GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, November 19, 2019
9:30 a.m. – 3:00 p.m.

Location: Department of Health Care Services (DHCS)
1700 K Street, 1st Floor Conference Room
Sacramento, CA 95814

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| 1) WELCOME/ INTRODUCTIONS/ ROLL CALL/ ANNOUNCEMENTS | • The Global Medi-Cal Drug Use Review Board (the "Board") members and meeting attendees introduced themselves.
• Board members present: Drs. Timothy Albertson, Chis Chan, Stan Leung, Johanna Liu, Janeen McBride, Robert Mowers, Yana Paulson, Randall Stafford, and Marilyn Stebbins.
• Board members absent: Drs. Michael Blatt, Lakshmi Dhanvanthari, Jose Dryjanski (attended via webinar), Vic Walker, and Andrew Wong (attended via webinar).
• Joanne Peschko, MBA from the DHCS Office of the Medical Director (OMD) was in attendance. DHCS Pharmacy Benefits Division (PBD) staff present included Pauline Chan, RPh, MBA, David Do, PharmD, Paul Nguyen, PharmD, Ivana Thompson, PharmD, and Jose Villalobos, MPA.
• Representatives present from other Medi-Cal managed care plans (MCPs) attending in-person included Mary Anne Choi, PharmD (LA Care), Clarence Chung, PharmD, MBA (Kaiser), Riona Fujinaga, PharmD, (Inland Empire Health Plan), Matthew Garrett, PharmD (Health Plan of San Joaquin), Lisa Ghotbi, PharmD (San Francisco Health Plan), Adam Horn, PharmD (CenCal Health), Amit Khurana, PharmD (Aetna Better Health of California), Helen Lee, PharmD, MBA (Alameda Alliance for Health), and Rahel Negash, PharmD (Alameda Alliance for Health).
• Representatives from other Medi-Cal managed care plans (MCPs) attending via webinar included Barrie Cheung, PharmD (Health Plan of San Mateo), Anthony Dao (AIDS Healthcare Foundation), Biyan Feng, PharmD (Health Plan of San Mateo), Kris Gericke, PharmD (CalOptima), Dang Huynh (Santa Clara Family Health Plan), Susan Nakahiro, PharmD (Blue Shield of California Promise Health Plan), Andrea Ocampo (Partnership Health Plan of California, Inc.), Lynette Rey, PharmD (Partnership HealthPlan of California, Inc.), Navnatt Sachdeva, PharmD (Central California Alliance for Health), Ankit Shah, PharmD (UnitedHealthcare Community Plan of California, Inc.), Jessica Shost, PharmD (San Francisco Health Plan), Ashley Tejeljo, PharmD (Community Health Group), Mimosa Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.), Bruce Wearda, RPh (Kern Family Health Care), Andrew Yau, PharmD (Health Plan of San Mateo) and Jonathan Yeh, PharmD (Health Plan of San Joaquin).
• Ms. Chan introduced Lisa Kroon, PharmD (UCSF School of Pharmacy) and announced the California Society of Health-System Pharmacists had presented Dr. Kroon with their Pharmacist of the Year Award for 2019. Dr. Stebbins thanked Dr. Kroon for her leadership, guidance, and commitment to the State of California. Dr. Kroon commented on the importance of the DUR program to the UCSF School of Pharmacy and how it aligns with the department’s mission to serve the citizens of the State of California.
• Ms. Chan went through each of the meeting announcements. Ms. Chan reported that Dr. Ramiro Zuniga resigned from the Global Medi-Cal DUR Board effective October 15, 2019. DHCS and the Board thanked him for his service. Ms. Chan gave a brief status update on the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. She also noted that the most recent National Prescription Drug Take-Back Day was
Saturday, October 26th. The Drug Enforcement Administration (DEA) now allows for the collection of vape pens and e-cigarette devices on the drug take-back day, but only after the batteries are removed from the devices. Ms. Chan stated that the DEA provides additional guidance and alternatives for disposal on its website. Ms. Chan then reported that there has been a Centers for Disease Control and Prevention (CDC) update on lung injury associated with e-cigarette use, or vaping. Ms. Chan then reminded the Board that the MCP’s Annual Drug Use Review Report for FFY 2019 submission is due to DHCS on April 1, 2020. The survey questionnaire for FFY 2019 has yet to be released by CMS.

- Ms. Chan reported that Barry Handon, MD, MPH passed away last month (October, 2019). Ms. Chan noted that she used to work with Dr. Handon at DHCS and he was a leader in the CalMEND (the California Mental Health Care Management Program) quality improvement initiative. Lisa Ashton, PharmD (formerly with DHCS, now with Johnson & Johnson) spoke fondly of her work with Dr. Handon at DHCS. Ms. Chan stated a major achievement of CalMEND under his leadership was integrating behavioral health and primary care to improve use of psychotropic medications, and that the DUR Program is continuing his important work.

### 2) CALL TO ORDER/ GUIDELINES/ ROBERT’S RULES

The Chair of the Board, Dr. Randall Stafford, called the meeting to order. Ms. Chan reviewed the general meeting guidelines and stated that everyone should have the mindset to be courteous, respectful, and open-minded. Ms. Chan then provided a brief summary of Robert’s Rules of Order.

Dr. Stafford stated that he is viewing an electronic copy of the agenda and packet in order to follow the agenda and attachments being presented. He explained that any Board members using personal computing devices during the meeting are viewing the same materials provided to the public. This statement is required by Open Meeting rules. Dr. Stafford then reminded the Board to complete the Board meeting feedback survey.

### 3) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM SEPTEMBER 17, 2019

The Board reviewed the minutes from the Board meeting held on September 17, 2019. Dr. Albertson motioned that the minutes be approved. The motion was seconded. There was no discussion. The Board voted to approve the minutes.

**AYE:** Albertson, Chan, Leung, Liu, McBride, Paulson, Stafford, and Stebbins

**NAY:** None

**ABSTAIN:** Mowers

**ABSENT:** Blatt, Dhanvanthari, Dryjanski, Walker, and Wong

**ACTION ITEM:** Post the September 17, 2019, minutes to the DUR website.

### 4) OLD BUSINESS

a. Review of Board Action Items from September 17, 2019:

i. Ms. Chan noted that all board recommendations to DHCS regarding the Medi-Cal Rx program have been reviewed by DHCS, including the following:
   - All Medi-Cal MCPs to facilitate and adopt a Medicare-like MTM program and performance improvement project (PIP) models.
   - Medi-Cal FFS program to explore and develop the infrastructure of a Medicare-like MTM program and performance improvement project (PIP) models.
   - DHCS to allot funding for Medi-Cal MCP participation in MTM and QIP/PIP programs and in the DUR Board.
   - Provide real-time data to MCPs, a portal for health plan access to data, and regular transmission of encounter files in a standardized format to ensure care coordination for members and providers.

ii. Ms. Fingado reported that the recommendation to send a DUR educational outreach letter to the top prescribers of gabapentin was approved by DHCS. She estimates the letter will be sent in December 2019.

iii. Ms. Fingado stated that a DUR educational alert regarding the 2019 updated asthma management and prevention guidelines published by the Global Initiative for Asthma (GINA) to the list of topics for educational outreach was published in October 2019 and a related outreach proposal would be presented this afternoon.
iv. Ms. Fingado noted that the recommendation to use only continuously eligible beneficiaries with the same plan for the duration of the quarter for the Global Quarterly DUR Report was approved and that this recommendation had been incorporated into the global quarterly report to be presented this afternoon.

b. Recommended Action Items for MCPs from September 17, 2019: Ms. Chan presented the recommended action items for MCPs from the Board meeting held on September 17, 2019. Recommendations are separated into two categories: required action items and suggested action items.

5) NEW BUSINESS

a. Health Plan Presentation by Partnership Health Plan of California: Asthma Medication and Asthma Medication Ratio (AMR) – Dr. Leung began his presentation with an overview of asthma, including economic burden, general pharmacology, and currently available therapies. He then described how to calculate the AMR, one of the current Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Dr. Leung discussed the following three best practices related to the AMR measure:
- Identify patients with an AMR < 0.5 and scheduled time for education and assessment of these patients.
- Focus on appropriate ICD-10 coding for asthma and asthma-like symptoms.
- Develop a close relationship with local hospitals and emergency departments to help clinicians identify patients who are in need for a follow-up with their primary care physician.

Dr. Leung described the AMR Eligible Population Report Card, which was created by Partnership Health Plan of California. This report card is a clinic-specific tool for providers to use to help understand the AMR measure and to highlight any potential gaps in care. Dr. Leung explained the different aspects of the report card and showed how the AMR population can change throughout the year due to factors such as cough and cold season. Dr. Stebbins asked if he noticed an impact from the 2018 fires in California on the data presented. Dr. Leung noted that while the overall impact still needs to be assessed, there was definitely an impact from the poor air quality and the inability of patients to get needed medications during displacement from the fires.

Dr. Leung gave an overview of best practices relating to the prescribing and pharmacy component of asthma care, including placing refill limitations and avoiding auto-refill on albuterol prescriptions. Dr. Leung then summarized the 2019 GINA guidelines, noting new recommendations to prescribe daily or as-needed low-dose inhaled corticosteroid (ICS) for adults and adolescents with mild asthma and to avoid treatment with short-acting beta-agonists (SABAs) alone. He concluded by noting that Partnership Health Plan of California is working with chain pharmacies to help them better understand their role in asthma management.

Dr. Stafford asked if AMR methodology included a hierarchy for the calculation of the population denominator when there is more than one qualifying event. Dr. Leung stated that while there is not a hierarchy in the calculation of AMR, the hope is to explore the group meeting more than one criteria in further detail and share any relevant findings through academic detailing. Dr. Albertson asked how nebulizers are handled in the AMR calculation and how have they handled biologics instead of classic medication options. Dr. Leung replied that he would have to provide a follow up as the medical director handles these details. Dr. Lee asked if they had developed any tools for medication therapy management and case management. Dr. Leung stated that they are exploring an outcome-based model that can help with interventions and that they tried to provide a gap list to pharmacies but had mixed results. Ms. Chan asked if Dr. Leung felt that long-acting beta-agonist (LABA)/SABA combination therapy improved adherence. Dr. Leung stated that most patients carry around only one inhaler and did not know if they would carry two over just albuterol alone. He also noted that GINA guidelines do not promote as-needed use of ICS.
b. Global DUR Board Activities

i. Retrospective DUR Review: Antihyperglycemic Medications – Dr. Mowers reported that UC Health is currently reviewing policies and best available evidence for the treatment of type 2 diabetes mellitus (T2DM). As their final recommendations are still in progress, Dr. Mowers stated that this presentation today represents his own thoughts only and not those of UC Health. Dr. Mowers gave a brief overview of pharmacologic approaches to glycemic treatment, noting treatment should be patient-centered and consider efficacy and patient factors when choosing pharmacologic treatment of blood glucose. Dr. Mowers then reported on recent literature showing sodium-glucose co-transporter 2 (SGLT-2) inhibitors and glucagon-like peptide-1 receptor agonists (GLP-1 RA) may decrease the risk of cardiovascular events, hospitalizations, and death, while decreasing the total cost of care.

Dr. Mowers then showed high-level data looking at antihyperglycemic medication use in the Medi-Cal population, stratified by both FFS and MCP enrollees. Dr. Mowers reported low adoption for SGLT-2 and GLP1-RA medications in the Medi-Cal population and proposed that non-endocrinologists don’t feel comfortable prescribing SGLT-2 or GLP1-RA. He suggested we should encourage providers to prescribe these drugs that are better antihyperglycemic medications than what is currently being prescribed to Medi-Cal beneficiaries with T2DM. Dr. Mowers proposed writing a DUR educational bulletin discussing the current American Diabetes Association (ADA) and American College of Cardiology (ACC) policies on using SGLT2 inhibitors and GLP1-RA in the treatment of T2DM.

Dr. Stebbins noted sometimes there is slow uptake once guidelines are published and asked what UC endocrinologists are currently recommending for patients. Dr. Kroon stated that these guidelines have been out for three years and that data is emerging faster, especially this past year. Dr. Kroon reported they were not switching patients but now are switching patients to SGLT-2 and GLP1-RA medications. She noted that these brand-to-brand cost switches are easier than switching from sulfonylureas, which are still being used relatively frequently. Dr. Stafford asked if there was data on how many Medi-Cal patients are on combination therapy and of those, what percentage of patients was considered to be high-risk. Dr. Mowers stated that these data were not assessed at this stage but it could be included in the bulletin. Dr. Ghotbi shared that UCSF endocrinologists provided input at their pharmacy and therapeutics committee meeting and advocated keeping sulfonylureas on formulary as many people benefit from these drugs.

Dr. Khurana asked what the perceived barrier is for prescribing. Dr. Mowers stated that extra paper and documentation is a barrier and on the commercial side, uptake is slower than might be expected. Dr. Stafford asked to what extent there are prior authorization restrictions on these drugs. Dr. Mowers motioned that FFS and MCP plans should review barriers and assess if these are needed. The motion was seconded. Dr. Stafford stated he was skeptical we needed this motion if there was a requirement to have availability of these drugs without an approved Treatment Authorization Request (TAR). Dr. Mowers reported hearing about paperwork barriers so he thinks it might be relevant to have each plan review potential barriers and how they could be mitigated. Dr. Stebbins agreed and noted our data show that best practices are not being followed. Dr. Stafford noted that sulfonylureas are being prescribed and there may be beneficiaries on appropriate combination therapy. Dr. Stebbins stated that any time we have updated guidelines and national data it should be shared with our providers.

Dr. Mowers then motioned the following:

1) Write a DUR educational bulletin discussing the current ADA and ACC policies on using SGLT2 inhibitors and GLP1-RA in the treatment of T2DM.
2) Review the process for FFS patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers FFS patients may have in obtaining either of
these two classes of medication and determine if any identified barriers can be mitigated.

3) Review the process for MCP patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers MCP patients may have in obtaining either of these two classes of medication and determine if any identified barriers can be mitigated.

The motions were seconded. There was no further discussion. The motions passed.

AYE: Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, and Stebbins
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski, Walker, and Wong

ACTION ITEM: The DUR Board recommendations to 1) write a DUR educational bulletin discussing the current ADA and ACC policies on using SGLT2 inhibitors and GLP1-RA in the treatment of T2DM; 2) review the process for FFS patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers FFS patients may have in obtaining either of these two classes of medication and determine if any identified barriers can be mitigated; and 3) review the process for MCP patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers MCP patients may have in obtaining either of these two classes of medication and determine if any identified barriers can be mitigated will be submitted to DHCS.

ii. Review of DUR Board Bylaws – Dr. Stafford reviewed the recent history of the annual review of the bylaws. Dr. Paulson asked if there were any known recommendations by the Board to make specific changes to the bylaws. Dr. Stafford noted the suggested edits were minor and mostly included updating the bylaws to use the term “Global” in a more consistent manner. Dr. Ghotbi made a suggestion to the Board to recommend the bylaws stipulate length of term and more detailed qualifications for becoming a Board member. Dr. McBride noted that the qualifications are described in the regulations. Ms. Chan agreed and stated the qualifications in the bylaws were taken from the federal regulations outlined in the Omnibus Budget Reconciliation Act (OBRA) of 1990. Dr. Stafford motioned for an additional edit on page three of the bylaws in order to clarify that a simple majority of the Board members present may pass a motion, once a quorum has been established. The motion was seconded. Dr. Liu requested the proposed changes be put on the screen. Dr. Orozco and Ms. Fingado drafted the following revision for page three and projected it on the screen: “A simple majority of members shall constitute a quorum. Once a quorum has been established, a simple majority of those members present is needed for a motion to pass.” There was no further discussion. The motion passed.

AYE: Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, and Stebbins
NAY: None
ABSTAIN: None
ABSENT: Blatt, Dhanvanthari, Dryjanski, Walker, and Wong

ACTION ITEM: The DUR Board recommendation to accept all edits to bylaws, including the addition of a clarification on Page 3 will be submitted to DHCS.

iii. Summary of MCO Best Practices – Due to time constraints, Dr. Stafford quickly went through the MCO best practices slides, which focused on pain management and opioid use best practices. He reported that data from Smart Care California show that plans are adopting recommended strategies for opioid use best practices and showing improvements over time. Dr. Stafford recommended continuing to use health plan presentations as a platform to disseminate best practices more broadly. Dr. Stebbins suggested that plans engage their pharmacies. She is observing difficulties with appropriate access to pain medications post-discharge, where
medications are being prescribed correctly but pharmacies are not stocking pain medications and patients are issued only a 72-hour supply. Dr. Stebbins stated that pharmacies are blaming distributors and that there are pockets around California where access is particularly problematic, such as in the Central Valley. Dr. Stebbins reported that geographically isolated patients having pain medications restricted by their pharmacies is currently the top problem identified through the transitions of care program at UCSF.


v. CMS Initiative: Improving Asthma Control Learning Collaborative – Dr. Albertson reported that CMS has launched a new initiative, “Improving Asthma Control Learning Collaborative.” This initiative will support state Medicaid and CHIP beneficiaries and will focus on improving asthma control. Dr. Albertson noted there are two parts to the initiative: 1) a series of four webinars that began in October 2019 for discussing concepts and tools for asthma control and 2) an affinity workgroup to begin in March 2020 to take action.

Dr. Albertson motioned to recommend the DUR program and Medi-Cal MCPs participate in this action-oriented affinity group in designing and implementing QI projects related to improving asthma control in California. The motion was seconded.

Dr. Albertson noted that asthma is an amplifying disease with potential lifetime consequences and that this could be an opportunity for FFS and MCP to align and come up with a unified approach to asthma control. Dr. Leung asked if this program was in conjunction with the National Asthma Control Program, which is led by the Centers for Disease Control and Prevention (CDC). Dr. Albertson said this initiative is led by CMS and is focused on the Medicaid and CHIP populations. Ms. Chan described the past positive experience of the DUR program participating in a CMS-led affinity workgroup that focused on improving psychotropic medication use in children. There was no additional discussion. The motion passed.

**AYE:** Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, and Stebbins

**NAY:** None

**ABSTAIN:** None

**ABSENT:** Blatt, Dhanvanthari, Dryjanski, Walker, and Wong

**ACTION ITEM:** The DUR Board recommendation that the DUR program and MCPs participate in an action-oriented affinity group in designing and implementing QI projects related to improving asthma control in California will be submitted to DHCS.

c. Recap of morning action items – Dr. Orozco read the Board action items from the morning session. There was no discussion and no edits were made to the listed action items.

d. Health Plan Presentation by LA Care Health Plan: The Role of Managed Care Pharmacists in Improving Outcomes of Patients with Type 2 Diabetes – Dr. Paulson, PharmD introduced Mary Anne Choi, PharmD, Clinical Pharmacist, LA Care] to provide an overview of the role of managed care pharmacists and how they work to enhance member care and satisfaction, optimize appropriate use of resources, bridge gaps in patient care, and are a critical component in innovative care models.

Dr. Choi briefly described three programs at LA Care where managed care pharmacists play a key role in improving outcomes of patients with type 2 diabetes, including the
Community Pharmacy Value-Based Program, the Ambulatory Care program, and the High Touch Telephonic Outreach – Insulin Initiation.

Dr. Choi stated that the Community Pharmacy Value-Based Program was a pilot program that received grant funding from the CDC and the Los Angeles County Department of Health. Dr. Choi provided information on the program stakeholders and discussed the benefits of payer-pharmacy engagement, where pharmacies receive payment or incentives to provide comprehensive medication management (CMM) and payers are not expected to pay for CMM services that do not have a high probability of delivering results.

Dr. Choi then focused on the Ambulatory Care program, a pilot program that partnered pharmacists with primary care clinics with the goal of bridging the gap between healthcare payers and providers. Dr. Choi described how the plan for LA Care clinical pharmacists to assist clinics in the management of high-risk patients will help bridge the gap in care. She explained that data from this pilot would be analyzed and used to monitor the return on investment of the program.

Finally, Dr. Choi provided an overview of the High Touch Telephonic Outreach – Insulin Initiation, a completed program. Dr. Choi stated that a retrospective study was conducted to assess the impact of a pharmacist-led intervention on a high-risk diabetes patient population started on preferred basal insulin. Although the results of this program did not show a significant impact on the reduction of hemoglobin A1c, Dr. Choi explained that this might have been due to recent changes in the American Diabetes Association guidelines but also conceded the telephone outreach did not appear to have high impact, which is why LA Care tried the other two pilot programs.

Dr. Stebbins noted that there are three pillars in care, the community, the payer, and the clinic. Dr. Stebbins asked if they envision collaboration between the managed care plans and the community pharmacies and how they plan to push value-based care. Dr. Paulson stated this is why they have proposed that the DUR Board support the recommendation that DHCS provide funding for community-based services. Dr. Paulson noted that leveraging different departments within the MCPs to support initiatives could help target patients who have a gap in care. Dr. Lee asked about details on the community pharmacies they worked with. Dr. Choi stated that they chose pharmacies with at least two pharmacists and who agreed to follow their training. Dr. Kroon stated that the results demonstrated about a 2% decrease in A1c and wondered if any outliers skewed the data. Dr. Choi replied that they did not assess outliers. Dr. Kroon then stated that AB1114 provides DHCS payment to pharmacists for level 1 and level 2 care and suggested asking for reimbursement based on level 4 care. Dr. Paulson replied that not many pharmacists are billing, but that they are working with pharmacies to educate them on this process.

e. Pharmacy Update: Medi-Cal Rx – Dr. Thompson provided a brief update on the status of Medi-Cal Rx. She stated that while a Notice of Intent to Award had gone out, DHCS received a Notice of Appeal last week so there is currently no update on vendor selection for Medi-Cal Rx. Dr. Thompson stated that there is no set timeline for the appeal process. Dr. Thompson reported that an updated version of the FAQ had been posted earlier in the month and may provide more answers. Dr. Thompson noted that over 100 applications were received for participation in the Medi-Cal Rx Advisory Workgroup and that there would be an announcement on December 13th regarding the Advisory Workgroup. She stated the Advisory Workgroup would have seven meetings and there would also be quarterly public forum meetings throughout the transition.

f. UCSF Update
i. Prospective DUR: Fee-for-Service
   • Review of DUR Alerts for New GCNs in 3Q2019 (July – September 2019): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than DD, ER, and PG are provided to the Board for review. At
this meeting, the Board reviewed the alert profiles for the following drugs:

- **AMLODIPINE BENZOATE** – Late Refill (LR), High Dose (HD), Low Dose (LD)
- **CITALOPRAM HYDROBROMIDE** – Therapeutic Duplication (TD), Late Refill (LR), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- **CLIN-BEN-OTN-OCSL-OCT-OXY-TITN** – High Dose (HD), Low Dose (LD)
- **CLIND/OTN/OCAL/O-CRL/OXB/TITN** – High Dose (HD), Low Dose (LD)
- **DEXTROMETHORPHN/ACETAMINOPH/CP** – Ingredient Duplication (ID), High Dose (HD)
- **DROSPIRENONE** – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- **MIDAZOLAM** – Additive Toxicity (AT)
- **ROSUVASTATIN CALCIUM** – Late Refill (LR), High Dose (HD), Low Dose (LD)

There were no questions or objections to these alert profile recommendations. There was no further discussion.

ii. **DUR Educational Outreach to Providers: Fee-for-Service**

- **Final Outcomes: Additive Toxicity Letter** – Ms. Fingado reported on the final outcomes of the additive toxicity mailing, which was sent on January 18, 2019. The objectives for this mailing were the following:
  - To identify beneficiaries at high-risk for adverse events associated with the use of certain opioid medications in combination with benzodiazepines and other CNS depressants
  - To help inform health care providers and patients of the serious risks attributed to co-prescribing of opioids with CNS depressants, including benzodiazepines, non-benzodiazepine receptor agonists, and antipsychotics

  The final undeliverable rate was 1% and the final response rate was 25%. The primary outcome showed 61% of continuously eligible beneficiaries did not have active paid claims for both opioids and benzodiazepines after 6 months following the mailing. Ms. Fingado noted that additional beneficiaries were only taking buprenorphine (no other opioids) after 6 months following the mailing. The secondary outcome showed 16% of total continuously eligible beneficiaries had a paid claim for naloxone within the 6 months following the mailing.

  Dr. Ghotbi asked if letters are sent more than once. Ms. Fingado stated that each new mailing starts as a pilot and future actions could be taken depending on the outcomes shown from a mailing. Ms. Fingado noted that we have repeated a few of the mailings based on positive outcomes. Dr. Stafford suggested language in the letter to address the possibility there are tapers in progress. Ms. Fingado stated there is a line that states that we do not have access to the patient’s comprehensive records or medication lists and that this letter is based on one moment in time. Ms. Fingado also noted that we sent this letter before gabapentin was added to the list of drugs generating an additive toxicity alert, so it would be worth doing again and seeing how many letters are generated. Dr. Stebbins motioned to repeat the additive toxicity alert educational outreach letter to providers. The motion was seconded. There was no further discussion. The motion passed.

**AYE:** Albertson, Chan, Leung, Liu, McBride, Mowers, Paulson, Stafford, and Stebbins

**NAY:** None

**ABSTAIN:** None

**ABSENT:** Blatt, Dhanvanthari, Dryjanski, Walker, and Wong

**ACTION ITEM:** The DUR Board recommendation to repeat the additive toxicity alert educational outreach letter to providers will be submitted to DHCS.
• Final Outcomes: Nicotine Replacement Therapy (NRT) Letter to Pharmacies – Ms. Fingado reported on the final outcomes of the nicotine replacement therapy (NRT) letter to pharmacies, which was sent on August 23, 2018. The objectives for this mailing were the following:
  o To inform pharmacy directors of the protocol for pharmacist furnishing of NRT in California, including training requirements
  o To increase the number of pharmacists able to furnish NRT
  o To increase the number of Medi-Cal beneficiaries with a paid claim for NRT

The final undeliverable rate was 1% and the final response rate was 11%. The primary outcome showed less than 20 paid claims in the 15 counties for pharmacist-furnished NRT within 12 months of the mailing. The secondary outcome showed less than 20 pharmacists in the 15 counties furnished NRT within 12 months of the mailing. However, Ms. Fingado reported that total NRT claims were up 18.6% in the 15 counties, compared with 9.0% among all other counties and 5% of utilizing beneficiaries in the 15 counties were prescribed combination NRT, compared with 2% among all other counties. Ms. Fingado stated that while these results were not either the primary or secondary outcome, they did show a trend in the right direction.

Dr. Ghotbi noted that so much of NRT is one and done and that an intervention will take time as follow-up is needed over time for patients to follow through. She suggested letting pharmacists know how to register as an ordering, referring, or prescribing (ORP) provider. Ms. Fingado stated that the link for providers to register as an ORP was included in the letter. Dr. Kroon reported that registration is happening a lot quicker, with the time to register as an ORP dropping from about ten months down to about eight weeks. Dr. Stafford asked if there were any suggestions on how to help pharmacies register. Ms. Fingado mentioned academic detailing, reaching out to pharmacies. Dr. Stafford thought it might be useful to provide outreach to pharmacies to remind them they do have the ability to generate revenue by registering. Dr. Kroon stated that for chain pharmacies this usually requires approval from corporate office and for independents there is a new initiative for an integrated pharmacy network encouraging pharmacists to become ORP providers. Ms. Fingado noted we have other pharmacist furnishing topics in the queue and we could see if there is a difference in uptake for pharmacist furnishing of hormonal contraception or naloxone. Dr. Albertson noted that smoking cessation needs to be a more integrated process and by focusing on pharmacists alone in 15 counties is not enough. Dr. Albertson suggested targeting both pharmacists and physicians in the same county with a focus on the end results, not the process. He noted there is also a need to address psychological evaluation, and not just providing prescriptions for NRT. Ms. Fingado stated that although the primary and secondary outcomes focused on paid claims, the letter and DUR bulletin enclosure did contain other educational information about smoking cessation.

• Proposal: Asthma Guidelines – Ms. Fingado presented a proposal to inform health care providers of the updated Global Initiative for Asthma (GINA) guidelines. Medi-Cal fee-for-service beneficiaries with paid claims for short-acting β2-agonists (SABAs) alone and a diagnosis of asthma will be included in the study population. The prescribers of the SABAs will receive a letter including the names and birthdates of the identified patient(s) in their practice, the Medi-Cal DUR alert on the GINA guidelines, and a provider survey. Ms. Fingado stated that the primary outcome would be the percentage of continuously eligible beneficiaries with paid claims for SABAs alone within 12 months following the mailing and the secondary outcome would be the percentage of continuously eligible beneficiaries with paid claims for inhaled corticosteroid (ICS) treatment within 12 months following the mailing. There was not a quorum so there was not a motion to recommend approval of this proposal. Ms. Fingado stated that the letter could be sent without a motion, if approved by DHCS. Dr.
Albertson suggested looking at use of SABAs alone for a one-year time period. Dr. Leung suggested three or more paid claims to show long-term use.

iii. Retrospective DUR

- Global Quarterly: 2Q2019 (April – June 2019) – Ms. Fingado presented the Global Quarterly Medi-Cal DUR report for 2Q2019. This quarterly report contains all pharmacy utilization data for the Medi-Cal program. Utilization data are presented in aggregate, and then stratified by FFS or MCP enrollment status and the following population aid code groups:
  - Affordable Care Act (ACA)
  - Optional Targeted Low Income Children (OTLIC)
  - Seniors and Persons with Disabilities (SPD)
  - All other aid codes not categorized as ACA, OTLIC, or SPD (OTHER)

  Ms. Fingado noted that per Board request, the stratified tables of the report now include only beneficiaries who were continuously enrolled in the same plan for the entire duration of the quarter. She pointed out that by limiting the report to beneficiaries with continuous enrollment in the same plan for the duration of the quarter, the differences between mean days’ supply between FFS and MCP enrollees were decreased. The Board recommended no changes to the report template for subsequent quarterly reports.

- FFS Quarterly Report: 3Q2019 (July – September 2019) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 3rd quarter of 2019, which includes both prospective and retrospective DUR data. This quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only. This report includes all carved-out drugs processed through the FFS program. Ms. Fingado noted that 14% of eligible Medi-Cal FFS enrollees had a paid claim through the Medi-Cal fee-for-service program, compared with only 2% of Medi-Cal MCP enrollees. Ms. Fingado also pointed out a utilization decrease among all beneficiaries in the 0 - 12 year age group and that the FFS utilization of proton-pump inhibitors showed a 28% increase in total paid claims from 2018 Q3, which may be attributed to the addition of omeprazole to the Medi-Cal fee-for-service List of Contract Drugs (CDL), effective May 1, 2019. Finally, Ms. Fingado reported a 379% increase in total paid claims from 2018 Q3 for naloxone, which was the subject of California legislation that became effective the first day of 2019 Q1.

- New Additions to the Medi-Cal List of Contract Drugs: FFY2018 – Dr. Shal Lynch (UCSF) reported that each month there are usually modifications made to the Medi-Cal List of Contract Drugs, including the addition of new drugs. A review of utilization patterns for these drugs is conducted each year in order to determine if there is a need for further evaluation of any of the drugs added to the Medi-Cal List of Contract Drugs during the 2018 Federal Fiscal Year. Dr. Lynch stated that during the Federal Fiscal Year 2018 (between 10/1/17 and 9/30/18), there were a total of 22 new prescription medications added to the Medi-Cal List of Contract Drugs. Utilization data (total number of paid claims and utilizing beneficiaries with at least one paid claim) were reviewed for each of these drugs during the period between 10/1/16 and 08/31/19 to allow at least 11 months of utilization data before and after the drug was added to the Medi-Cal List of Contract Drugs. Fourteen of the drugs had low utilization (< 20 utilizing beneficiaries during all of the months reviewed) and were not reported in detail. There were no comments or suggestions for additional evaluation.

iv. Review of DUR Publications presented by Dr. Lynch


• Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed and it was noted that today’s topic on anti-hyperglycemic medications had been added to the list.

g. Recap of today’s action items – The action item in the afternoon session to repeat the additive toxicity alert educational outreach letter to providers was noted.

h. Looking ahead: Call for future meeting agenda – Ms. Chan stated that she welcomes recommendations from the Board for speakers. Possible presentations for February include CenCal Health describing both their asthma population health project and benzodiazepine provider outreach campaign and Alameda Alliance for Health sharing their opioid initiative.

6) PUBLIC COMMENTS
• There were no public comments.

7) CONSENT AGENDA
• The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on February 25, 2020, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814.

8) ADJOURNMENT
• The meeting was adjourned at 2:57 p.m.

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Ownership</th>
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<tbody>
<tr>
<td>Post the September 17, 2019, Board meeting minutes to the DUR website.</td>
<td>Amanda</td>
</tr>
<tr>
<td>The DUR Board recommendation to write a DUR educational bulletin discussing the current ADA and ACC policies on using SGLT2 inhibitors and GLP1-RA in the treatment of T2DM will be submitted to DHCS.</td>
<td>Amanda/shal</td>
</tr>
<tr>
<td>The DUR Board recommendation for DHCS to 1) review the process for FFS patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers FFS patients may have in obtaining either of these two classes of medication; and 2) determine if any identified barriers can be mitigated will be submitted to DHCS.</td>
<td>DHCS</td>
</tr>
<tr>
<td>The DUR Board recommendation for MCPs to 1) review the process for MCP patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers MCP patients may have in obtaining either of these two classes of medication; and 2) determine if any identified barriers can be mitigated will be submitted to DHCS.</td>
<td>DHCS</td>
</tr>
<tr>
<td>The DUR Board recommendation to accept all edits to bylaws, including the addition of a clarification on Page 3 will be submitted to DHCS.</td>
<td>Amanda</td>
</tr>
<tr>
<td>The DUR Board recommendation that the DUR program and MCPs participate in an action-oriented affinity group in designing and implementing QI projects related to improving asthma control in California will be submitted to DHCS.</td>
<td>Pauline</td>
</tr>
<tr>
<td>The DUR Board recommendation to repeat the additive toxicity alert educational outreach letter to providers will be submitted to DHCS.</td>
<td>Amanda/shal/Hannah</td>
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