



John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
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TO: Maine DUR Board
 FROM: Shari Martin
 DATE: August 29, 2009

RE: Maine DUR Board meeting minutes from June 9, 2009

Chair, Jeffrey Barkin called the meeting to order at 6:02 p.m. Introductions were made then the floor was opened up for public comments. No member of the public wished to speak.

ATTENDANCE	PRESENT	ABSENT	EXCUSED
William Alto, M.D. Dartmouth Family Practice	X		
Robert Carroll, R.Ph., Target Pharmacy	X		
Timothy Clifford, M.D., Family Practice, GHS	X		
Mike Ouellette, R.Ph. GHS	X		
Steven Meister MD, Pediatrician	X		
Andrew Cook, M.D. Psychiatrist (DBDS)			X
Amy Enos, Pharm. D. Waltz LTC Pharmacy	X		
Laureen Biczak DO, Infectious Disease, GHS	X		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Vice-Chair	X		
Mark Braun, M.D., FACP	X		
Jeffrey Barkin, MD Psychiatrist, Chair	X		
Non -Voting			
Jennifer Cook, Pharmacy Manager, OMS	X		
Brenda McCormick, Director OMS	X		
Rod Prior MD, Medical Director OMS	X		

Old Business:

WIC Medicaid formula coverage: Dr Clifford presented the edit recommendations. Edits should be able to be implemented for October provided approval obtained by WIC prior to the September meeting. It was noted that Lisa Hodgkins is the new WIC Administrator. Tabled until September meeting

Antipsychotic utilization/ adherence data- Foster Care age splits: The data included age/gender breakout for Foster children population. Data sort was done by calendar year

Discussion ensued on the metabolic weight concerns. It was noted that trends in Maine are higher than other parts of the country. Looking at early trends across years may help determine if prescribing methods match diagnosis.

Dr Braun noted that more services are being done in the home so fewer children are being placed in foster care.

Concerns that prescribers may be inappropriately medicating children for anger management and attachment disassociation disorders with focus on foster children were raised.

A request was made that an analysis of prescribing methods be compiled to determine if medications match the diagnosis for prescriber outlier DEA number for top atypical prescribers for ages under 11.

An additional request was made to look at ages 15-18 that were in the foster care system for over 7 years to see what percent are on Antipsychotic medications. It was noted that in order to pick up the 15 year olds data need to look at age 14 year dataset to see if child was in foster care for prior year. Would like a breakout of foster home population group home and institutionalized members by gender for each age group.

Tobacco Cessation Utilization data- refill rates, adherence: Dr Clifford noted that the State provides wrap benefit so we had a good data set to use for the analysis. In compiling the data we looked at days late for refill. The data shows that a number of people are greater than 30 days late picking up scripts.

MaineCare currently looking at high side effects of Chantix leading to discontinuation and waste. May need to limit initial days supply on certain drugs.

There are quite a few PA requests for members to get six month supply. An analysis is needed to see how many members are requesting refills after three month and after six months. GHS will do an analysis to determine what the impact would be if we require an edit so counseling can be started along with any smoking cessation script for new users. Recommendations of supplying 14 day script initially. Appears to be a huge drop off rate.

Board noted that some states require mandatory counseling services prior to processing scripts.

Dr Barkin asked what counseling resources can be used to motivate people to use services in conjunction with nicotine treatment. Dr Clifford recommended that we use the Maine tobacco helpline.

Mr. Algozzine from Pfizer stated that Pfizer would be willing to provide resources necessary to educate patients about the helpline access.

Board discussed possibility of setting an edit for members who are late picking up scripts that would require counseling services through the helpline commitment before being able to fill script. If edit decision is put in place this would not be used for initial users so it would not be a deterrent.

Abilify splitting adherence date:

Compared early post splitting data with pre splitting data and showed a significant savings.

Mandatory splitting long term care and Sweetser kids should be backed out of the study. Outside the boarding home setting there has been no resistance in regards to splitting.

Adherence data suggests that splitters appear to be late filling prescriptions. Medicaid possession ratio divides the day supply on RX with number of dates between first fill and last fill, no significant adherence change. Next data analysis cut GHS will go back and look at data prior to splitting. GHS will also take a different Antipsychotic adherence measure for comparison and remove all institutionalized members from dataset.

Adherence asthma controller medicines adherence intervention:

Data looked at steroid inhalers and combos to identify patients seven to fourteen days late picking up prescriptions.

Board requested a different sort breaking out Steroids VS Combos. Also requested a message template for response questions. Template can be used to fax to prescribers with request that they review RX. Request response regarding compliance.

Psych Work Group Monthly Update:

Discussion on edits currently in place to override PA for antidepressants for kids with anxiety disorders. System override bypasses rules for anxiety diagnosis codes. No indicator was incorporated this applies to all age groups under 18.

New business:

New Drugs:

Savella - Dr Clifford gave a brief clinical summary. The drug is indicated for treatment of Fibromyalgia although it is being used in Europe for treatment of depression. The Psych group will discuss off-label treatment of depression for Savella. Dr Barkin will research dosing measures in Europe. Ms. Cook will send electronic copy of Savella New Drug Review to Psych work group. Psych work group Savella update will be discussed during the September meeting. A motion was made to vote Savella PDL status as preferred. Board unanimously voted to list Savella as preferred

Nuvigil- Dr Clifford gave a brief summary of the drug. A motion was made to vote Nuvigil PDL status as non preferred. Board unanimously voted to list Nuvigil as non- preferred

SSDC Bidding Update:

Dr Clifford gave an overview of the DUR board member role in relation to the Maine Supplemental Rebate process for calendar year 2010. The October meeting will include the public forum for manufacturers to present clinical trial data and other materials to Board members.

Closed session:

SSDC Financial discussion

Adjournment: A motion was made and seconded that the meeting be adjourned. Board unanimously voted to adjourn. The meeting was concluded at 8:26 p.m. The next meeting will be held on September 8, 2009.