GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, September 13, 2022
9:30 a.m. – 3:00 p.m.

Location: Department of Health Care Services
1500 Capitol Avenue, Auditorium
Sacramento, California

Topic	Discussion
1) WELCOME/ INTRODUCTIONS/ ROLL CALL/ ANNOUNCEMENTS	• Board members present included Drs. Timothy Albertson, Michael Blatt, Lakshmi Dhanvanthari, Stan Leung, Johanna Liu, Randall Stafford, Yana Paulson, and Andrew Wong. • Board member present on the webinar: Mr. Vic Walker. • Board members absent: Drs. Jose Dryjanski, Janeen McBride and Robert Mowers • Department of Health Care Services (DHCS) Pharmacy Benefits Division (PBD) employees present included: Pauline Chan, R.Ph, MBA, Paul Nguyen, PharmD, and Emily Schulz, PharmD. Samira Ahantab, PharmD, Sylvana Ho, PharmD, Ivana Thompson, PharmD, and Paul Pontrelli, PharmD, were present on the webinar. • Representative from Medi-Cal managed care plans (MCPs) present included Irene Chung, PharmD (Aetna), Michelle Church, PharmD (Kern Family Health Care), Adam Horn, PharmD (CenCal Health), Helen Lee, PharmD (Alameda Alliance for Health). MCP representatives present on the webinar included Clarence Chung, PharmD, MBA (Kaiser), Matt Easton, PharmD (California Health and Wellness), Matthew Garrett, PharmD (Health Plan of San Joaquin), Kris Gericke, PharmD (CalOptima), Nicki Ghazanfarpour, PharmD (CalOptima), Kesha Farmer, PharmD (HealthNet), Evangelina Hurtado, PharmD (Anthem), Cindy Huynh, PharmD (Blue Shield of California), Rebecca Lau, PharmD (Contra Costa Health Services), NhuAnh Le, PharmD (Health Plan of San Joaquin), Joselito Marquez, PharmD (Blue Shield of California), Susan Nakahiro, PharmD (Blue Shield of California Promise Health Plan), Jamie Rockhold, PharmD (Gold Coast Health Plan), Annie Roh, PharmD (Molina Healthcare), Navneet Sachdeva, PharmD (Central California Alliance for Health), Jessica Shost, PharmD (San Francisco Health Plan), Flora Siao, PharmD (California Health and Wellness), Ramon Tran Tang, PharmD (Alameda Alliance for Health), and Lily Yip, PharmD (Gold Coast Health Plan). • Ms. Chan established there was a quorum for this meeting. • Ms. Chan encouraged everyone to use the Medi-Cal Rx Subscription Service Sign-Up, in order to receive the latest Medi-Cal Rx news.
2) CALL TO ORDER/ GUIDELINES/ ROBERT'S RULES	The Chair of the Board, Dr. Yana Paulson, called the meeting to order. Dr. Paulson reviewed the meeting guidelines and stated that everyone is expected to be courteous, respectful, and open-minded. Dr. Paulson then provided a summary of Robert's Rules of Order.

3) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM MAY 17, 2022	The Board reviewed the minutes from the Board meeting held on May 17, 2022. Dr. Wong suggested several minor edits to the minutes. Dr. Albertson motioned the minutes be approved with Dr. Wong's edits incorporated. Dr. Stafford seconded the motion. There was no discussion. The Board voted to approve the minutes. **AYE:** Albertson, Blatt, Dhanvanthari, Leung, Liu, Paulson, Stafford, and Wong. **NAY:** None **ABSTAIN:** None **ABSENT:** Dryjanski, McBride, Mowers, and Walker. **ACTION ITEM:** Incorporate Dr. Wong's edits and post the May 17, 2022, minutes to the DUR website.
4) OLD BUSINESS	**a.** DHCS Update – Dr. Schulz indicated that updates on Medi-Cal Rx would be covered by UCSF. **b.** Recommended Action Items for MCPs from May 17, 2022 – Ms. Chan provided an overview of the MCP DUR requirements outlined in the All Plan Letter (APL) 22-012 and then presented the recommended action items for MCPs from the Board meeting held on May 17, 2022. Recommendations are still separated into two categories: required action items and suggested action items. **c.** Review of Board Action Items: i. Medication Therapy Management (MTM) Program Recommendations – Dr. Paulson expressed concern about the slow adaptation from pharmacies in the MTM program and indicated that she wanted to address concerns with enrollment prior to adding additional diseases to the scope of the program. She shared her observations from LA County which suggested that the application process was too cumbersome, and the compensation was too limited, which has resulted in pharmacies withdrawing their applications. Dr. Stafford asked DHCS if there was data to share regarding participation in the program. Ms. Chan indicated that Dr. Wofford shared updates at the last several board meetings, and there would be additional data to share at the November or February board meeting. Dr. Paulson requested that DHCS share the data at the November board meeting and Dr. Schulz indicated this would be feasible. Dr. Blatt requested to have data that provided county specific information. Dr. Wong asked Dr. Paulson if she could share specifics about what barriers there were from LA County entities who experienced difficulties with enrolling in the MTM program. Dr. Paulson stated that for LA Care and LA County, specialty pharmacies were particularly interested and submitted applications, but withdrew their applications since they took too long to get approved and ultimately the reimbursement rates did not make sense from a business perspective. Dr. Wong suggested to interview more pharmacies in LA County to determine additional barriers that could be shared with the Board. Dr. Paulson noted that roughly 50% of the pharmacies in LA County are independents that cater to ethnic populations, and the labor and infrastructure required to participate in the MTM program may not be feasible for the smaller pharmacies. She added that she'd like for DHCS to share information on the application process so that opportunities for improvement could be identified. Dr. Stafford suggested that DHCS staff analyze the data they produce and provide recommendations for actions the Board can take to help facilitate enrollment and use of the program. Dr. Blatt added that additional staffing options, such as subcontractors, should be considered by DHCS to help support the MTM program. He noted that Inland Empire has struggled with staffing their MTM program appropriately and that if health plans could utilize subcontractors, it could help centralize member services. Dr. Paulson motioned to ask DHCS to provide data on the current state of the MTM program for the last three quarters, including the total number of applicants, how long it takes to process an application, the number of claims processed under the MTM program, and total number of enrollees. Additionally, she asked that DHCS formulate

recommendations on how to improve the program in terms of broadening so that health plans can contract for MTM services and potentially utilize the same funds to do so. She also added that she suggests DHCS work with the health plans represented by the Board to gain experience to improve the program. Dr. Albertson stated that he disagreed with the last part of the motion because DHCS should work with any health plan, not just those represented by the Board. He suggested that DHCS evaluate the program as a whole and determine a plan for improvement if there is no additional uptake in the program.

Dr. Wong suggested DHCS identify pilot plans to work with that are not limited to those represented on the Board. Dr. Leung recommended that DHCS focus on barriers to uptake and further investigate why there were zero encounters as of the last Board meeting. Dr. Paulson added that other platforms who can conduct MTM services, such as doctors' offices, should also be explored. Mr. Walker asked who is paying for the MTM services. Ms. Chan stated that the MTM services are a new pharmacy benefit and suggested that DHCS could provide a summary of the funding during the next Board meeting. Dr. Leung suggested that for the program to grow, DHCS should cater the benefit to pharmacy billing and simplify the documentation.

Dr. Paulson amended her motion to recommend that for the next Board meeting, DHCS provide data on the current state of the MTM program for the last three quarters, including the total number of applicants, how long it takes to process an application, the number of claims processed under the MTM program, and total number of patients enrolled and seen by pharmacies. She expanded the motion that recommended DHCS conduct outreach to stakeholders, including clinics, pharmacies, and other Medi-Cal providers and plans using MTM, to gather information about potential changes DHCS could make to increase effectiveness and uptake of the MTM program. She also recommended that DHCS survey the pharmacies that are currently registered with Medi-Cal to find out why they have not enrolled in the MTM program.

Dr. Blatt seconded the motion.

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

ACTION ITEM: The DUR Board recommendation for DHCS to provide the following information will be submitted to DHCS:

- Data on the current state of the MTM program for the last 3 quarters, which includes but is not limited to:
  - How many pharmacies have applied
  - How long it takes to process an application
  - How many claims have been processed
  - How many patients been enrolled and seen by pharmacies
- Conduct outreach to stakeholders, including clinics, pharmacies, providers, and plans that are currently in the MTM program to gather information about potential changes that could increase effectiveness and broader uptake of the MTM program.
- Survey Medi-Cal pharmacies that have not applied to find out why they have not enrolled in the MTM program.

ii. Expansion of the Vital Directions Framework – Dr. Wong stated that in response to creating goals with specific sub-goals, there is a need to create a structure that can be utilized by the Board for future use and that they would discuss four goals.

Discussion 1 – Measure what matters most: Dr. Wong stated that this goal includes optimizing drug prescribing and opioid management. Dr. Stafford indicated the focus

	needs to be the health of the beneficiary and that this requires partnering with other stakeholders in the healthcare system. He recommended to incorporate the following Medi-Cal Managed Care Accountability Set (MCAS) for Managed Care Health Plans. (MCPs) measurements published in December 2021 for the measurement year 2022 and reporting year 2023, as areas to focus on: Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (>9%), Controlling High Blood Pressure, Antidepressant Medication Management: Continuation Phase Treatment, Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception – 60 Day, and Pharmacotherapy for Opioid Use Disorder. Dr. Stafford added that there should also be a focus on vaccination, chronic disease management, and treatment of infections. Dr. Leung recommended to identify which areas are related, such as disease or medication related, so that specific infrastructure, like academic detailing can be developed. Dr. Liu added that a review of direct impact on pharmacy services, from the patient perspective, would help understand potential gaps in access to care. Dr. Paulson noted that the suggested topics are important but questioned if they were too ambitious. She asked if there were details about timeline or approach to address the specific topics. Dr. Stafford stated that the focus should be from a global perspective and on the impact of care to the beneficiaries. He acknowledged the number of topics was ambitious, but the purpose was to make it more manageable by reducing the number of metrics so they can be measured. *Discussion 2 – Modernize skills*: Dr. Stafford stressed the need for strategies, in addition to academic detailing, that could accommodate a health care system that was moving towards a more remote and digital environment. He asked the Board to brainstorm on new capabilities or skills that DHCS could develop that would help accomplish the overall goals. Ms. Chan noted that with Medi-Cal Rx, Magellan and UCSF have provided new data contributions that will support the needs of developing a more substantial infrastructure. Dr. Stafford indicated that both Magellan and DHCS should be challenged to offer more. Dr. Wong suggested that providers should be encouraged to incorporate more tele-visit capabilities. Dr. Blatt added that industry-wide, there are new technologic developments for remote patient monitoring, but that clinicians don't always know how to use these functions most effectively. Dr. Leung suggested utilizing quality improvement principals for plans who underperform. While not a new technology feature, Dr. Paulson encouraged the use of community health workers as their work effectively facilitates coordination of care and access to medications. Lastly, Dr. Lakshmi suggested the use of data analytics to identify health care disparities and inequities as well as any given measure as they pertain to specific types of providers. *Discussion 3 – Accelerate real world evidence*: Dr. Stafford stressed the need for a systematic approach which should include rewarding plans who attempt to develop new approaches and technologies to meet the goals, then determine how to expand adoption of best practices identified. Dr. Leung recommended the use of the Plan-Do-Study-Act cycle to help identify what happens from the prescriber's office to the pharmacy and identify areas where gaps in care may occur. He added that the data shouldn't just be provided, but that it should be analyzed and interpreted so that clinicians can engage their members more effectively. Dr. Paulson encouraged focus on patient satisfaction to determine what improves their engagement. Dr. Stafford stated there is more to consider than just what happens in the doctor's office and in the pharmacy when understanding how to enhance the patient experience. Dr. Paulson agreed and added the pandemic unveiled that beneficiaries are engaged and capable of adapting to changes such as utilizing new technologies.

	Discussion 4 – Advance science: Dr. Stafford expressed the need to consider what plans do well and implement those practices at the state level. He added that the plans need to streamline the use of peer reviewed articles by partnering with organizations such as UCSF. He encouraged the input from these organizations as they provide the rigor that justifies publication and provides information that is sound. Dr. Stafford tied this topic back to the importance of data analytics to help identify areas of improvement around patient adherence and disparities. Dr. Lakshmi added that focus on the initial engagement of patients should be considered as that is the first step in developing effective programs. *Next steps* – Dr. Stafford recapped each of the four discussion items and reiterated that the goals identified were to help articulate a path for the Board to follow in the future. He motioned for the Board to adopt the goals to serve as the framework to be used by the Board. Dr. Wong seconded the motion. **AYE:** Albertson, Blatt, Dhanvanthari, Leung, Liu, Paulson, Stafford, and Wong. **NAY:** None **ABSTAIN:** None **ABSENT:** Dryjanski, McBride, Mowers, and Walker. **ACTION ITEM:** The DUR Board recommendation to adopt the following four main infrastructure goals to guide the Board in all future work will be submitted to DHCS: 1. Measure what matters most 2. Modernize skills 3. Accelerate real world evidence 4. Advance science
5) NEW BUSINESS	**a.** Global DUR Board Activities i. FFY 2021 DUR Annual Report: MCO Summary – Ms. Chan noted a summary of the MCO answers on the FFY 2021 DUR annual report to CMS was provided in the meeting packet. ii. DUR Board Bylaws – Ms. Chan indicated the Conflict of Interest Attestation forms that the Board is required to complete each year could also be found in the meeting packet. iii. DUR Board Vice Chair Elections – Ms. Chan reported that a statement of interest by Dr. Blatt had been received for the position of Vice Chair for 2023. Dr. Blatt read that statement to the Board. Dr. Stafford motioned to elect Dr. Blatt as DUR Board Vice Chair for 2023. The motion was seconded and there was no further discussion. The motion passed. **AYE:** Albertson, Blatt, Dhanvanthari, Leung, Liu, Paulson, Stafford, and Wong. **NAY:** None **ABSTAIN:** None **ABSENT:** Dryjanski, McBride, Mowers, and Walker. **ACTION ITEM**: The DUR Board recommendation to elect Dr. Michael Blatt as the DUR Board Vice Chair for 2023 will be submitted to DHCS. **b.** Health Plan Presentation: Retrospective DUR 2021 Highlights – Dr. Ghazanfarpour provided an overview of CalOptima's targeted HEDIS retrospective DUR reviews. She focused on their quarterly faxed interventions as well as their Post-Myocardial Infarction (MI) Medication Review Program. Dr. Ghazanfarpour explained that the faxed interventions focused on persistence of beta-blocker treatment after a heart attack and statin therapy for patients with cardiovascular disease and patients with diabetes, and that all three interventions resulted in measure improvement. She shared details around member takeaways and barriers discovered with the Post-MI Medication Reviews. Dr. Leung asked if the statin intervention faxes targeted multiple patients for each provider or if it was one fax per member. Dr. Ghazanfarpour indicated they were prescriber based with member specific information. Dr. Leung questioned if there was evaluation on the faxes resulting in prescription generation. Dr. Ghazanfarpour stated they didn't look at

	the member details since the tracking they conducted was at a higher level that pertained to the HEDIS measures. Dr. Leung then asked if they had any clinics who reached out to obtain more information on gaps they identified. Dr. Ghazanfarpour explained that sometimes members are assigned to a clinic instead of a provider, therefore they did have to provide more specific profile information. Dr. Stafford asked if CalOptima thought about broadening the scope of their interventions to include review of adherence to other medications, blood pressure management, or participation in cardiac rehab. Dr. Ghazanfarpour stated that their post-MI medication review was comprehensive and not just specific to statins and beta-blockers. Dr. Wong asked what their plan was to reach 80% for their statin related HEDIS measures and asked if CalOptima was part of the state's MTM program. Dr. Ghazanfarpour indicated they were not enrolled in the MTM program and that they planned to continue their current efforts to reach 80%, as they proved to be effective. Dr. Blatt asked what technology they used for documentation. Dr. Ghazanfarpour shared that they utilized internal programs developed by their IT team. **c.** Health Plan Presentation: HEDIS Medi-Cal Clinical Pharmacy Adherence Program – Drs. Siao and Farmer shared an overview of Health Net's population health clinical pharmacy services. Dr. Farmer shared that their target HEDIS measures were Controlling Blood Pressure and Comprehensive Diabetes Care. She covered their methods of pharmacy interventions, which included concierge care services, medication reconciliation, and addressing access to medication issues. Dr. Farmer added that as part of the Whole Peron Care model, additional approaches were offered such as the Health Net Community Partnership Food Rx Programs, motivational interviewing, and prospective DUR interventions. Dr. Stafford asked for clarification on how the list of medications that were targeted for intervention were identified. Dr. Farmer clarified the list was based off what the patients were using, and that it was not a pre-set list. Dr. Stafford indicated that he was struck by the absence of calcium channel blockers, which are first line, but the presence of metoprolol instead. Dr. Farmer agreed and indicated that they noticed the same but noted that the data was from 2021 and the data has trended towards the use of calcium channel blockers in recent years, as that is what they continue to recommend. Dr. Leung asked what Dr. Farmer thought the estimated time was for member engagement before they would be able to measure a positive outcome. She indicated it was dependent on the members' motivation to change, as some members were motivated after three conversations and others had weekly or monthly ongoing guidance. Ms. Chan inquired on their approach to integrate team-based care and how they prioritized which methods to use. Dr. Farmer explained that it was personalized per individual. Dr. Helen Lee asked about cost containment and how they were able to capture ROI just by team performance. Dr. Farmer stated that they leveraged data from their analytics team, but it was always challenging data to pinpoint. She explained they based their data from the time they reached out to the member to the time their A1c decreased, then calculate the cost. Dr. Lee then asked how they track case management in members with disparities. Dr. Farmer indicated they focused on social and mental health, and that all persons involved in the care process leave detailed action notes in their internal database. Ms. Chan asked Dr. Siao to share information on the flexibility from the three organizations from HealthNet that participated. Dr. Siao indicated that their outreach program only included HealthNet and CalViva. **d.** Recap of the morning action items – Hannah Orozco, PharmD (Magellan) read the Board action items from the morning session. There was no discussion, and no edits were made to the listed action items. **e.** Health Plan Presentation: Identifying and Informing High Risk Members Prior to the Medi-Cal Rx Transition – Dr. Shost described the steps SFHP took prior to the Medi-Cal Rx

transition to minimize any potential disruptions to their members' medical care. She shared details on how they analyzed the Contract Drugs List (CDL) and how they identified members who were at high risk for disruption through use of the Milliman Advanced Risk Adjusters tool. Dr. Shost indicated that SFHP did not identify significant gaps in therapy due to drug coverage.

Dr. Lee asked if they tracked continuation of drugs that members potentially switched to or if they noticed a drop off in use instead. Dr. Shost shared they noticed a brief uptick in high dose prescribing, but ultimately there were no changes before and after transition. Dr. Stafford asked if there was anticipation that there'd be more problems than what was identified. Dr. Shost explained that they were concerned about gaps in care due to what they found on the CDL, however, the potential gaps originally identified were resolved due to numerous additions to the CDL.

Dr. Leung asked if the study was based off denied claims or no claims. Dr. Shost stated they would have to determine if there were subsequent denied data and that a significant portion of the volume identified with no paid claims at the end of the study were due to a loss of follow up. Dr. Stafford asked if it meant that those members remaining were eligible but not utilizing. Dr. Shost stated that many were not utilizing as members were not removed from coverage during the pandemic.

f. UCSF Update

i. Review of DUR Publications by Shalini Lynch, PharmD (UCSF)

- Dr. Lynch shared with the Board that a DUR educational alert entitled, "Submitting Quality Data to the California Immunization Registry (CAIR2)," was published in May 2022. This alert highlighted steps that providers and pharmacies can take to ensure CAIR2 contains only high-quality data.

- Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed. Dr. Stafford suggested that to improve clarity and accuracy, the terminology should be changed from "hormone replacement therapy" to "menopausal hormone therapy." Dr. Lynch agreed to update this both on the slides and within the alert. Ms. Fingado asked Dr. Stafford for his thoughts on a potential educational article addressing the recent U.S. Preventive Services Task Force (USPSTF) recommendations for low-dose aspirin use for the primary prevention of cardiovascular disease (CVD). Dr. Stafford suggested first addressing the decision whether to start low-dose aspirin or not and then to clarify the more nuanced questions for adults 40 to 59 years of age. Drs. Stafford and Albertson both agreed to review an initial draft of the DUR educational bulletin on this topic.

ii. DUR Educational Outreach to Providers

- Update: Naloxone Prospective Study – Ally Diiorio, PharmD (UCSF) summarized recent updates that have taken place regarding the prospective naloxone study. She noted that key stakeholder interviews have been completed and on-site visits to community pharmacies in Lake County and Nevada County began on August 26, 2022. Dr. Diiorio also reported that she and Dr. Lynch attended the 2nd Annual International Overdose Awareness Day event in Lake County. Dr. Diiorio will provide updates to the Board on this study at future meetings.

- Mailing Update: Bosentan Letter - Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform health care providers about a modification to the Bosentan Risk Evaluation and Mitigation Strategy (REMS) Program that changed the pre-dispense authorization process for pharmacies. She reported that letters were mailed on June 13, 2022, to all eleven pharmacies who had dispensed Bosentan to at least one Medi-Cal patient during the previous 180 days. Each prescriber was sent a letter that included the Bosentan REMS Program fact sheet, a patient list, and a pharmacy survey.

- Mailing Update: Buprenorphine Letter - Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform health care providers about a letter from the American Society of Addiction Medicine (ASAM) and ten other health professional associations that called for the FDA to immediately and fully retract their Drug Safety Communication on dental problems associated with buprenorphine. She reported that letters were mailed on August 10, 2022, to all 1,116 prescribers of transmucosal buprenorphine to Medi-Cal FFS beneficiaries during 2022. Each prescriber was sent a letter that included the Medi-Cal DUR alert and a provider survey. Ms. Fingado stated that the primary outcome is the total paid claims for transmucosal buprenorphine prescribed within 6 months following the mailing, and final outcomes would be presented at the Board meeting in May of 2023. Ms. Fingado noted the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Mailing Update: Naloxone Provider Letter - Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform health care providers about the importance of prescribing naloxone to patients at high risk for overdose. She reported that letters were mailed in September 2022 to 1,021 prescribers of opioids to at least four high-risk Medi-Cal FFS beneficiaries that did not have a paid claim for naloxone within the last year. Each prescriber was sent a letter that included the Medi-Cal DUR naloxone bulletin and a provider survey. Ms. Fingado stated that the primary outcome is the total paid claims for naloxone prescribed within 6 months following the mailing, and final outcomes would be presented at the Board meeting in May of 2023. Ms. Fingado noted the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Mailing Update: Naloxone Pharmacy Letter - Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform pharmacies about the importance of furnishing naloxone to patients at high risk for overdose. She reported that letters were mailed in September 2022 to the top pharmacies that had dispensed opioids to at least ten high-risk Medi-Cal FFS beneficiaries that did not have a paid claim for naloxone within the last year. Each pharmacy was sent a letter that included the Medi-Cal DUR alert, the CDPH naloxone handout, and a pharmacy survey. Ms. Fingado stated that the primary outcome is the total paid claims for naloxone furnished within 6 months following the mailing, and final outcomes would be presented at the Board meeting in May of 2023. Ms. Fingado noted the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

iii. Retrospective DUR

- Quarterly Report: 2Q2022 (April 2022 – June 2022) – Ms. Fingado presented the Medi-Cal quarterly DUR report for the 2nd quarter of 2022, which includes both prospective and retrospective DUR data. Ms. Fingado shared summary data, including the total volume of Medi-Cal Rx claims submitted for processing in 2Q2022 (46,002,851) and that 31% of eligible Medi-Cal Rx beneficiaries had a paid claim during this quarter. Ms. Fingado shared that there are now three new tables (Tables 3.1 – 3.3) in the quarterly report that summarize the high cumulative dose (HC) alert. Ms. Fingado reported that for 2Q2022, 90.3% of submitted opioid claims had no HC alert (was 87.7% in Q1) and 97.4% of paid claims for opioids had no HC alert (was 97.5% in Q1). In addition, 95.0% of submitted opioid claims were for $\leq$ 90 MME/day (was 93.5% in Q1) and 98.5% of paid claims for opioids were for $\leq$ 90 MME/day (same as Q1). Ms. Fingado noted that among all the claims with an HC alert 47.3% were for $\leq$ 90 MME/day. She also shared that the drugs with the highest % of submitted claims with an HC alert were FENTANYL CITRATE (100%), OXYMORPHONE HCL (85.8%), and FENTANYL (80.8%), and the drugs with the highest % of outcome as paid with an HC alert were PENTAZOCINE HCL/NALOXONE HCL (30% paid) and

FENTANYL CITRATE (23.3% paid). Ms. Fingado reminded the Board that as new data becomes available the report formats will continue to evolve. Dr. Paulson asked how many fentanyl citrate claims with the HC alert were denied and how many were paid. Ms. Fingado shared that in 2Q2022, there were 30 total claims submitted, with 22 claims denied and 7 claims paid.

- Review of Physician Administered Drugs (PADs): 2021 – Ms. Fingado shared a summary of paid claims for physician-administered drugs for the calendar year of 2021. These data were presented in three tables: 1) the top 20 drugs by total reimbursement paid to pharmacies, 2) the top 20 drugs by utilizing beneficiaries, and 3) the top 20 drugs by reimbursement paid to pharmacies per utilizing beneficiary. Dr. Leung asked if these reports could contain a column with the total units paid as well as the total claims paid. Ms. Fingado stated that total units are available and can be included in subsequent reports.

- Quarterly Evaluation Report: 2Q2022 (April 2022 – June 2022) – Ms. Fingado presented a summary of the report published in the 2nd quarter of 2022, which covered the following three educational articles published during the 2nd quarter of 2020:
  - Drug Safety Communication: Withdrawal of All Ranitidine Products – April 2020
  - Improving Quality of Care: Update of Risks Associated with Use of Fluoroquinolones – April 2020
  - Clinical Guideline: Reproductive Health in Rheumatic and Musculoskeletal Diseases – May 2020

  Ms. Fingado reviewed the FDA safety communications on ranitidine since the publication of the original article and shared relevant updates. After the withdrawal of ranitidine, a randomized, placebo-controlled clinical trial and an in-vitro study found ranitidine did not convert to NDMA in humans. Ms. Fingado reported that shortly thereafter, the prior clinical study that had reported a 400-fold increase in NDMA urinary excretion after ingestion of ranitidine was retracted by the authors. She shared that while ranitidine products are still unavailable at this time in the U.S., a new OTC product was approved in 2021 with famotidine as the active ingredient.

  Ms. Fingado then reviewed the use of fluoroquinolones in the Medi-Cal population since the publication of the original article and noted there have been no additional alerts related to FDA safety concerns. Ms. Fingado reported the evaluation showed a 30% decrease in community-dwelling FFS beneficiaries being prescribed a fluoroquinolone and the potentially inappropriate use of fluoroquinolones decreased from 57% to 8%. She reported on 2022 data from Medi-Cal Rx, which is also consistent with 8% in the FFS population, while the MCO data shows potentially inappropriate use of 13%. Given these findings, recommendations for the Board to consider included the continued monitoring of research and FDA communications regarding antibiotic stewardship and safety of fluoroquinolones, as well as continuing to periodically evaluate antibiotic use in the Medi-Cal population. Dr. Stafford asked if UCSF had looked at monthly changes in fluoroquinolone prescribing to assess the impact of the DUR bulletin. Ms. Fingado stated that monthly changes were not looked at, but there was a significant decrease in potentially inappropriate fluoroquinolone prescribing over time.

  Finally, Ms. Fingado reviewed the literature and the American College of Rheumatology (ACR) guidelines since the publication of the original article. She shared that since the *Dobbs v. Jackson Women's Health Organization* decision, the ACR has been notified of reports of female patients with rheumatic and musculoskeletal diseases (RMDs) having disrupted access to methotrexate. In response, on July 28, 2022, the ACR Statement on Access to Reproductive

	Healthcare was published, asserting that rheumatology health professionals and patients should not face legal consequences for utilizing medically necessary care, patients with RMDs must be able to access reproductive healthcare that is appropriate, and healthcare professionals must be allowed to provide evidence-based care that is in the best interest of their patients. Ms. Fingado recommended continuing to monitor clinical practice guidelines related to appropriate use of medications, researching access to appropriate use of medications for treatment of RMDs among women of reproductive age in California, and evaluating the use of methotrexate among individuals with RMDs in the Medi-Cal population before and after *Dobbs vs. Jackson* and provide updates to DHCS and the Board. Dr. Albertson suggested looking at changes in methotrexate prescribing both by gender and by age to determine if there is a decrease in utilization among women of childbearing age. Dr. Wong asked if there was a way to share data across states to compare utilization data from California to that of states that now have restrictions on access to abortion. Ms. Chan said she would investigate what data are publicly available and research if it is possible to coordinate with other states to share data. • Opioid Dashboard – Ms. Fingado provided an overview of the opioid dashboard, which is a new resource available to the DUR Program. Using data from the 2nd quarter of 2022, she shared several screenshots of the following five report options: o Overview o Patients o Concomitant Therapies o Opioid Titration o Prescriber & Pharmacy Ms. Fingado explained that DHCS has access to the dashboard at this time, while access for UCSF and the managed care plans is expected by the end of September of 2022. • Hepatitis C Virus (HCV) Drugs: FFY 2021 – Ms. Fingado reported that in November of 2016, the Board recommended an annual evaluation of paid claims for HCV drugs and in May of 2021, the Board motioned to complete an additional evaluation using the same methods presented in 2021 for data in FFY 2021. These data included an analysis of the total number of beneficiaries with a diagnosis code indicating HCV infection, the total number of beneficiaries initiating treatment for HCV infection, and regional stratification of these data to identify potential areas in the state that may benefit from additional outreach. Ms. Fingado shared that the study population included all Medi-Cal beneficiaries with a diagnosis code for chronic HCV with a date of service between October 1, 2020, and September 30, 2021. Ms. Fingado noted that glecaprevir/pibrentasvir and sofosbuvir/velpatasvir continue to be the top medications by total utilizing beneficiaries. She then shared that while the total number of beneficiaries diagnosed with chronic HCV infection increased 30.6% from FFY2020, this was still 15.4% less than were diagnosed in FFY2019. She shared this decrease was exclusive to beneficiaries enrolled in an MCP, as the number diagnosed among FFS beneficiaries was higher in FFY2021 in comparison with both FFY2020 and FFY 2019. These data were consistent across regions. Ms. Fingado then shared that while the regional variation in treatment was similar to the prior year, ranging from a low of 3.2% (FFS in Fresno region) to high of 11.2% (MCP in San Francisco region), the overall rate of beneficiaries treated for chronic HCV infection was down 21.6% from FFY2020. For FFS enrollees there was a 6% decrease in treatment rate and for MCP enrollees there was a 23% decrease in treatment rate.

	The Medi-Cal data are consistent with US data (2022, Hoenigl), which found HCV screening rates have rebounded but treatment rates have not, and a similar trend of testing/screening rebounds with treatment lags has been observed with both HIV and hepatitis B virus infection. Ms. Fingado also shared similar findings in an article reported by the CDC titled, "Vital Signs: Hepatitis C Treatment Among Insured Adults — United States, 2019–2020. This paper showed treatment rates are lowest among young adults (18–29 years of age) and Medicaid recipients and that timely initiation of treatment is critical to reducing viral hepatitis–related mortality, disparities, and transmission. Ms. Fingado recommended further review of treatment barriers and solutions and suggested publication of a DUR bulletin and/or provider mailing aimed at increasing treatment rates across California. She stated that any educational intervention would include the American Association of the Study of Liver Diseases - Infectious Diseases Society of America (AASLD-IDSA) simplified HCV treatment algorithm for treatment-naive adults. The Board agreed that this was a critical issue and were supportive of a DUR educational bulletin and/or outreach on this topic. The Board also agreed it was important to conduct another evaluation again to be presented the following year. • Core Set Measures: Behavioral Health – Ms. Fingado presented a summary of the FFY 2020 data from Medi-Cal that published in January 2022, which covered the following 13 measures: o Antidepressant Medication Management (AMM-AD): The percentage of adults 18 years of age or older with a diagnosis of major depression who were treated with an initial course of 12 weeks of an antidepressant medication was 56.1% in California, which was greater than the median of 53.1% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a diagnosis of major depression who remained on (for at least six months) an antidepressant medication was 38.8% in California, which was again greater than the median of 37.3% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD): The percentage of adults 18 years of age or older without cancer who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) for a period of 90 days or more was 4.7% in California, which was less than the median of 6.5% (lower rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET-AD): The percentage of adults 18 years of age or older with a new episode of alcohol abuse or dependence who initiated treatment within 14 days of the diagnosis was 31.4% in California, which was less than the median of 40.8% and the bottom quartile of 36.8% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a new episode of alcohol abuse or dependence who initiated treatment and were engaged in ongoing treatment within 34 days of the initiation visit was 6.2% in California, which was less than the median of 12.5% and the bottom quartile of 8.0% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a new episode of opioid abuse or dependence who initiated treatment within 14 days of the diagnosis was 42.9% in California, which was less than the median of 54.9% and the bottom quartile of 46.1% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a new episode of opioid abuse or dependence who initiated treatment and were engaged in ongoing treatment within 34 days of the initiation visit was 13.8% in California, which was less than the median of 30.1% and the bottom quartile of 17.0% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a new episode of other drug abuse or dependence who initiated treatment within 14 days of the diagnosis was 36.0% in California, which was less than the

	median of 40.5% and the bottom quartile of 37.6% (higher rates are better on this measure). The percentage of adults 18 years of age or older with a new episode of other drug abuse or dependence who initiated treatment and were engaged in ongoing treatment within 34 days of the initiation visit was 8.9% in California, which was less than the median of 12.5% and the bottom quartile of 9.3% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Concurrent Use of Opioids and Benzodiazepines (COB-AD): The percentage of adults 18 years of age or older with concurrent use of prescription opioids and benzodiazepines for 30 or more cumulative days was 11.2% in California, which was less than the median of 16.3% (lower rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD): The percentage of adults 18 years of age or older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period was 61.5% in California, which was less than the median of 62.5% but greater than the bottom quartile of 56.6% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD): The percentage of adults between 18 and 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test was 77.1% in California, which was less than the median of 80.3% and the bottom quartile of 77.3% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD): The percentage of emergency department (ED) visits for adults 18 years of age or older who had a principal diagnosis of alcohol and other drug (AOD) abuse or dependence with a follow-up visit within 7 days of the ED visit was 7.6% in California, which was less than the median of 15.2% and the bottom quartile of 7.8% (higher rates are better on this measure). The percentage of ED visits for adults 18 years of age or older who had a principal diagnosis of AOD abuse or dependence with a follow-up visit within 30 days of the ED visit was 14.2% in California, which was less than the median of 22.5% but greater than the bottom quartile of 11.5% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD): The percentage of ED visits for adults 18 years of age or older who had a principal diagnosis of mental illness or intentional self-harm with a follow-up visit within 7 days of the ED visit was 49.8% in California, which was greater than the median of 39.6% (higher rates are better on this measure). The percentage of ED visits for adults 18 years of age or older who had a principal diagnosis of mental illness or intentional self-harm with a follow-up visit within 30 days of the ED visit was 62.6% in California, which was greater than the median of 52.1% (higher rates are better on this measure). This measure excluded data from Medi-Cal beneficiaries that were dually eligible for Medicare. o Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD): The percentage of discharges for adults 18 years of age or older hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit with a mental health practitioner within 7 days after discharge was 58.6% in California, which was greater than the median of 33.1% (higher rates are better on this measure). The percentage of discharges for adults 18 years of age or older hospitalized for treatment of

mental illness or intentional self-harm with a follow-up visit with a mental health practitioner within 30 days after discharge was 69.2% in California, which was greater than the median of 54.7% (higher rates are better on this measure).

- Follow-Up After Hospitalization for Mental Illness: Age 6 to 17 (FUH-CH): The percentage of discharges for children between 6 and 17 years of age hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit with a mental health practitioner within 7 days after discharge was 67.8% in California, which was greater than the median of 45.6% (higher rates are better on this measure). The percentage of discharges for children between 6 and 17 years of age hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit with a mental health practitioner within 30 days after discharge was 82.1% in California, which was greater than the median of 66.0% (higher rates are better on this measure).
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH): The percentage of children between 6 and 12 years of age with a newly prescribed medication for ADHD who had at least one visit during the 30-day initiation phase was 45.3% in California, which was less than the median of 46.6% but greater than the bottom quartile of 40.6% (higher rates are better on this measure). The percentage of children between 6 and 12 years of age with a newly prescribed medication for ADHD who had at least two visits during the 9-month continuation and maintenance phase was 56.2% in California, which was less than the median of 57.4% but greater than the bottom quartile of 50.1% (higher rates are better on this measure).
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH): The percentage of children and adolescents between 1 and 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing for blood glucose was 60.7% in California, which was greater than the median of 54.0% (higher rates are better on this measure). The percentage of children and adolescents between 1 and 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing for cholesterol was 43.5% in California, which was greater than the median of 38.1% (higher rates are better on this measure).
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH): The percentage of discharges for children between 1 and 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment was 67.5% in California, which was greater than the median of 65.0% (higher rates are better on this measure).

Dr. Leung asked if plan-level data were available for each of these measures. Ms. Fingado noted that these data are reported to CMS in aggregate. She reported that Dr. Schulz is leading an effort to provide plan-level data on quality measures from Medi-Cal Rx, and we may have more information to share on this at a future meeting.

iv. Prospective DUR: Fee-for-Service

- Review of DUR Alerts for New Generic Code Numbers (GCNs) in 2Q2022 (April – June 2022): 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:
  - NALMEFENE HCL – Drug Disease (MC)
  - TIRZEPATIDE – Drug Disease (MC)

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

- Prospective DUR Alert Review – Ms. Fingado shared that starting with this meeting, prospective DUR alerts will be discussed in greater detail with the Board. Ms. Fingado noted that programming logic has changed for the following alerts since implementation of Medi-Cal Rx:
  - Drug-Allergy (DA): Ms. Fingado shared that diagnostic codes indicating allergies to medications are no longer extracted from medical claims, which means that since 12/31/21 there have been no DA alerts generated. She noted that pharmacies are required to have multiple layers of allergy checks, so allergy data are being captured but not in the same way as prior to the transition to Medi-Cal Rx. Given this, the Board agreed the current data provided in the quarterly report was not meaningful and could be omitted from future reports.
  - Drug-Pregnancy (PG): Ms. Fingado noted that since 12/31/21 the process for generating PG alerts has not included inferred pregnancy, which had been generated by an active paid claim for a prenatal vitamin in the patient's medication claim history. Known pregnancy where the pregnancy or diagnosis code is indicated on the claim or medication profile will still generate PG alerts if a drug is not recommended for use in pregnancy.
  - Drug-Drug Interaction (DD): Ms. Fingado explained that prior to Medi-Cal Rx, the DD alerts were only generated when it was a Severity Level 1 (major) alert. Since the implementation of Medi-Cal Rx, message-only alerts have also been generated for Severity Level 2 (moderate) and Severity Level 3 (minor) interactions. These message-only alerts do not require pharmacist override to dispense the medication but may be contributing to alert fatigue. Ms. Fingado reported that in August of 2022, only 1.8% of DD alerts were for Severity Level 1 interactions, while 12.5% (n = 107,979) were Severity Level 2 and 86.8% (n = 762,791) were Severity Level 3. She asked the Board for their thoughts on how useful they thought the message-only alerts were. Dr. Paulson noted that there may still be safety issues with the Level 2 and 3 alerts. Ms. Fingado shared that it was possible to turn off the prospective DUR messages but to handle specific drug-drug interactions at the retrospective DUR level, where providers could be notified of the dangers of co-prescribing medications along with supporting literature. Dr. Albertson worried this would happen after the medications were dispensed so it wouldn't help that patient at the pharmacy, but he also understood that too many messages sent to pharmacies might contribute to alert fatigue and more critical alerts may be overlooked. Ms. Fingado explained that DHCS is looking into this and there may be additional discussion with the Board in the future.

  Ms. Fingado then shared that decisions regarding turning on or off alerts for ingredient duplication (ID) and therapeutic duplication (TD) were planned to be presented at this meeting, but more clarity was needed regarding how the alerts are processed. She noted that in 2017, the Board turned off the ID alert for quetiapine only to have it begin triggering TD alerts as the different strengths were still in the same class of medications. Ms. Fingado reported on the following two changes that have been discussed with DHCS where action could be taken prior to the next Board meeting:
  - Turning off the ID and TD alerts for albuterol – Ms. Fingado shared that albuterol is the number one drug for ID alerts and is triggered when there is an active claim for both single ingredient albuterol and a combination product. The Board did not share any concerns with turning off the ID and TD alerts for albuterol.
  - Turning off the TD alert for trazodone – Ms. Fingado reported that trazodone is the number one drug for TD alerts and is generated when any other antidepressant is in the active claim history, primarily due to low-dose trazodone being prescribed as a sleep aid for both primary and secondary insomnia. The Board did not share any concerns with turning off the TD alert for trazodone.

	Ms. Fingado anticipated having more information to share on ID/TD alerts in the future. Ms. Fingado acknowledged that moving forward, any Board recommendations for additions, deletions, and/or changes to prospective DUR alerts will be submitted to DHCS for review, and the status of these recommendations will be reported to the DUR Board at future Board meetings, as needed. **g.** Looking Ahead: Ms. Chan called for any future meeting agenda topics or potential health plan presentations to be sent to DHCS. Currently in the queue include innovative practice presentations from Blue Shield, CenCal, and Community Health Group.
6) PUBLIC COMMENTS	• There were no public comments.
7) CONSENT AGENDA	• Ms. Chan reported that the next Board meeting location is to be determined and will be held from 9:30 a.m. to 3:00 p.m. on November 15, 2022.
8) ADJOURNMENT	• The meeting was adjourned at 3:02 pm.

Action Items	**Ownership**
Incorporate edits from Dr. Wong into the May 17, 2022, Board meeting minutes and post to the DUR website.	Amanda

The DUR Board recommendation for DHCS to provide the following information will be submitted to DHCS:
• Data on the current state of the MTM program for the last 3 quarters, which includes but is not limited to:
  ○ How many pharmacies have applied
  ○ How long it takes to process an application
  ○ How many claims have been processed
  ○ How many patients been enrolled and seen by pharmacies
• Conduct outreach to stakeholders, including clinics, pharmacies, providers, and plans that are currently in the MTM program to gather information about potential changes that could increase effectiveness and broader uptake of the MTM program.
• Survey Medi-Cal pharmacies that have not applied to find out why they have not enrolled in the MTM program.
	DHCS

The DUR Board recommendation to adopt the following four main infrastructure goals to guide the Board in all future work will be submitted to DHCS: 1. Measure what matters most 2. Modernize skills 3. Accelerate real world evidence 4. Advance science	Board/DHCS
The DUR Board recommendation to elect Dr. Michael Blatt as the DUR Board Vice Chair for 2023 will be submitted to DHCS.	Board/DHCS