



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, November 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
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, Marilyn Stebbins, and Patrick Finley. • Board members absent: Drs. Mowers and Stafford. • Ms. Pauline Chan invited Board members and attendees introduced themselves. • Dr. Shalini Lynch was present from UCSF. • 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 SEPTEMBER 2015 MINUTES	<p>The Medi-Cal Drug Use Review Board (the "Board") reviewed the September 15, 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. Prospective DUR: Section 20 Cleanup – Dr. Thompson reported that this action item has been submitted to DHCS for approval and is in progress. ii. Prospective DUR: Antidepressants – Dr. Thompson stated that a list of Generic Code Numbers (GCNs) has been submitted to DHCS for review and the implementation is in progress. iii. Implementation Plan: Drug Medi-Cal Organized Delivery System (ODS) Waiver – Ms. Chan provided an updated overview of planned implementation of the ODS waiver, including a timeline and the names of the counties that have opted in thus far. Ms. Chan reported that when fully implemented, approximately 98.6% of Medi-Cal populations will be included in the ODS waiver.
4) NEW BUSINESS	<p>a. Board Activities:</p> <ul style="list-style-type: none"> i. Board Election Results: Dr. Wong announced that Dr. Mowers will succeed him as the new Chair, and Dr. Finley has been elected as a new Vice-Chair. <p>b. Quarterly Report – 3Q2015 (April – June 2015): Ms. Amanda Fingado prepared the quarterly report but was on maternity leave at the time of this meeting. Dr. Thompson presented the findings in her place.</p> <p>Dr. Thompson reported that in 3Q2015, the greatest decrease in utilizing beneficiaries in comparison to both the prior quarter and the prior-year quarter was again in the 65 years and older age group, which posted a decrease of 13.7% from the prior quarter and a decrease of 53.6% from the prior-year quarter. Dr. Thompson stated this decrease can be attributed to continuing enrollment of seniors and people with disabilities who are dually eligible for both Medi-Cal and Medicare into the Cal MediConnect program. Dr. Thompson pointed out that the impact of the enrollment of dual-eligible beneficiaries into Cal</p>

MediConnect can be seen in the continued decrease of over-the-counter drugs in the top 20 drug therapeutic categories and top 20 drugs by total utilizing beneficiaries.

Dr. Thompson also reported on the changes in the generic drug utilization by source code in Table 7.1. Compared to the prior year, the number of claims for drugs categorized as innovator multi-source drugs (I) posted an increase of 22.7%. This increase reflects market arrival of newly approved generic antidepressant drugs (Table 7.2), which moved contracted brand name drugs from the category of single-source drugs (S), thus reducing apparent generic utilization.

- c. Review of Physician Administered Drugs (PADs) – 2Q2015 (April – June 2015): Ms. Amanda Fingado prepared this report but was unavailable for this meeting. Dr. Thompson presented the findings in her place.

Dr. Thompson presented the summary of paid claims for physician-administered drugs for the 2nd quarter of 2015, which includes paid claims with dates of services between April 1, 2015 and June 30, 2015. 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. Dr. Thompson noted continued decreases in both total utilizing beneficiaries and total paid claims in the category “PHYSICIAN ADMINISTERED DRUG – NDC NOT REQUIRED,” which can be attributed to a seasonal decrease in the influenza vaccine from 1Q2015 to 2Q2015. Dr. Thompson also reported decreases in this category in comparison to the prior year quarter (2Q2015), which was attributed to the migration of the 65 years and older population into Cal Medi-Connect.

Dr. Thompson also pointed out that this report contained the brand names for all clotting factors, which the DUR Board had requested at a prior DUR Board meeting. Dr. Albertson asked about ACETAMINOPHEN and IBUPROFEN, the 11th and 18th-ranked drug listed on Table 3, appearing on the list of Physician Administered Drugs. Dr. Thompson responded that those are probably dispensed at the clinic or emergency department, but will further research and provide clarification at the next DUR Board meeting.

- d. Prospective DUR reports were presented by Ivana Thompson, PharmD (Xerox)

- i. Review of DUR Alerts for New GCNs in 3Q2015 (July – September 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 the following twenty GCNs:
 - GCNs #074293 and #074295: PHENYLEPHRINE/DM/ACETAMINOP/GG - Ingredient Duplication (ID), High Dose (HD)
 - GCNs #074344, #074459, and #074287: DIPHENHYDRAM/PE/DM/ACETAMIN/GG - Ingredient Duplication (ID), High Dose (HD)
 - GCN #072092: METHYLPHENIDATE HCL - High Dose (HD), Low Dose (LD)
 - GCNs #073368, #073369, and #073371: PERINDOPRIL ARG/AMLODIPINE BES - Drug-Allergy (DA), Drug-Pregnancy (PG), Drug-Disease (MC), Therapeutic Duplication (TD), Underutilization (LR), Ingredient Duplication (ID), Drug-Age (PA), High Dose (HD), Low Dose (LD)
 - GCNs #074405, #073265, and #074705: DICLOFENAC/CAPSICUM - Drug-Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD)
 - GCN #068712: FENTANYL CITRATE-0.9 % NACL/PF - Drug-Allergy (DA), Drug-Disease (MC), Additive Toxicity (AT), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

- GCN #073444: OMBITASVIR/PARITAPREV/RITONAV - Ingredient Duplication (ID)
 - GCN #074629: CLINDAMYCIN PHOSPHATE - High Dose (HD), Low Dose (LD)
 - GCNs #074316, #074318, #074675, #074676: EMPAGLIFLOZIN/METFORMIN HCL - Drug-Disease (MC), Therapeutic Duplication (TD), High Dose (HD), Low Dose (LD)
 - GCN #064934: ASPIRIN - Drug-Pregnancy (PG)
- 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: Section 20 Cleanup

- Dr. Thompson noted that minor discrepancies continue to exist between what is posted in the Medi-Cal DUR Manual under “DUR: Prospective Drug Use Review - Section 20” and the actual programming in the current prospective DUR system. The DUR work group’s continuous cleanup efforts include presenting some of these discrepancies to the DUR Board for their input. The following recommendations were discussed:
 - Turn on DD alerts for all 39 GCNs listed in clean up topic #1, to be consistent with the manual.
 - Turn on ID and HD alerts for acetaminophen-containing products under GCN 074344 and GCN 074312, to be consistent with the manual.
 - Turn off pediatric LD alert for GCN 067043, and make alert profile consistent among all TOPOTECAN GCNs.
 - Remove BELLADONNA/PHENOBARBITAL from the main TDL but keep PHENOBARBITAL on the main TDL.
 - Turn on additional alerts for the 16 GCNs for FENTANYL listed under clean up topic #5, as described in the manual (DA, MC, TD, LR, AT, ID, HD, and LD), as needed to make sure the alerts are consistent across all GCNs.
- Dr. Albertson asked about listed FENTANYL GCNs, what types of products were they and since some of them appeared to be parenteral preparations, noted that a pharmacy would normally not be dispensing them. Dr. Thompson responded that she will review those products and suggested that the alerts still be turned on even for parenteral products, in order to make table auditing simpler. She also stated, that if a specific product is not being dispensed through a pharmacy, its alert status will not have any impact to alert fatigue.
- Dr. Thompson pointed out that even though DUR Manual has FENTANYL under Late Refill alert Target Drug List, none of the 152 existing GCNs in the system have LR turned on.
- A motion was made – and seconded – to accept these recommendations with an amendment to keep LR alert off for FENTANYL GCNs. There was no further discussion. The motion was carried.

ACTION ITEM: The following DUR Board recommendations will be submitted to DHCS: 1) turn on DD alerts for all 39 GCNs listed in clean up topic #1; 2) turn on ID and HD alerts for GCN 074344 and GCN 074312; 3) turn off pediatric LD alert for GCN 067043, and make alert profile consistent among all TOPOTECAN GCNs; 4) remove BELLADONNA/PHENOBARBITAL from the main TDL but keep PHENOBARBITAL on the main TDL; 5) turn on additional alerts for the 16 FENTANYL GCNs (DA, MC, TD, AT, ID, HD, and LD)

iii. Review of Prospective DUR Criteria: Pregnancy Alert (PG)

- Dr. Thompson reported that in the current system the Drug/Pregnancy (PG) alert is generated when a pharmacy claim for a drug that possesses a clinical significance of D, X, or 1 (as assigned by the United States Food and Drug Administration [FDA] or First DataBank, Inc. [FDB]) is being processed for a beneficiary with a current pregnancy diagnosis or a claim for prenatal vitamins on their profile. FDA’s “Pregnancy and Lactation Labeling Rule” (PLLR), which took effect in July 2015, removes the existing pregnancy letter categories for new drugs submitted for

review. Labeling for prescription drugs approved on or after June 30, 2001, will be phased in gradually over the next five years. FDB will continue to maintain current pregnancy categories over the next few years and is launching a new pregnancy alert file.

- This prospective review was summarized in three tables. Table 1 contained drugs that should have the alert on based on their individual or drug class risk profiles. A recommendation to the Board was to turn PG alert on, for consistency within drug class. Drugs listed in table 2 already had the PG alert turned on but were neither on the main therapeutic drug list for prospective DUR (TDL) nor on the PG-specific TDL. A recommendation to the Board was to keep the PG alert on for these drugs and to update the DUR manual as needed for consistency.
- Finally, the drugs which met the criteria for PG alert (Pregnancy Category D, X or Severity Level 1) but had the PG alert either off or in test mode, were listed in Table 3. Due to a large number of drugs in this table, a recommendation to the Board was to turn their PG alert in test mode for at least 90 days and evaluate the potential impact to the DUR program.
- Dr. Albertson suggested that we change the test period from 90 to 30 days because of potential safety impact that those alerts can have. The other members of the DUR Board agreed with this recommendation. Dr. Albertson also inquired if the system would be able to handle a large update to DUR alerts at once. A formulary file analyst (Francoise McCool, Xerox) who was present at the meeting responded that the volume of proposed changes should not impact claims processing.
- A motion was made – and seconded – to accept these recommendations as amended by Dr. Albertson. There was no further discussion. The motion was carried.

ACTION ITEM: The following DUR Board recommendations will be submitted to DHCS: 1) turn on PG alert for drugs listed in Table 1 and add to TDL as needed; 2) keep PG alerts on and add drugs to TDL as needed per Table 2; and 3) turn PG alert on in test mode for drugs listed in Table 3, after 30 days of implementation analyze the test alert reports.

e. Review of DUR Educational Outreach to Providers

i. Update: Asthma Letter

- Dr. Thompson reported that medical and pharmacy claims data with dates of service between May 1, 2015 and August 31, 2015 were reviewed for this update. One beneficiary from the control group was no longer enrolled in the FFS program, so 16 beneficiaries remain in each group. Paid claims data show two beneficiaries from the control group had an office visit within 90 days of mailing, while no one from the intervention group had a visit in the same time period. Of note, one of the patients seen in the office also had two visits to the emergency department within the same time period. Because medical claims are often processed with a delay, another update will be provided at the next Board meeting.

ii. MEDD Proposal

- Dr. Thompson presented proposed criteria for this intervention, stating that a decision on MEDD threshold will need to be made, once the number of candidates is known. Dr. Finley suggested that criteria include at least 14 or 30 days of therapy over a set MEDD threshold. He proposed that time specification/duration of use may be more relevant than a single set MEDD. Dr. Thompson will research if our available data would allow such criterion. Dr. Finley also suggested a 120 mg cut off for this intervention.
- Dr. Albertson suggested that information about take-home NALOXONE prescription should be included in the letter, and a survey question should be added to determine if the prescriber provided a prescription.
- Dr. Thompson stated that the cutoff may be determined based on the number of beneficiaries identified at a particular MEDD. A revised proposal will be presented at the next meeting.

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

i. Review of Retrospective DUR Criteria:

- Dr. Lynch presented a retrospective DUR on new additions to the Medi-Cal List of Contract Drugs (CDL). A review of new GCNs added to the CDL between 10/1/13 and 9/30/14 was presented. A total of 11 new prescription medications were added to the CDL and utilization data for at least a ten-month period before and after the addition to the CDL was shared with the DUR Board. There were no comments or suggestions for additional evaluation.
- Dr. Lynch also presented a retrospective DUR on buprenorphine. She noted that recent Medi-Cal policy changes have allowed for increased access of beneficiaries to buprenorphine. As of June 1, 2015, an approved *Treatment Authorization Request* is no longer required for buprenorphine and buprenorphine/naloxone, when prescribed by qualified physicians for the treatment of opioid addiction. Formulations of buprenorphine on the Medi-Cal List of Contract Drugs include sublingual tablets, sublingual film and buccal film. Dr. Lynch reported that a total of 4898 continuously-eligible Medi-Cal fee-for-service beneficiaries had at least one paid claim for either buprenorphine or buprenorphine/naloxone between 9/1/14 and 8/31/15, with the majority of beneficiaries having ≤ 12 paid claims. A review of selected medications found very few beneficiaries with concomitant paid claims for drugs contraindicated for use with buprenorphine or buprenorphine/naloxone. Of note, the temporal order of these concomitant drugs was not evaluated. Dr. Lynch also reported that the greatest number of beneficiaries in the study population reside in the North and Mountain region of California. Several potential interventions were discussed. The DUR Board felt that due to limited utilization, no educational intervention is needed at this time. It was recommended that we continue to follow the utilization of these agents, and consider reviewing methadone use in counties with high buprenorphine utilization.
- Dr. Lynch presented a retrospective DUR review on smoking deterrent agents. A statewide evaluation conducted by the California Diabetes Program estimated that the smoking prevalence among adult Medi-Cal beneficiaries in 2009 was 20%, compared to 14% statewide. Smoking prevalence in California varies by gender and county. The highest prevalence of smoking is noted amongst males in Del Norte county. Since March 2012, the California Smokers' Helpline has been an integral part of the Medi-Cal Incentives to Quit Smoking (MIQS) Project, receiving over 83,000 calls from Medi-Cal smokers from March 2012 through April 2015. As of July 1, 2014, two additional formulations of nicotine replacement therapy, nicotine polacrilex and lozenge, were added to the Medi-Cal List of Contract Drugs. An approved *Treatment Authorization Request* is no longer needed for these drugs or for combination nicotine replacement therapy. For this retrospective DUR update, all paid claims for smoking cessation drugs with dates of service between 8/1/14 and 7/31/15 were reviewed for Medi-Cal fee-for-service beneficiaries. Increases in the number of utilizing beneficiaries for nicotine polacrilex gum (from 85 to 182 utilizing beneficiaries) and nicotine polacrilex lozenge (from 31 to 44 utilizing beneficiaries) were noted. Between 8/1/14 and 7/31/15, 86 beneficiaries initiated NRT combination therapy. Dr. Stebbins pointed out that since the California Smokers' Helpline was still providing incentives during the review period, some use of combination therapy may not be captured. A motion was made and seconded to develop educational outreach to pharmacies that service Medi-Cal beneficiaries in counties with a high smoking prevalence.

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

i. DUR Publications

- Dr. Lynch presented a summary of the DUR publications that have posted since the last DUR Board meeting. One educational bulletin and one educational alert were published. The educational bulletin was entitled, "Clinical Review: Morphine Equivalent Daily Dose to Prevent Opioid Overuse" and the educational alert was the

annual immunization update.

- Dr. Lynch reviewed that the morphine equivalent daily dose (MEDD) is an indicator of potential dose-related risk for adverse drug reactions to opioids, including overdose. MEDD is used to assess comparative potency between opioids, and should NOT be used to convert one opioid to another. Online calculators are available to assist clinicians. Dr. Lynch stated that while there is no completely safe opioid dose, patients receiving MEDD of 100mg or more have a nine-fold increased risk of overdose, per published clinical literature.
- MEDD thresholds recommended by selected organizations including the Medical Board of California, the California Division of Workers Compensation and the American Academy of Pain Medicine are described in the DUR Educational Bulletin. Also described are MEDD established by other State Medicaid Drug Use Review programs.
- MEDD was assessed in the Medi-Cal fee-for-service population using a retrospective review of pharmacy claims from 7/1/14-6/30/15. Pharmacy claims data were matched by national drug code (NDC) using the Morphine Equivalent Calculator Tool developed by the Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University. MEDD was calculated for each claim.
- Of 529,681 paid claims, 87% were below 80 mg MEDD. Nine percent were greater than 120 mg MEDD. Of 237,106 total paid claims with greater than a 14 day supply, 74% were less than 80mg MEDD and 18.5% were greater than 120mg MEDD.
- Cross tabulation of pharmacies and prescribers for paid claims were reviewed. The majority of claims had one prescriber and one pharmacy. Approximately 1% of claims from ≥ 3 prescribers had 3 or more pharmacies
- Dr. Lynch concluded by stating that the ability to calculate MEDD adds an additional assessment tool to combat potential opioid overdose. She reported that links to materials to prevent prescription drug abuse were provided in the bulletin.
- Additional clinical recommendations given by Dr. Lynch included the following:
 - Prescribers should weigh the risks and benefits of nonprescription and prescription pain treatment options using best practices for opioid prescribing.
 - Providers are encouraged to enroll in and access CURES reports.
- Dr. Lynch presented the 2015 Immunization Update, created in collaboration with the Immunization Branch. A review of the updated ACIP recommendations for 2014-15, with links to the ACIP, were provided for influenza, human papilloma virus, serogroup B meningococcal disease, and 13-valent pneumococcal conjugate disease. Dr. Lynch also summarized California Senate Bill 277 (Pan, 2015), which was signed into law on June 30, 2015.

ii. Discussion/Recommendations for Future Educational Bulletins

- The calendar for future DUR educational bulletins was reviewed. The Board did not have any suggested changes or additions/deletions at this time.

h. Pharmacy Update:

- i. Drug Medi-Cal (DMC) Organized Delivery Waiver Program - Ms. Chan provided an update on the DMC Waiver Program, reporting that 53 counties have opted-in, representing 98.6% of population. She also noted that the draft of the state implementation plan can be found at:

http://www.dhcs.ca.gov/provgovpart/Documents/DHCS_State_Implementation_Plan_A_DA_Compliant_W_phase_5.pdf.

Ms. Chan highlighted the following five phases in the timeline:

- Phase one: Bay Area (21.3% of population)
- Phase two: Southern California (60.8% of population)
- Phase three: Central Valley (13.8% of population)

- Phase four: Northern California (2.7% of population)
- Phase five: Tribal partners

Ms. Chan stated that phase one has already begun and phase two began on November 1, 2015. She also cautioned that the timeline may be adjusted in the future.

- ii. ICD-10 Implementation - Ms. Chan reported that DHCS began accepting ICD-10 codes for claims with dates of service on and after October 1, 2015. Ms. Chan stated that additional information, including a Frequently Asked Questions (FAQ) document, is posted on DHCS webpage at: http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_icd10_faqs.asp.

Ms. Chan also pointed out that while pharmacy claims implementation is determined by date of service, all *Treatment Authorization Requests* (TARs) require ICD-10 codes, and a reauthorization of an approved TAR request containing ICD-9 codes will require submitting a new TAR with ICD-10 codes. There is a crosswalk between ICD-9 and ICD-10 codes, in order to adjudicate claims.

- iii. CURES 2.0 - Ms. Chan addressed the improvements in the CURES system, pointing out the following features:
- More user friendly
 - Patient safety alerts to push to prescribers
 - Patients can be flagged to prevent doctor/pharmacy shopping
 - De-identified data sets to distribute to County Health Officers
 - Almost 50 public reports to be available
 - Online registration of users to be simplified
- iv. Vaccine Policy Update - Ms. Chan reported that the following adult vaccines will be added to the CDL as covered drugs, effective 1/1/2016:
- Chicken pox
 - Hepatitis A (Havrix, Vaqta)
 - Hepatitis B (Engerix B, Recombivax)
 - Hep A/Hep B
 - Hib (several formulations)
 - HPV (Gardasil 9, Cervarix, Gardasil - as long as available)
 - Influenza vaccine (various formulations)
 - Meningococcal Conjugate Vaccines (Menactra and Menveo)
 - Men B Vaccine (Bexsero and Trumenba) - both indicated for protection against Men B but it is important to note that the two vaccines are not interchangeable because one vaccine is a 2-dose vaccine and the alternative one is a 3-dose vaccine
 - Meningococcal Polysaccharide Vaccine
 - MMR
 - Pneumococcal Conjugate Vaccine (PCV13)
 - Pneumococcal Polysaccharide Vaccine (PPSV23)
 - Shingles/zoster vaccine
 - Td
 - Tdap (already covered)
- v. FDA News - Ms. Chan reported on the recent developments at FDA:
- FDA discusses approval of OxyContin for children 11-16 years of age: <http://www.fda.gov/drugs/newsevents/ucm456973.htm>
 - FDA is investigating the use of the medication tramadol in children less than 17 years of age, because of rare risk of slowed breathing: <http://www.fda.gov/safety/medwatch/safetyinformation/safetyalertsforhumanmedicalproducts/ucm463499.htm>
- vi. Foster Care QI Project: Legislative Update – Ms. Chan provided an update on the three recent legislative items affecting DHCS programs and policies:

	<ul style="list-style-type: none"> • SB 238 (Mitchell) – Foster care: psychotropic medication This Bill would provide care givers and professionals, including child welfare services workers and social workers, with the data, information and tools needed to provide care safely to foster care children. California Department of Social Services (CDSS), in consultation with the Department of Health Care Services (DHCS), would develop monthly reports on foster care children receiving psychotropic medications and to provide data to counties. CDSS would provide updated training on use of psychotropic medications to child welfare services workers and other professionals. Judicial Council would update forms and rules (JV 220 process) • SB 484 (Beall) – Juvenile This Bill requires CDSS to compile and post on internet website specified information on psychotropic medication use in group homes; it also requires that CDSS in consultation with specified associations and other stakeholders develop additional performance standards and outcome measures to determine effectiveness of care and supervision in group homes. The Bill includes Healthcare Effectiveness Data and Information Set (HEDIS) psychotropic medication measures in reports • SB 319 (Beall) – Child welfare services: public health nursing This Bill authorizes a foster care public health nurse, as part of his or her requirement to participate in medical care planning and coordinating for a child, to monitor and oversee the child’s use of psychotropic medications. The bill also authorizes the disclosure of health care and mental health care information to a foster care public health nurse, as specified, and provides training to public health nurses specific to monitoring and oversight of psychotropic medication use. <p>vii. Survey on Retrospective Drug Utilization Review (RDUR) Program – Ms. Chan introduced a recent survey conducted by the U.S. Department of Health and Human Services, Office of Inspector General (OIG), Office of Evaluation and Inspections of States’ RDUR programs. This survey aims to better understand States’ processes for taking action based on RDUR results to address quality of care issues and potential cases of prescription drug abuse. The survey included a data request and additional questions divided into the following five sections:</p> <ol style="list-style-type: none"> 1. Data source States use, and how States screen and determine interventions and actions taken 2. How States track and follow up interventions/actions 3. Challenges and solutions 4. RDUR effectiveness 5. Medicaid Managed Care Organizations (MCOs) in RDUR <p>Timeline: States were requested to submit survey by 10/30/15 and data request by 11/13/15. Ms. Chan reported that DHCS had already submitted all required documents.</p> <p>viii. Drug Utilization Review (DUR) FY 2014 State Comparison Report – Ms. Chan reported that CMS has posted the FFY 2014 DUR Annual State Reports at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Programs-Data-and-Resources.html</p> <p>The State Comparison/Summary Report for FFY 2014 is posted at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html</p>
5) PUBLIC COMMENTS	<ul style="list-style-type: none"> • Dr. Rogan, a practicing physician, wanted to know if there are reports on effectiveness and rate of completion of Hepatitis C treatment.
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 February 16, 2016 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 p.m.
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Action Items	Ownership
Incorporate Dr. Wong's edits into the minutes and post to the DUR website.	Ivana
The following DUR Board recommendations will be submitted to DHCS: 1) turn on DD alerts for all 39 GCNs listed in clean up topic #1; 2) turn on ID and HD alerts for GCN 074344 and GCN 074312; 3) turn off pediatric LD alert for GCN 067043, and make alert profile consistent among all TOPOTECAN GCNs; 4) remove BELLADONNA/PHENOBARBITAL from the main TDL but keep PHENOBARBITAL on the main TDL; 5) turn on additional alerts for the 16 FENTANYL GCNs (DA, MC, TD, AT, ID, HD, and LD.)	Pauline/Ivana
The following DUR Board recommendations will be submitted to DHCS: 1) turn on PG alert for drugs listed in Table 1 and add to TDL as needed; 2) keep PG alerts on and add drugs to TDL as needed per Table 2; and 3) turn PG alert on in test mode for drugs listed in Table 3, after 30 days of implementation analyze the test alert reports.	Pauline/Ivana