Patient profiles for these beneficiaries, including a summary of medical and pharmacy claims history, were generated and Dr. Thompson reviewed each profile to ensure accuracy of data and to determine which prescribers should be included in the mailing. Letter recipients will be randomized into two groups: 1) providers will receive patients' claims data in addition to the DUR bulletin on asthma quality-of-care; and 2) providers will receive only a copy of the asthma DUR bulletin. Ms. Fingado also confirmed that if evaluation results showed a positive impact on asthma quality-of-care from this mailing, similar letters could be sent to prescribers across the state.
- Dr. McBride asked which doctors will be receiving the letters, and Ms. Fingado explained the obstacles to determining primary care practitioners in this population, which is why we were planning to target prescribers. While a final review of data will be conducted at the end of February 2015, Dr. Thompson estimates approximately 200 prescribers for 94 beneficiaries will be contacted.
 - Ms. Fingado pointed out that there was a lot less attrition of prescribers due to incomplete information in the Medi-Cal Provider Master File for this mailing, in comparison to the tramadol mailing. She thought this may be due to the new policy implemented in February 2015 where all prescribers to Medi-Cal beneficiaries needed to be registered in the Medi-Cal Provider Master File.
 - Dr. Albertson expressed concern about potential barriers to medication access due

to this policy and wondered what the secondary effects would be for those beneficiaries who have prescribers who are not registered on the Provider Master File. Ms. Chan stated she would inquire within DHCS and report back to the Board at the next meeting in May.

- The motion was made – and seconded – to approve the asthma intervention letter. There was no additional discussion and the motion was carried.
- An additional motion was made – and seconded – to request more information about the policy regarding the Provider Master File, including any possible detrimental impact to Medi-Cal beneficiary access to needed medications.

ACTION ITEM: The DUR Board recommendations for DUR educational outreach to providers regarding asthma quality-of-care will be finalized and submitted to publications for DHCS approval.

ACTION ITEM: The DUR Board recommendations for more information about the policy regarding the Provider Master File, including any possible detrimental impact to Medi-Cal beneficiary access to needed medications, will be submitted to DHCS.

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

i. Update: Benztropine Mesylate and Concomitant Use of Antipsychotics

- Dr. Lynch presented an updated report from what was discussed at the November 2014 DUR Board meeting. In this updated report, claims data from 12/1/13 to 11/30/14 were analyzed, and only paid claims for ≥ 30 days' supply of benztropine and trihexyphenidyl were included.
- Dr. Lynch reported that 96% of beneficiaries with at least one paid claim for an anticholinergic medication with a days' supply ≥ 30 days also had a paid claim for an antipsychotic medication. She described Table 2 of the report, which showed the percentages of utilizing beneficiaries with at least one paid claim for an antipsychotic medication that also had at least one paid claim for an anticholinergic medication. Dr. Albertson asked if there was a correlation between antipsychotic anti-dopaminergic effects and use of anticholinergics, and Dr. Lynch stated that use of anticholinergics is much higher with the first-generation antipsychotics (range: 5.7% to 80.9%), in comparison to second-generation antipsychotics (range: 11.0%-45.3%).
- Ms. Chan added that the lower rate of concomitant anticholinergic use with quetiapine (11.0%) may be attributed to low-dose regimens for insomnia.
- Dr. Lynch recommended writing a DUR bulletin to educate providers on appropriate prescribing of anticholinergic medications in patients initiating or maintaining treatment with antipsychotic medications. The proposed bulletin would include the following:
 1. A detailed evaluation of anticholinergic dosing for all beneficiaries who are continuously-eligible in the Medi-Cal Fee-for-Service program for at least eleven of the prior twelve months, stratified by concomitant use of first-, second-, and third-generation antipsychotics.
 2. A summary of current treatment guidelines, which describe the following factors that should be considered in decisions regarding the prophylactic use of anticholinergic medications in acute-phase treatment:
 - Propensity of the antipsychotic medication to cause extrapyramidal side effects;
 - Patient preferences;

- Patient's prior history of extrapyramidal side effects (EPS);
- Other risk factors for EPS (especially dystonia); and
- Risk factors for and potential consequences of anticholinergic side effects

3. Description of the current recommendations for dosing and timing of benztropine to maximize impact during waking hours.

- Dr. Albertson stated that long term use of anticholinergics has been shown to be associated with an increased risk of dementia, and that this should be pointed out in the bulletin. Dr. Lynch agreed.
- The motion was made – and seconded – to approve this topic as a DUR educational bulletin. There was no additional discussion and the motion was carried.

ACTION ITEM: The DUR Board recommendations for a DUR educational bulletin to educate providers on concomitant use of anticholinergics and antipsychotics will be submitted to DHCS.

h. Review of DUR Publications presented by Dr. Shalini Lynch (UCSF)

i. DUR Educational Alert (December, 2014): Folic Acid in Women of Childbearing Age

- Dr. Lynch reported that the use of folic acid before conception can reduce the risk of neural tube defects by 80%, and since more than half of all U.S. pregnancies are unplanned, the USPHS and CDC guidelines recommend that all women between 15-45 years of age consume at least 0.4 mg of folic acid daily.
- Dr. Lynch reported that in California, folic acid use was decreased among Hispanic women and women with less education. She also reported that only 9% of female Medi-Cal fee-for-service beneficiaries between 15 and 45 years of age had a paid claim for folic acid during a one-year time period.
- Finally, she stated that this alert was timed to coincide with folic acid awareness week, which took place this year during the week of January 4, 2015.

ii. DUR Educational Alert (January, 2015): Pre-natal and Post-natal Treatment for Depression

- Dr. Lynch reported on this alert, which summarized a study authored by DUR Board member Dr. Patrick Finley. Dr. Finley found that even though pregnancy increases the risk of depression in women, perinatal women enrolled in the Medi-Cal fee-for-service program were less likely to be diagnosed with depression than non-pregnant women. Dr. Finley also reported that even when pregnant women were diagnosed with depression, fewer than half received any treatment versus 72 percent who received treatment in a non-pregnant control group, and women suffering from postpartum depression were similarly undertreated.
- Dr. Lynch described specific demographic factors that predicted a lower probability of depression detection and treatment which included women who were of Hispanic ethnicity, under 25 years of age, and/or residing in a rural setting.

iii. DUR Educational Bulletin (February, 2015): Folic Acid and Methotrexate

- Dr. Lynch stated that a growing body of evidence supports folic acid supplementation for patients with rheumatoid arthritis during treatment with methotrexate. The DUR bulletin reported that among Medi-Cal fee-for-service beneficiaries with a diagnosis of arthritis or other rheumatoid condition and at least one paid claim for methotrexate during the measurement year, less than half (40.3%) had at least one paid pharmacy claim for folic acid (1 mg) during the

measurement year.

- Rates of folic acid supplementation were lowest among males, beneficiaries age 45 years and under, and those who were of Hispanic ethnicity.
- The bulletin concluded that folic acid supplementation at the initiation of methotrexate therapy has been shown to lead to improved adherence and delaying supplementation may increase the potential risk of methotrexate discontinuation due to side effects.
- Ms. Fingado reported that these slides did not include the following clarifications that were made in the publication, but were not reflected in these slides:
 1. A regression analysis found that the significant variance in rate of folic acid supplementation by region/county went away if you controlled for age, gender, and race/ethnicity.
 2. Both the 5mg once weekly regimen and the 1mg daily, except on the day following methotrexate treatment, regimen were both listed as being the most common regimens.

iv. Discussion/Recommendations for Future Educational Bulletins

- Ms. Fingado asked the Board to prioritize the next DUR bulletin after the bulletin looking at use of antipsychotic medications among children and adolescents publishes next month. The two approved topics from today's meeting were on morphine milligram equivalency and the concomitant use of anticholinergics and antipsychotics. The Board said they did not have a preference, so Ms. Fingado stated that since the morphine milligram equivalency document was further along and the topic of the most recent bulletin was antipsychotics, it might be best to do morphine equivalency first. The Board agreed.
- Dr. Stafford suggested that when the retrospective DUR review on opioid use and mortality is conducted, to make sure to look at concomitant use of other medications that may lead to overdose, including benzodiazepines.

i. Pharmacy Update:

- i. Summary of DHCS Coverage for Carved-out Drugs: Ms. Chan addressed this topic earlier in the meeting under old business.
- ii. DUR Program Review 2014: Ms. Chan reminded everyone that the requirements for the DUR program are described in 42 CFR Subpart K – Drug Use Review (DUR) Program and Electronic Claims Management System for Outpatient Drug Claims, Section 456.700-456.725, which is available on the U.S. Government Publishing Office website at: <http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-part456-subpartK.pdf>.

Ms. Chan thanked the Board and Dr. Wong for their participation and highlighted the following accomplishments of the Board during 2014:

- Established relative drug cost comparisons by therapeutic class that also complies with contractual requirements for cost confidentiality for selected arthritis drugs.
- Per Dr. Mowers' suggestion, developed quarterly and annual reports reviewing the use of physician-administered drugs.
- Published 7 Medi-Cal DUR bulletins/alerts/updates, exceeding the goal of 4 bulletins a year for the third consecutive year. Ms. Chan thanked UCSF and Xerox for this accomplishment.
- Collaborated with the Department of Public Health, Immunization Branch, Medi-

Cal Incentive to Quit Smoking (MIQS) Project, UCSF, and the California Smokers' Helpline on several DUR bulletins and alerts.

- Expanded data analytical support.
- Continued to align with DHCS quality strategy initiatives like the Million Hearts program.
- Established linkage between DUR and the department's Quality Improvement (QI) Project, specifically the Foster Care QI project to improve psychotropic medication use in children and youth in foster care.
- Collaborated with Medi-Cal Managed Care to improve delivery of HIV/Antipsychotics Carved Out Drug Reports to Health Plans.
- Collaborated with California Medical Board, State Board of Pharmacy, and the Department of Industrial Relations, Division of Workers Compensation to begin development of MEDD resources for providers.

- iii. Medicaid Drug Utilization Review State Comparison/Summary Report for FFY 2013: Ms. Chan presented this report, which is available on the CMS website at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/downloads/dur-survey-comparison-report-2013.pdf>. This report is a compilation of the fee-for-service data for FFY 2013 from all state DUR programs and the District of Columbia. Ms. Chan stated that an additional report with all of the submitted FFY 2013 Executive Summaries will be posted in the near future.

Ms. Chan went through a few of the main sections in the report to show how California compared to other states in the following areas:

- Prospective DUR (vendor, criteria source, pharmacist override of pro DUR alerts)
- Retrospective DUR (academic institutions supporting DUR program, informational bulletins)
- Board activities
- DUR criteria for PADs
- Generic utilization
- Cost savings/cost avoidance
- Fraud, waste and abuse, opioid overutilization and pain management controls

Dr. Stafford pointed out the wide variations in daily MEDD allowance among the states that have established values. Ms. Fingado said she thought that states with the highest daily values must have hard stops in place that cannot be overwritten above the set limit.

- iv. Antipsychotics Treatment Authorization Request FAQ: Ms. Chan reported that in order to address questions and concerns on the antipsychotic TAR requirement for 0-17 year olds, DHCS has recently updated the Frequently Asked Questions (FAQ) document, which can be found on the Foster Care QI Project website at: <http://www.dhcs.ca.gov/services/Pages/qip-resources.aspx>.
- v. Carved-out Drug Reports to Health Plans: In an effort to redesign the carve-out drug reports, Ms. Chan reported that a survey to health plans was conducted in December 2014, with the responses summarized in January 2015. In the future, these reports will be redesigned to be more timely and user-friendly.
- vi. HEDIS 2015 Measures: Ms. Chan reported that three new HEDIS measures address the safe and judicious use of antipsychotics for children and adolescents. These measures are being tested using Medi-Cal data and the next steps include use of these measures for quality improvement purposes.

5) PUBLIC COMMENTS	None.
6) CONSENT AGENDA	<ul style="list-style-type: none"> The next Board meeting will be held from 9:30 a.m. to 12:00 p.m. on May 12, 2015 in the Monterey Room located at Xerox State Healthcare, LLC on 840 Stillwater Road, West Sacramento, CA 95605.
7) ADJOURNMENT	<ul style="list-style-type: none"> The meeting was adjourned at 11:32 a.m.

Action Items	Ownership
Incorporate Dr. Wong's edits into the minutes and post to the DUR website.	Ivana
The DUR Board recommendations for a DUR educational bulletin to educate providers on morphine milligram equivalency will be submitted to DHCS.	Shalini/Amanda
The revised Conflict of Interest forms will be finalized and mailed to each Board member for completion, and the revised DUR Bylaws will be finalized and sent to the current Board Chair (Dr. Wong) for signature.	Pauline
The DUR Board recommendations to update Section 25 of the DUR Manual will be submitted to publications for DHCS approval.	Ivana/Amanda
The DUR Board recommendations for DUR educational outreach to providers regarding asthma quality-of-care will be finalized and submitted to publications for DHCS approval.	Ivana/Amanda
The DUR Board recommendations for more information about the policy regarding the Provider Master File, including any possible detrimental impact to Medi-Cal beneficiary access to needed medications, will be submitted to DHCS.	Pauline
The DUR Board recommendations for a DUR educational bulletin to educate providers on concomitant use of anticholinergics and antipsychotics will be submitted to DHCS.	Shalini/Amanda