



John E. Baldacci, Governor

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Department of Health and Human Services
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TO: Maine Drug Utilization Review Board
 FROM: Sally Griffith-Onnen
 DATE: April 14 2010
 RE: Maine DUR Board meeting minutes from April 13, 2010

ATTENDANCE	PRESENT	ABSENT	EXCUSED
<i>Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Chair</i>	x		
<i>Jeffrey Barkin, MD Psychiatrist</i>	x		
<i>William Alto, M.D. Family Practice, Dartmouth Family Practice Faculty</i>	x		
<i>Laureen Biczak DO, Infectious Disease, GHS</i>		x	
<i>Mark Braun, M.D., FACP, Internist/Geriatrician</i>	x		
<i>Timothy Clifford, M.D., Family Practice, GHS</i>	x		
<i>Amy Enos, Pharm. D. Waltz LTC Pharmacy</i>	x		
<i>Jack Forbush, D.O., Family Medicine</i>		x	
<i>Steven Gressit, M.D. Psychiatrist, DHHS Mental Health Medical Director</i>		x	
<i>Steven Meister MD, Pediatrician, Maine CDC, Division Family Health Medical Director</i>	x		
<i>Mike Ouellette, R.Ph. GHS</i>	x		
<i>Rebecca M. St. Amand, RPh, Staff Pharmacist Community Pharmacy - Pittsfield</i>	x		
<i>Laurie Roscoe, R.Ph. Martin's Point</i>			x
<i>Robert Weiss MD, Cardiologist</i>	x		
Non -Voting			
<i>Jennifer Palow, Pharmacy Manager, OMS</i>	x		
<i>Brenda McCormick, Director OMS</i>		x	
<i>Rod Prior MD, Medical Director OMS</i>		x	

Guest: Brianna Knox, 6th year pharmacy student from the University of Rhode Island.

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Call to order

The meeting was called to order at 6:00pm.

Welcome from the Chair

Ms. Wendler welcomed Rebecca St. Amand to the board.

DUR Minutes from March

A motion was made and seconded to accept the minutes with minor changes from the March meeting. The motion was passed.

Public Comments

Jennifer Reck from Prescription Policy Changes informed the board about a talk on treating children with psychotropic drugs given by Erik Parens at the University of New England's Portland campus on April 29.

<h3>Old Business</h3>

Psych Work Group Monthly Update

Discussed what came out of the DUR meeting including

- Metabolic monitoring for atypical antipsychotics
- Safety issues including Deprakote
- Utilization of antipsychotics
- Reviewed potential changes to PA process.

Atypical Antipsychotic Adherence intervention

- Dr Clifford spoke to the board regarding analysis of antipsychotic adherence for children under 21.
- Adherence intervention would never allow people to get more than 14 days late for pick up of their prescription. A feedback sheet would be sent to doctors for patients who are seven or more days late to pick up their meds.
- Likely to result in under 20 faxes a week for patients who are children and under 100 faxes a week for all age groups.
- The program would replace the antidepressant program.
- The board reviewed the fax that would be sent out to the doctors.
- A database will be maintained and results presented to the DUR meeting.
- Dr Braun noted that it would be useful to see how much effort this takes and therefore how applicable it could be to other things.
- **Motion to start the antipsychotic review and to follow this with a statin review in the summer. Motion carried.**

Atypical antipsychotic age edits

- Dr Barkin spoke about data on children under five taking antipsychotic drugs.
- He stated that his review of the chart notes thus far suggested that the prescriptions did not always appear justified.
- **Motion to PA all users of all antipsychotic drugs who are under five with no grandfathering.**

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Motion carried.

Safety issues mental health drugs

- Dr Clifford talked on the data presented to the board of valproic acid use by women of reproductive age along with use of contraception (including hysterectomies and tubal ligation).
- Dr Clifford asked the board to review the data and the diagnosis codes and contraception methods and email him with any that were missed. He will also look at claims profiles for women who appear to be of high risk.
- Dr Barkin said that the figures were concerning and that if nothing else there should be a strong educational effort.
- Tabled to the May meeting.

Atypical metabolic monitoring

- Dr Barkin talked about data presented to the board and noted that 78% of users had no evidence of metabolic monitoring.
- The Board discussed if there should be a requirement for metabolic monitoring for psychiatric providers as well. It was decided that an educational approach would be best.
- Dr Clifford will work on getting further data to see if a stricter PA or inclusion of psychiatric providers is necessary.
- Can go into effect in July
- **Motion that non psychiatric providers are required to have a PA before prescribing atypical antipsychotics and that metabolic monitoring required within one year prior to the prescription with a follow up six months after the beginning. Nursing home patients are exempted from the PA requirement. Also exempted are Behavioral Pediatricians and Psychiatric Nurse Practitioners. Motion carried.**

New Business

By law updates

- The board reviewed the proposed by law amendments, which had been reviewed by AG along with the feedback from board members.
- Requires members to abstain from vote if working with a manufacturer, does not prevent from sharing opinion and history.
- Information regarding conflicts of interest will be given to Ms Palow and the information shared with the committee.
- New members will declare conflicts of interest on their first night of attendance
- **Motion to accept the new bylaws. 8 in favor, 2 opposed (Dr Barkin and Dr Braun). No abstentions. Motion carried.**

Health Care Reform Repercussions

- The Health Care reform will have effects on State Medicaid budgets:
 - Manufacturers will pay an additional 8% of rebate to the Federal Government
 - If a drug has a CMS penalty on it, the cheapest it can be is free – the State cannot make

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- money from utilization
 - New forms and strengths of a drug will their rebate amount linked to existing forms of the drug (could mean rebates for new drugs)
- Until Maine has in writing from CMS how this reform is going to be effected Maine will assume that a PDL more orientated to generic use will be the most cost effective for the State.
 - If there is no information prior to the October meeting where the 2011 ME PDL is voted on, the Board could vote on two PDLs pending confirmation from CMS on how the reform will affect states
- This could include a generic first policy, where a patient must first try the generic name drug before a brand name drug.
- This matter will be brought before the Board as it develops.

Antibiotics

- Legislature wants education to reduce unnecessary antibiotic prescription.
- Dr Clifford will bring analysis and information to the June meeting

Narcotic PA

- Mr. Ouellette informed the Board that the first round of letters for initial chronic narcotic users has been sent out.
- 34 sent, received 11 responses. Of the 11 received only 3 had all information needed for proper monitoring, 8 received letters explaining what was missing. Blocks put in place for 33 patients, now require a PA.
- Next round of letters has been generated, includes 46 patients, will be sent April 14.

Preferred Drug List Compliance Report

- Currently 95% of prescriptions are compliant with the PDL.

Nomination for New Vice Chair

- **Motion was made that Dr Weiss be the new Vice Chair. Motion carried.**

Adjournment

- The meeting concluded at 8:15. The next meeting will be held May 11 2010.

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