



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, May 9, 2006
10:00 a.m. to Noon**

Location: Department of Health Services
1501 Capitol Avenue, Room 71.4003
Sacramento, CA 95814

Topic	Discussion
1)CALL TO ORDER	Meeting was called to order by Dr. McBride Members present: Janeen McBride, Andrew Wong, Ross Miller, Patrick Finley, Marilyn Stebbins, Robert Mowers, Stephen Stahl Members absent: Kenneth Schell, Art Whitney, Tim Albertson
2) APPROVAL OF LAST MINUTES	Dr. McBride moved to approve the minutes from the February 14, 2006, Board meeting. Dr. Wong requested a change in section 3.B.5. "Part D will pay for methotrexate" should be changed to "Part B". Dr. Stahl requested a change in wording in Utilization Report to reflect "changes in payment reporting" instead of "payment reporting". Dr. Stahl requested the deletion under 3(d), of "inappropriate". Minutes unanimously approved as amended.
3)CDHS COMMENTS – MEDICARE PART D & MEDI-CAL ACTIVITIES	<p>A. CMS Guidelines (Centers for Medicare and Medicaid Services)</p> <ol style="list-style-type: none"> 1. Dr. Lisa Ashton, California Department of Health Services (CDHS), presented this item as a follow-up from the February 2006 meeting report. Providers are having difficulties deciding what gets billed to whom. <ol style="list-style-type: none"> i. There is a document off of the CMS website clarifying Medicare Part B & D coverage issues. This document was last updated in February 2006. ii. The second document is a list of Medicare Part D drugs that are paid for by the PDP's/MAPD's and the excluded drugs that may be paid for by Medi-Cal. There is an update to this document that states the position that CMS has regarding niacin and high dose Niaspan & Niacor which were originally excluded because they were thought of as vitamins. In January 2007, they will be a covered medication through Medicare Part D. This update was dated April 11, 2006. <p>B. Governor Authorizes Continuation of Emergency Dispensing</p> <ol style="list-style-type: none"> 1. Dr. Ashton provided updates on the continuation of Emergency Dispensing. The governor has continued Emergency Dispensing through May 16th at midnight. Anything after this time frame will have to go through the legislature to become a law. It is currently in front of the legislature. 2. Dr. McBride stated that the Medicare and Medi-Cal claims are going through different databases so there are no checks for duplicate prescriptions or early refills, even if they are run though on the same day. 3. Dr. Ashton stated that the PDP's are getting ready to bid for the 2007 business year, yet they have no idea what amounts they are spending on drugs. All PDP's are in the same situation, with no complete set of information.

4) ONGOING PROJECTS

A. Acetaminophen Toxicity Analysis

1. Dr. Ashton looked at patterns of utilization to try to figure out if patients that have greater than 4 grams acetaminophen per day for greater than 100 days are seeing any specific providers or pharmacies that are dispensing this. Mr. Jim Klein, CDHS research scientist, is looking at the data for Dr. Ashton.
 - i. The data was re-analyzed and looked at time frames of 01/05-06/05 for beneficiaries with >4 grams of acetaminophen for more than 100 days. Liver and renal toxicity prevalence were also assessed.
 - ii. There is also a problem of system issues and what should alert pharmacists of high dose. CDHS is evaluating the current DUR alerts to determine where the high dose APAP alerts should be occurring: May need to change to a hard edit for maximum dose to prevent problems in the future. Will need to be evaluated.
2. The board members questioned how the DUR process works for acetaminophen, if it calculates by day supply and if HD alerts are actually being given or if the pharmacists are just overriding. Dr. Ashton answered that since Acetaminophen is not a target drug, then HD will not be turned on for it, so there are no alerts occurring for acetaminophen.
 - i. Mr. Vic Walker, CDHS, stated that the only acetaminophen that is a target drug is Acetaminophen with Codeine, and that Hydrocodone with Acetaminophen is not on the target drug list.
 - ii. Need to look at how the alert for acetaminophen would actually work, and to see what First DataBank has set for its alerts.
3. Dr. Ashton stated that education needs to be done in the TAR field offices, since Vicodin has limitations on it for billing and that many TAR's are being approved for this med. Need to see if the TAR field offices are calculating the acetaminophen dosing before they approve the TAR's.
4. Dr. Stahl stated that direct education needs to be done to prescribers to tell them that their patients are taking more than 4 grams. Dr. Ashton replied that currently the system does not edit on prescriber, so they cannot guarantee that the information that they have on prescriber is valid.

B. Antidepressants in Children and Adolescents Study

1. Dr's Stahl, Finley, & Ashton are working on this project and are still in the process of writing the study to submit to Committee for the Protection of Human Subjects.
2. CALMEND project focusing on adolescent and children due to the stability of this group of participants.
 - i. Dr. Ashton would like to coordinate the efforts of the DUR evaluation and the CALMEND projects in mental health issues in children and adolescents since the findings and interventions apply to both programs.
 - ii. Dr. Finley stated that there is a decrease in antidepressant use in these age groups and Dr. Stahl stated that there is an increase in atypical antipsychotic use.
 - iii. CALMEND is funded by Proposition 63, and Dr. Wong questioned if the DUR Board could get similar funding. The DUR Board and its activities are a Federally mandated program and, therefore, receives Federal funding. CALMEND is supported by funds collected on a 1% tax on income over \$1 million.
3. Dr. Sanui stated that the Managed Care plans are interested in antipsychotic use also.

C. Asthma Study

1. Dr. Ashton stated that she is working on the data for the studies.

D. Rheumatoid Arthritis Study

1. Dr. Wong stated that he is awaiting the Rheumatoid Arthritis Data.

E. Prospective Drug Use Review (ProDUR) Impact Improvement Project

1. Dr. McBride, Dr. Schell, Dr. Mowers and Dr. Ashton are trying to determine what can be done to ProDUR system to use it to the best of its current abilities.
 - i. Conference call on 4/21/06 discussing ways to tackle ProDUR issues.
 - ii. There are multiple reports generated on prospective alerts, but not a lot known about the reports and what is driving these alerts.

	<ul style="list-style-type: none"> iii. Dr. Ashton researched the capabilities and programs associated with prospective DUR strategies from other state Medicaid agencies. Wisconsin's Prospective DUR program was notable for the following: <ul style="list-style-type: none"> 1. Wisconsin chooses specific areas or categories of drugs to turn on based upon high risk, high cost, or otherwise documented utilization issues. The specific drugs or categories are rotated as improvement in utilization is demonstrated. They use a pharmaceutical care model to reimburse pharmacists for services above and beyond replying to the on-line alert. iv. The DUR Board is considering the use of pharmaceutical care model to reimburse for good clinical and pharmaceutical care. <ul style="list-style-type: none"> 2. The top Alert Combinations for Therapeutic Duplication (TD) were reviewed: 20% of the cases are short and long acting beta agonist combinations. Overall, 44% of the alerts are for clinically acceptable combinations. 3. Dr. Mowers questioned the ER alert data and what benefit the data provides to the program. 4. Dr. McBride suggested breaking into sub-committees to take a look at each separate item and then bring it back to full committee to discuss. 5. Dr. Ashton explained that the DUR needs to determine why certain items are turned on/off and if it is because of the federal government statutes or a State plan. CDHS needs to determine if it can turn off the prospective alert system in part or in total until the current system can be replaced. CDHS will need to check two sources in order to determine the feasibility of turning off the system: the Federal Law and the State Plan submitted to CMS. If the Federal allows discontinuation, then the State Plan to CMS must be amended to reflect this change.
<p>5) DUR ANNUAL REPORT</p>	<ul style="list-style-type: none"> A. CDHS is ready to submit Annual Report B. Dr. Miller stated there are two pages of the Survey section missing from Board Packet. This will be reissued to the Board Members via email. C. Dr. Stahl suggested that publications that the Board Members have done should be included in the Annual Report. <ul style="list-style-type: none"> 1. This should only include activities between October 1, 2004 through September 30, 2005. A reference and abstract would be included in Attachment 4 under Activities of Board Members. 2. Dr. McBride will receive a copy of Attachment 4 via email once Board Members activities are included.
<p>6)UTILIZATION REPORTS</p>	<ul style="list-style-type: none"> A. Quarterly Report (January – March 2006) <ul style="list-style-type: none"> 1. Dr. Tina Wills, Electronic Data Systems, reviewed the Quarterly report with respect to Medicare Part D and the percentage of claims decreasing over the quarter. Emergency provisions were in place for this quarter, so the data may be skewed during this time period. 2. Dr. Ashton commented that there are still Medicare Part D covered drugs that are being paid for by Medi-Cal. 3. Dr. Stahl questioned why there was so much money spent on SSRI's in age group 13-18 when 3 of the 5 SSRI's are currently generic and a fourth will be coming soon. Look at generic versus brand on SSRI's. 4. Dr. McBride questioned if DUR Board has any power over the TAR's in looking at the breakdown of TAR versus Managed Care prior authorizations to see if TAR offices are too strict or lenient in their approval process for these drugs. Dr. Sanui stated that the State is currently working on a project for this. 5. Dr. Finley would like Table 7 & 8 to show a percent change from same quarter last year, with rolling over the last 4 quarters plus current quarter. It will have to be known that the data over the last time frame and future time frames may be skewed until Emergency Provision are ended. B. Top Pharmacies by ER Alerts <ul style="list-style-type: none"> 1. Majority of Top 20 pharmacies are Long Term Care pharmacies. Dr. McBride wants to look into the top three pharmacies processes to see how they do their daily filling of prescriptions. 2. ER alerts can be overridden after the first day of filling. It is a soft edit, not a hard edit. Dr. Stahl suggested that we publish the pharmacies with the most

	<p>ER alerts in a bulletin to make providers aware of their status. Dr. Finley stated that there may be a problem with publishing the names, but maybe a letter to the pharmacy provider.</p> <ol style="list-style-type: none"> 3. Motion by Dr. Mowers to privately send a letter to the pharmacy providers first with a given time frame to change their billing behavior, with future outliers being published in the future. This motion was seconded by Dr. Stahl. 4. Dr. Stahl would like to explore the possibility of working with Licensing and Certification (L & C) to address the overuse of medications in the skilled nursing facilities. L & C could potentially leverage the facilities accreditation for improved utilization. Audits and Investigations will also send out auditors at the request of Medi-Cal Pharmacy Policy if it's a case of fraud and abuse. 5. Mr. Walker suggested that we add a percent of claims to the ER Alert list next to the total claims amount to see if the large numbers that are seen are consistent with the rest of the group.
7) PUBLIC OR DUR BOARD COMMENTS	Diane Potestio wanted to know if the pharmacies on ER alert are always high or if Medicare Part D has skewed the data. It is difficult to determine at this time what impact the departure of Part D recipients will be since a high volume of prescriptions are still going through Medi-Cal.
8) DATE OF NEXT DUR BOARD MEETING	The next DUR Board Meeting is scheduled for September 12, 2006, in the first floor training rooms, at 1500 Capitol Avenue.
9) ADJOURNMENT	The meeting adjourned at 11:40 AM

Summary of Action Items:

1. Amend 02/14/06 meeting minutes as requested.

2. Acetaminophen Toxicity Analysis

- a) Dr. Ashton to get a list of options on what the DUR alert system can and cannot do.
- b) Identify physicians, pharmacies, and patients who are getting high dose acetaminophen.
 - i) Look at sending letter to renal and liver patients.

3. Prospective Drug Use Review (ProDUR) Impact Improvement Project

- a) Determine what the Federal Statute and State Plan to CMS allows for Prospective DUR program discontinuation.

4. Annual Report

- a) Dr. Ashton will email all DUR Board Members to see if any members have activities to include in the annual report.
- b) Pages 1 and 2 of the Survey will be emailed to DUR Board members for their records.

5. Quarterly Report

- a) Look at brand versus generic breakdown for SSRI's for next Board meeting.
- b) Change Quarterly Report Tables 7 & 8 to include percent change of current quarter plus last four quarters.