



Department of Health and Human Services
 MaineCare Services
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TO: Maine Drug Utilization Review Board
 DATE: 9/15/11
 RE: Maine DUR Board meeting minutes from 9/13/11

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Robert Weiss, M.D., Cardiologist, Chair	x		
Laurie Roscoe, R.Ph., Martin's Point Vice Chair			x
Amy Enos, Pharm. D. Waltz LTC Pharmacy	x		
Laureen Biczak, D.O., Infectious Disease, GHS	x		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR,	x		
Lindsey Tweed, M.D., Psychiatrist	x		
Mark Braun, M.D., FACP, Internist/Geriatrician	x		
Mike Ouellette, R.Ph., GHS	x		
Rebecca M. St. Amand, R.Ph., Staff Pharmacist Community Pharmacy - Pittsfield		x	
Timothy Clifford, M.D., Family Practice, GHS	x		
William Alto, M.D. Family Practice, Dartmouth Family Practice Faculty	x		
Non -Voting			
Jennifer Palow, Pharmacy Manager, OMS			x
Kevin Flanigan, M.D., Medical Director, OMS	x		

Guests of the board: Jeff Barkin M.D., Tanith Fales, OMS

CALL TO ORDER: 6PM

PUBLIC COMMENTS

- Christopher Labonte representing Daiichi/Sankyo- here to discuss Welchol. Christopher is aware there have been many discussions on the efficacy, tolerability and safety of Welchol. He would like to request that Welchol be placed on the MaineCare PDL for diabetes.
- Vik Patel representing Vertex- here to discuss Telaprevir. Hepatitis is the leading cause of liver cancer, liver failure, and liver transplants. Goal is Sustained Viral Response (SVR) – undetectable plasma HCV RNA 24 weeks after cessation therapy. Telaprevir dosing is 2 tablets 3X day, adverse events include rash, anemia, fatigue, and pruritus.

- Dr. Baran representing Merck- here to discuss Victrelis. Would like the board to consider adding Victrelis to the PDL as a preferred agent. Victrelis is a protease inhibitor used for treatment of chronic hepatitis C genotype 1 viral infection in patients of 18 years of age or older. In combination with peginterferon and ribavirin, Victrelis can be used in previously untreated patients or those who have failed previous therapy, or patients with cirrhosis. Dosage of Victrelis is 800mg q 7-9 hours with snack, needs to be administered with peginterferon and ribavirin. If either peginterferon or ribavirin dosing is stopped, then Victrelis needs to be stopped as well. In untreated patients, Victrelis increases the sustained virologic response by 1.7 fold compared to standard of care. In treated patients, Victrelis increases the sustained virologic response by 2.6 fold compared to standard of care. Approx 50% of all patients will be HCV RNA negative after 8 weeks of therapy andwith extended durations can reach an SVR of 88%. Side effects of Victrelis include fatigue, anemia, nausea, headache and dysgeusia.

OLD BUSINESS

DUR MINUTES

June minutes were approved.

PSYCH WORK GROUP MONTHLY UPDATE

Dr. Tweed goes over concerns/suggestions of Dr. Gordon's with the Board:

- I. Zoloft and other SSRI's 1st line for depression- Dr. Barkin motions that all SSRI's be treated similarly on the preferred side with the exception on paroxetine for children under 18 years of age. All in favor.
- II. Abilify 20-30mg without a PA (those doses need a full tablet)- Dr. Clifford stated that it is pre-mature to review this now because once the new generic prices come out late 2011 - early 2012, it is possible that the Atypical PDL Category will be modified.
- III. Changing from one antipsychotic to another without a PA
- IV. Concerta 72mg with two 36mg caps instead of 54+18- Dr. Clifford stated that this is acceptable.
- V. Medications started in a hospital continued without PA.

Dr. Tweed goes over concerns/suggestions of Dr. Moltz's with the Board:

- I. Dr. Moltz is concerned with the expiration dates on Subutex for pregnant women, and the risk of miscarriage if the patient has to go with out the medication if a PA is not promptly been submitted. Mike Ouellette stated that he has discussed this issue with the GHS PA staff and there will be adjustments to the approval timeframe to coincide with the pregnancy. If the due date is absent from the PA submittal, it will be requested that they resubmit with that information.

NEW BUSINESS

POR DUR EDITS

Board reviewed proposed ProDUR POS Edits.

- As a 2D6 inhibitor, edits will be in place for Zytiga to reject requiring PA with the DDI. Also prior trial of docetaxel needed, as well as needs concurrent use with prednisone.
- Allopurinol and Lisinopril are both preferred on the PDL, and in regards to the (rare) serious DDI with this 2 medications, the board might want to consider putting an edit in place to reject if a member were on both of these medications.
- Board discusses weather or not to put an edit in place for TNF Blockers for members older than 65 and those taking an immunosuppressant, due to the increased risk of infection.

SYNAGIS

Dr. Biczak explains the risk of Respiratory syncytial virus (RSV) is one of the most common infections in children. A small number of infants & children at high risk end up hospitalized, RSV is the most common cause of respiratory hospitalization for kids under 2.

Maine has always followed the American Pediatrics guidelines and recommendations of who should get Synagis. Maine CDC sends a weekly update on positive protection rates for RSV. An epidemic season is when more than 10% of at least 5-10 specimens are positive. Maine's RSV season tends to start later and go longer. Several years ago the prevention treatments were starting in mid-October (vs. nationwide start date of Nov 1.) and the season was still going strong in April-May, meaning patients were getting the 5 recommended doses before the end of the season. Judging by what Maines epidemic season looks like, this year the start date for service will be November 28th. This can be modified if the Maine CDC reports data showing the epidemic season is starting earlier. Dr. Weiss motions that the board approve the updated PA Form for Synagis. All in favor.

PRADAXA

Pradaxa, among other anticoagulants, will be discussed in detail at the annual meeting in October. A few things on the Pradaxa form need to be corrected.

HEPITITIS C

As the drug reps stated, telaprevir and boceprevir significantly improve the most desired outcome Sustained Viral Response which is a negative plasma RNA at 24 weeks after cessation therapy. Dr. Biczak suggests the need for clinical authorization on both drugs considering they are indicated for very specific reasons and things that have to be met (genotype 1, age, etc.). The question is whether one should be preferred over the other. Concerns are costs, and if one has more efficacy than the other.

OPIOID MANAGER

Dr. Braun thinks using this as a tool when treating patients would be beneficial and is wondering if other physicians might want to give it a try to see if it works for them. He has tried using it with the patients he has, among other resources. Dr. Weiss suggests using this form as part of the PA process. Dr. Barkin offers the idea to consider posting the form on the MaineCare PDL website, so that providers at least have access to the form as an educational tool. It is decided that both the MaineCare & original version will be sent to Dr. Flanigan.

SSDC UPDATE

Dr. Clifford advises that the draft PDL will be posted prior to the annual meeting which will be held October 11th. If a product has been preferred and is proposed to stay preferred, Dr. Clifford requests that drug reps not request to speak unless they have been notified that their product is at risk of being switched to non-preferred, at which time they will be given the option to speak on the products behalf.

ADJOURNMENT: 8PM

The annual meeting will be held October 11th 2011 1:00-6:00pm