



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, May 12, 2015
9:30 a.m. – 12 p.m.**

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

| Topic | Discussion |
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| 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. Timothy Albertson, Janeen McBride, Andrew Wong, Randall Stafford, Marilyn Stebbins, Robert Mowers, and Patrick Finley. • Board members absent: None. • Board members and attendees introduced themselves. • Pauline Chan, RPh was 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 FEBRUARY 2015 MINUTES | <p>The Medi-Cal Drug Use Review Board (the “Board”) reviewed the February 17, 2015 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> |
| 3) OLD BUSINESS | <p>a. Review of Action Items from Previous Board Meeting:</p> <ul style="list-style-type: none"> i. Morphine milligram equivalency bulletin: Shalini Lynch, PharmD (UCSF) reported that the DUR bulletin on morphine milligram equivalency is in-progress for publication in the 3rd quarter of 2015. ii. Conflict of interest forms and bylaws updated, signed: Ms. Chan reported they are in the process of receiving signed copies of the updated bylaws and conflict of interest forms from all members of the Board. iii. Updates to Section 25 of the DUR manual: Amanda Fingado (UCSF) reported the edits have been approved and the updated version has been published to the DUR website. iv. Asthma educational outreach to providers: Ms. Fingado reported that the intervention and control letters have been submitted to the publications department and should be mailed out shortly. Ms. Fingado described several complications with the data that were discovered when moving from HEDIS calculations used in the DUR bulletin on asthma to patient- and provider-specific outreach intervention, including the fact that the Medi-Cal CPT code for outpatient visits to federally qualified health centers was not on the list when calculating the HEDIS rates. Ms. Fingado explained this resulted in only 21 people from Los Angeles County meeting the inclusion/exclusion criteria. Under the guidance of Dr. Albertson, the population was expanded to include Medi-Cal fee-for-service beneficiaries from all counties in California. This expansion resulted in a little less than 40 beneficiaries overall, with letters being sent to approximately 75 providers. Additional updates will be provided at the next DUR Board meeting in September 2015. v. Policy impact of requiring Medi-Cal prescribers to be registered in the Provider Master File: Ms. Chan presented the timeline of provider outreach on this topic and stated that while the rule was mandated by the Affordable Care Act, it has yet to be fully implemented in California due to ongoing issues with provider registration. Dr. Albertson expressed concern that California ranks very low in reimbursement paid to physicians and is now asking of them to complete an application and pay an application fee to treat California’s most vulnerable population. Ms. Chan noted the concern and |

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| | <p>stated that this requirement had not yet been implemented and that until provider enrollment increases, enforcement of this requirement remains on hold.</p> <p>vi. Concomitant use of anticholinergics and antipsychotics bulletin: Dr. Lynch reported that the DUR bulletin on concomitant use of anticholinergics and antipsychotics is in-progress for publication in the 4th quarter of 2015.</p> |
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| <p>4) NEW BUSINESS</p> | <p>a. Board Activities: Dr. Wong reported that the abstract he submitted describing the work done by the Board on the cost-comparison of selected drugs used to treat chronic inflammatory arthritis was accepted for presentation on June 11, 2015 at the European League Against Rheumatism (EULAR) annual meeting in Rome, Italy. Dr. Wong also stated the abstract will be published in an upcoming edition of the <i>Annals of Rheumatic Disease</i>.</p> <p>Ms. Chan reminded all DUR Board members to submit any updates (appointments, publications, or ongoing research activities) for publication on the DUR website.</p> <p>i. Reminder: DUR Board Elections in September: Ms. Chan reminded the Board that the elections for the upcoming vice-chairperson will be held at the next DUR Board meeting in September 2015. As current vice-chair, Dr. Mowers will take over as chairperson from Dr. Wong starting with the February 2016 DUR Board meeting.</p> <p>ii. FFY2014 DUR Annual Report to the Centers for Medicare and Medicaid Services (CMS): Ms. Chan presented the final draft of the FFY2014 DUR Annual Report to CMS. Ms. Chan briefly went through the survey answers given by the State of California and summarized the included attachments. Dr. Wong noted minor typographical errors in the report and motioned to approve this draft with the errors corrected. The motion was seconded. There was no further discussion. The motion was carried.</p> <p>ACTION ITEM: The DUR Board recommendation to approve the DUR Annual Report to CMS for FFY 2014 will be submitted to DHCS.</p> <p>b. Quarterly Report – 1Q2015 (January – March 2015): Ms. Fingado reported that in 1Q2015, the two older age groups (40-64 years and 65 years and older) posted decreases in total utilizing beneficiaries and total paid claims in comparison to both the prior quarter (Table 4) and the prior-year quarter. Ms. Fingado stated that the decrease in the 65 years and older group may be attributed to the push to transition beneficiaries who are dually-eligible with Medicare to a Medicare Advantage plan during the 2015 open enrollment season. These beneficiaries would no longer have claims for over-the-counter medications paid through Medi-Cal FFS. Dr. Stebbins stated that Medicare Advantage plans would still have over-the-counter claims paid through Medi-Cal FFS. Dr. McBride stated this may be a result of the transition of these dually-eligible beneficiaries into the Cal MediConnect program, which would cover claims for over-the-counter drugs (and therefore, claims for these beneficiaries would no longer show up as fee-for-service claims). Dr. McBride suggested reviewing the enrollment data for the drop in the fee-for-service beneficiaries to see if the counties match those counties currently enrolling members into Cal MediConnect. Ms. Fingado agreed to report on these numbers for the next Board meeting.</p> <p>c. Review of Physician Administered Drugs (PADs) – 4Q2014 (October – December): 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 October 1, 2014, and December 31, 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 and total paid claims in the category “PHYSICIAN ADMINISTERED DRUG – NDC NOT REQUIRED,” which can be attributed to large increases in the influenza vaccine, which started in September 2014 and continued through the end of 4Q2014. Ms. Fingado also reviewed use of measles/mumps/rubella vaccine and did not find an increase in this vaccine from 3Q2014 to 4Q2014, even though</p> |
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California began to experience a measles epidemic during the last week of 4Q2014. Ms. Fingado reported use of this vaccine will be reviewed again during 1Q2015.

Dr. Stafford pointed out the drug descriptions for some of the clotting factors were the same, and asked if brand names could be included for these drugs on future tables. Ms. Fingado asked if the Board would find it valuable to have brand names included for all the drugs. Dr. Mowers stated that it would be helpful only for the clotting factors to help distinguish between drugs with the same descriptions. Ms. Fingado agreed to include these data in the next report.

d. Prospective DUR presented by Amanda Fingado (UCSF)

i. Review of DUR Alerts for New GCNs in 1Q2015 (January – March 2015)

- 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)
 - GCN #073298: ARIPIRAZOLE, Drug-Disease (MC), Therapeutic Duplication (TD), Underutilization (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073299: ARIPIRAZOLE, Drug-Disease (MC), Therapeutic Duplication (TD), Underutilization (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073302: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073303: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073304: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073305: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073306: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073307: MORPHINE SULFATE/NALTREXONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #073286: NAPROXEN NA-DIPHENHYDRAMIN, Drug-Allergy (DA), Drug-Pregnancy (PG), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #072862: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

- GCN #072863: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072864: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072865: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072866: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072867: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072868: OXYCODONE, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #071107: METOCLOPRAMIDE, Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #073524: FENTANYL, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #073525: FENTANYL, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #073532: FENTANYL, Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #072182: METRONIDAZOLE, High Dose (HD), Low Dose (LD)
- GCN #073643: TESTOSTERONE, Additive Toxicity (AT), 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 Prospective DUR Criteria: HIV Antiretroviral Medications and Ingredient Duplication (ID)

- Ms. Fingado reported that at the February 18, 2014 DUR Board Meeting, the DUR Board motioned to add all HIV antiretroviral therapies with active ingredients available as both single and combination antiretroviral therapy formulations to the Target Drug List for Prospective DUR and to turn on the Ingredient Duplication (ID) alert for these drugs. Ms. Fingado stated that since the DUR Board action last year, the following new single and combination HIV antiretroviral therapy formulations have come on the market: ELVITEGRAVIR, DARUNAVIR/COBICISTAT, and ATAZANAVIR/COBICISTAT. These drugs could potentially duplicate with other products because the individual ingredients are not listed in the Target Drug List for Prospective DUR and do not have the ID alert turned on.

Ms. Fingado suggested that in order to prevent accidental antiretroviral active ingredient duplication, the Board consider adding the following HIV antiretroviral therapy ingredients to the Target Drug List for Prospective DUR and activating the Ingredient Duplication (ID) alert for these drugs (in both their single and combination formulations): ATAZANAVIR, COBICISTAT, DARUNAVIR, and ELVITEGRAVIR.

- A motion was made – and seconded – to accept these recommendations. There was no discussion. The motion was carried.

ACTION ITEM: The DUR Board recommendations to: 1) add four HIV antiretroviral therapy ingredients to the Target Drug List for Prospective DUR, and 2) activate the Ingredient Duplication (ID) alert for these drugs will be submitted to DHCS.

iii. Review of Prospective DUR Criteria: Acetaminophen and High Dose (HD)/Ingredient Duplication (ID)

- Ms. Fingado reported that based on the recommendations of the DUR Board, in April 2014 both the high-dose (HD) and ingredient duplication (ID) alerts for acetaminophen-containing products were turned on in test mode in order to assess potential alert burden to providers before activating alerts. Test mode allowed data collection on all claims for acetaminophen-containing products that would have triggered a HD or ID alert. Ms. Fingado presented a summary of alert data for eleven weeks of paid claims and found that of all paid claims for an acetaminophen-containing product only 1.5% of these paid claims would have generated either a HD or ID alert. Ms. Fingado also noted that the HD/ID alerts presented were for submitted claims only (and were not necessarily paid claims). She stated that in order to calculate the most conservative estimate of the percentage of paid claims with an alert, it was assumed that every submitted claim was submitted only once and that every submitted claim resulted in a paid claim. Therefore, the averages shown of 1.5% are the maximum estimates and the real percentage is likely lower than 1.5%.
- Ms. Fingado also reported on the methodology use to determine whether or not an alert is generated. For the HD alert, the alerts are generated by calculating [(medication quantity x mg APAP)/days' supply]. Therefore, if the days' supply is low (almost all claims reviewed that generated an alert in test mode had a days' supply listed of one week or less), the HD alert can be generated even with a relatively small quantity. Ms. Fingado gave a common example of a claim generating a HD alert: 15 tablets of HYDROCODONE/ACETAMINOPHEN with a days' supply listed of one, which may be a reflection of an "as needed" prescription.
- Further, Ms. Fingado stated that while almost all of the ID alerts generated for ACETAMINOPHEN were the result of the beneficiary having a recent paid claim for another form of ACETAMINOPHEN, the ID alerts for HYDROCODONE/ACETAMINOPHEN were generated approximately one-third of the time due to the beneficiary's recent paid claim for OXYCODONE/ACETAMINOPHEN, and one-third of the time due to a recent paid claim for ACETAMINOPHEN WITH CODEINE.
- Ms. Fingado suggested the Board consider moving from a test mode for high-dose (HD) and ingredient duplication (ID) alerts for acetaminophen-containing products to active HD and ID alerts for these drugs due to the relatively low alert burden (1.5% of paid claims) and the potential benefit to prevent potential acetaminophen toxicity. She also stated this would include deleting "acetaminophen w/codeine" from the Target Drug List for Prospective DUR and adding acetaminophen and codeine (as separate drugs). She concluded by stating that these alerts will allow providers to learn about a beneficiary's paid claims for acetaminophen-containing products prescribed by other health care professionals and/or filled at other pharmacies and recommending periodic evaluations of alert and claims data, in order to re-assess alert burden and whether these alerts are proving to be clinically meaningful.
- A motion was made – and seconded – to accept these recommendations. There was no discussion. The motion was carried.

ACTION ITEM: The DUR Board recommendations to: 1) modify the Target Drug List for Prospective DUR to include acetaminophen and codeine as separate drugs, and 2) activate the High Dose (HD) and Ingredient Duplication (ID) alerts for all acetaminophen-containing drugs will be submitted to DHCS.

e. Review of DUR Educational Outreach to Providers

i. Proposal: Antipsychotic Metabolic Monitoring Letter

- Ms. Fingado summarized the recent DUR bulletin that evaluated the use of antipsychotic medication therapy among Medi-Cal fee-for-service beneficiaries between the ages of one and 17. Ms. Fingado reported the rate at which both recommended metabolic monitoring tests were completed (blood glucose or HbA1C and LDL-C or cholesterol) for this population was 37%. Of concern was the 47% of children and adolescents (n= 2,829) who did not have a paid claim for one of these monitoring tests completed during the last year.
- Ms. Fingado suggested provider letters could be sent to prescribers of antipsychotic medications to the beneficiaries identified in the DUR bulletin with no monitoring. She described how current patient eligibility will need to be reviewed for each of these beneficiaries to ensure they have been continuously enrolled in the Medi-Cal fee-for-service program since October 1, 2014 (the end date of the original data pull for the DUR educational bulletin on asthma). Letters will be sent to the most recent prescriber of any antipsychotic medications prescribed to beneficiaries in the study population with dates of service between October 1, 2013 and the final date of the data pull before letters are drafted. Ms. Fingado reported that there would be additional exclusion criteria applied before beneficiaries could be included in the study population, including exclusion of beneficiaries 1) 18 years of age or older as of the final date of the data pull the week before letters are drafted, 2) without a paid claim for any antipsychotic medication in the 6-month time period preceding the final date of the data pull before letters are drafted, and 3) with a paid claim for any laboratory monitoring test for HbA1C/glucose or LDL-C/cholesterol with dates of service between October 1, 2013 and the final date of the data pull before letters are drafted. Ms. Fingado stated that prescriber information will be collected for each eligible beneficiary, with letters sent to the most recent prescriber of antipsychotic medication.
- A motion was made – and seconded – to accept these recommendations. There was no discussion. The motion was carried.

ACTION ITEM: The DUR Board recommendation for DUR educational outreach to providers regarding metabolic monitoring for children and adolescents on antipsychotic medications will be finalized and submitted to publications for DHCS approval.

f. Biennial Report: 2014 – Ms. Fingado presented the biennial report for 2014, which provides detailed evaluations of the following eleven DUR educational articles, which were published between October 2010 and September 2012:

- Primary Prevention of Cardiovascular Events in Diabetes – Updated Aspirin Recommendations – October 2010
- Pertussis Vaccine Recommendations Background – December 2010
- Proton-Pump Inhibitor-Induced Hypomagnesemia – May 2011
- Public Health Crisis: An Epidemic of Prescription Opioid Abuse – July 2011
- Simvastatin-Induced Myopathy – September 2011
- An Overview of Treatment Approaches to Insomnia – January 2012
- Unapproved Cough, Cold, Allergy Products: FDA Prompts Removal from Market – February 2012
- Alert: Simvastatin Dosing Considerations – April 2012
- Update: Persistence of Beta-Blocker Treatment After Myocardial Infarction – April 2012
- Updated Practice Guidelines for the Treatment of Hepatitis C (Genotype 1) – August 2012
- Use of Low-dose Quetiapine in the Medi-Cal Population – August 2012

While most metrics showed change in the right direction since the articles were originally published, Ms. Fingado identified the use of persistent beta-blocker treatment after myocardial infarction as one area that may warrant additional evaluation in the future. In

particular, while only 27.4% received at least 135 days of treatment with a beta-blocker following a myocardial infarction, more than half (57%) of beneficiaries received less than a 90-day supply of beta-blockers in their first paid claim for a beta-blocker, even though the Medi-Cal program allows for up to a 90-day supply of beta-blockers for each pharmacy claim.

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

i. Update: Metformin, ACE Inhibitors/ARBs, Statins and Concomitant Use of Atypical Antipsychotics

- Dr. Lynch presented an updated report from what was discussed at the November 2014 DUR Board meeting. In this updated report, claims data were included for all continuously eligible Medi-Cal fee-for-service beneficiaries between 18 and 64 years of age with a paid claim for at least one atypical antipsychotic medication during the measurement year (September 1, 2013 through August 31, 2014). Paid claims were reviewed for the study population to determine the prevalence of concomitant use of statins, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blocker (ARB) drugs, and metformin during the measurement year.
- Dr. Lynch reported that concomitant use of any statins, ACE inhibitors, ARBs, and/or metformin in the Medi-Cal fee-for-service population with at least one paid claim for an atypical antipsychotic medication was 37% overall. Values ranged from concomitant use of ARBs (5%) to concomitant use of statins (24%).
- Dr. Stafford inquired about the rate of metformin prescribing in the overall Medi-Cal population. Ms. Fingado reported that for the last quarterly report, the rate was 3% for the entire Medi-Cal fee-for-service population, which is not the same population as in the retrospective review, as the review only includes adults between 18 and 64 years of age. Ms. Fingado proposed comparing the rate of paid claims for statins, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blocker (ARB) drugs, and metformin among adults with paid claims for medications to that of a matched control group of adults without paid claims for atypical antipsychotics.
- Dr. Lynch recommended writing a DUR bulletin to educate providers on the appropriate prescribing of antipsychotic medications in adults. The proposed bulletin will include the following:
 - Use of medical claims data, including primary and secondary ICD-9 codes, to evaluate whether the use of second-generation antipsychotic medication in this populations is for FDA-approved indications
 - Use of medical claims data to determine prevalence of co-morbid medical conditions, including diabetes, cardiovascular disease, and others, as recommended by the DUR Board
 - Evaluation of the concomitant use of statins, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blocker (ARB) drugs, and metformin, stratified by second-generation antipsychotic monotherapy or polypharmacy
 - Evaluation of annual metabolic monitoring rates among beneficiaries with continuous use of second-generation antipsychotic medications
- 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 recommendation for a DUR educational bulletin to educate providers on second-generation antipsychotic medication therapy among adults will be submitted to DHCS.

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

- i.** DUR Educational Bulletin (March, 2015): Antipsychotic Use in Children and Adolescents

- Dr. Lynch reported that prescribing of antipsychotic medications to children and adolescents is increasing, despite a lack of safety data and a high risk of neurologic, psychiatric and metabolic adverse effects. A recent study found a 62% rise in the prescribing of atypical antipsychotics from 2002 to 2007 among children and adolescents enrolled in Medicaid.
- Dr. Lynch highlighted evidence-based guidelines, which state that antipsychotics should be prescribed for a specific clinical indication only when the evidence supports that benefits outweigh the risk. She also reported that as of 10/1/14, any use of antipsychotic medications among Medi-Cal beneficiaries younger than 18 years of age requires an approved *Treatment Authorization Request* (TAR).
- Dr. Lynch then reviewed the FDA-approved indications for antipsychotic medications in children age five years and younger, which was presented in greater detail in the bulletin. Dr. Lynch pointed out that only one antipsychotic agent has an FDA approved indication for ages one to three years, one has a FDA approved indication for ages three to five years and two have an indication for age five years.
- Dr. Lynch summarized three new 2015 HEDIS measures to evaluate antipsychotic medication therapy among children and adolescents, including a measure for metabolic monitoring, multiple concurrent antipsychotics, and first line psychosocial care.
- Dr. Lynch reported the results from the DUR bulletin. She reported that among Medi-Cal fee-for-service beneficiaries between one and 17 years of age, a total of 6,688 had a paid claim for an antipsychotic medication and 6,013 had more than one paid claim. In addition, the overall rate of appropriate metabolic monitoring was 37.4% and the overall rate of multiple, concurrent antipsychotic use was 5.7%.
- Finally, Dr. Lynch summarized the clinical recommendations presented in the DUR bulletin, including the following recommendations from the American Academy of Child & Adolescent Psychiatry (AACAP) practice parameters:
 - Psychosocial care is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions.
 - Antipsychotic medications, when prescribed, should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
 - Determination of appropriate target doses should follow the current scientific literature and the clinical response of the patient. Ongoing need for continued therapy should be reviewed.
 - Metabolic monitoring should follow the consensus statement put forth by the American Diabetes Association.

ii. DUR Educational Alert (March, 2015): Varenicline and Alcohol Use

- Dr. Lynch reported that the FDA issued a drug safety communication on March 9, 2015 regarding varenicline and alcohol use. Varenicline may affect the way people react to alcohol. People taking varenicline and drinking alcohol may experience decreased tolerance, unusual or aggressive behavior, memory loss and/or seizures. The FDA recommended that patients decrease the amount of alcohol they drink until they are aware of how varenicline affects them.

iii. Discussion/Recommendations for Future Educational Bulletins

- The calendar for future DUR educational bulletins was reviewed. The next two bulletins to be published will be on morphine milligram equivalency and the concomitant use of anticholinergics. The Board did not recommend a change to the proposed order of bulletin publication. Additional proposed topics were reviewed. The Board did not recommend any changes to proposed topics.
- Ms. Fingado asked the Board if they would be interested in a retrospective review looking at the 65 years and older population. She suggested a review of the enrollment by county as well, to determine if the drop in beneficiaries can be attributed to the increased enrollment into the Cal MediConnect program in certain counties. Ms. Fingado suggested the review could include utilization reports in the population using the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (Beers List). Dr. Stebbins agreed this would be a good starting point.

Dr. Albertson suggested if there wasn't enough to make an interesting review, we shouldn't feel obligated to present in September. Ms. Fingado agreed, while stating at the very least we could potentially have an answer for the decrease in beneficiaries in this age group in comparison to the prior year.

- A motion was made – and seconded – to complete a DUR retrospective review on the 65 years of age and older population. There was no discussion. The motion was carried.

ACTION ITEM: The DUR Board recommendation for a DUR retrospective review on the 65 years of age and older population will be submitted to DHCS.

i. Pharmacy Update:

- i. Guidelines for the use of Psychotropic Medications for Children and Youth in Foster Care: Ms.Chan reviewed the new guidelines, which were released on April 10, 2015 and developed by a joint inter-department effort between the California Department of Social Services and the Department of Health Care Services (DHCS). The guidelines are not codified mandates, but are to be used in conjunction with existing mandatory state regulations and will undergo annual revision. The expectation is that providers will use the guideline principles and values in the development of a comprehensive treatment plan. Education and training has been proposed to further engage providers, caregivers, health plans, health systems, and stakeholders. As part of this education and training proposal, DHCS will be creating a learning series with contents based on the guidelines and associated appendices, as well as other related topics. Dissemination will include pre-recorded webinars posted on the Foster Care Quality Improvement Project (QIP) webpage at: <http://www.dhcs.ca.gov/services/Pages/qip-webinar.aspx>. Long-term goals include engaging stakeholders in annual guidelines revision and evaluating the guidelines through multiple assessments including periodic surveys, QIP performance measure tracking and trending reports, and TAR process review.

- ii. Office of Inspector General (OIG) Report: “Second-Generation Antipsychotic Drug Use Among Medicaid-Enrolled Children: Quality-of-Care Concerns” – Ms. Chan reviewed the OIG report, which was released in March 2015. The report selected a sample of 687 Medicaid fee-for-service claims for second-generation antipsychotic drugs (SGAs) prescribed to 485 children from California, Florida, Illinois, New York, and Texas. Board-certified child and adolescent psychiatrists reviewed medical records related to the sampled claims using seven criteria related to quality-of-care concerns. A total of 67% of claims had quality-of-care concerns identified by reviewers, including the following:

- Poor monitoring (53%), which includes not regularly measuring weight, height, waist circumference, abnormal involuntary movement, glucose levels, measure of lipids, and/or performing electrocardiograms. Ms. Chan stated that the report found lack of monitoring contributed to the inability to recognize significant side effects, such as akathisia, significant weight gain, and insomnia.
- Wrong treatment (41%)
- Too many drugs (37%)
- Taken too long (34%)
- Wrong dose (23%)
- Too young (17%)
- Side effects (7%)

Ms. Chan stated that the OIG report recommends periodic utilization review, periodic review of medical records, and use of HEDIS measures for state oversight to track improvement. CMS responded to the OIG report recommendations and concurs with the report. CMS outlined an action plan to work with state Medicaid agencies, including collaboration with the American Drug Utilization Review Society (ADURS), periodic review of managed care organizations by their External Quality Review Organizations (EQROs), medical records review within fee-for-service programs, inclusion of HEDIS

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| | <p>measures in Medicaid/CHIP child core quality measures, and collaboration with state DUR programs to monitor use of antipsychotic medications among children and adolescents.</p> <p>Ms. Chan then reviewed the state prior authorization (PA) parameters used by 14 states (current as of July 2014). Parameters included age, drug class, concurrent use of antipsychotic medications, and quantity limits. Ms. Chan also described another study where PA parameters from 31 states were extracted from web-based documents between June 2013 and August 2014. Findings showed that age restrictions were used by all 31 states, although only 7 states have age restrictions up to 18 years of age. Finally, a total of 15 states incorporated peer review into the prior authorization process, with adjudication performed by a psychiatrist or other physician.</p> <p>Ms. Chan also reported on the past and current Medi-Cal Treatment Authorization Request (TAR) parameters for antipsychotics. As of October 2014, a TAR is required for all antipsychotic medications prescribed to Medi-Cal beneficiaries 18 years and younger. Ms. Chan stated that between 10/1/14 and 1/31/15, TARs for antipsychotic medications accounted for 16.7% of all TARs (42,801 out of a total of 225,170). Among TARS for antipsychotic medications, 75% were approved at the first submission, with an average turnaround time of 0.8 business days.</p> <p>iii. ADURS Annual Meeting Summary: Ms. Chan reviewed the 2015 Annual Symposium Hot Topics. Although California does not attend this meeting, the Medi-Cal DUR Board has addressed similar topics to those presented, including pharmacy quality measures, hepatitis C guidelines, narcotic limitations, concomitant use of benzodiazepines and opiates, and psychotropic medication monitoring among foster care children.</p> |
| 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 September 15, 2015 in in DHCS Training Rooms B+C located at 1500 Capitol Avenue, Sacramento, CA 95814. |
| 7) ADJOURNMENT | <ul style="list-style-type: none"> The meeting was adjourned at 12:13 p.m. |

| Action Items | Ownership |
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| Incorporate Dr. Wong's edits into the minutes and post to the DUR website. | Ivana |
| The DUR Board recommendation to approve the DUR Annual Report to CMS for FFY 2014 will be submitted to DHCS. | Pauline/Amanda |
| The DUR Board recommendations to: 1) add four HIV antiretroviral therapy ingredients to the Target Drug List for Prospective DUR, and 2) activate the Ingredient Duplication (ID) alert for these drugs will be submitted to DHCS. | Pauline/Ivana |
| The DUR Board recommendations to: 1) modify the Target Drug List for Prospective DUR to include acetaminophen and codeine as separate drugs, and 2) activate the High Dose (HD) and Ingredient Duplication (ID) alerts for all acetaminophen-containing drugs will be submitted to DHCS. | Pauline/Ivana |
| The DUR Board recommendation for DUR educational outreach to providers regarding metabolic monitoring for children and adolescents on antipsychotic medications will be finalized and submitted to publications for DHCS approval. | Ivana/Amanda/Shalini |
| The DUR Board recommendation for a DUR educational bulletin to educate providers on second-generation antipsychotic medication therapy among adults will be submitted to DHCS. | Shalini/Amanda |
| The DUR Board recommendation for a DUR retrospective review on the 65 years of age and older population will be submitted to DHCS. | Shalini/Amanda |