



MaineCare Services
 An Office of the
 Department of Health and Human Services

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TO: Maine Drug Utilization Review Board

DATE: January 7th, 2011

RE: Maine DUR Board meeting minutes from November 9, 2010

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Chair	x		
Robert Weiss, M.D., Cardiologist, Vice Chair	x		
Amy Enos, Pharm. D. Waltz LTC Pharmacy	x		
John Salvato, M.D., Pediatrician	x		
Laureen Biczak, D.O., Infectious Disease, GHS			x
Laurie Roscoe, R.Ph., Martin's Point	x		
Lindsay Tweed, M.D., Psychiatrist			x
<i>Jeff Barkin, M.D., Psychiatrist: standing in for Dr. Tweed., GHS</i>	x		
Mark Braun, M.D., FACP, Internist/Geriatician			
Mike Coppi, R.Ph.		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
Rod Prior MD, Medical Director, OMS			x

Guests of the board: Sarah Sweatt, pharmacy student.

CALL TO ORDER: 6PM

OLD BUSINESS

DUR MINUTES FROM SEPTEMBER

September minutes approved with 1 abstension

October minutes approved with 2 abstensions

Caring..Responsive..Well-Managed.. We are DHHS.

PUBLIC COMMENTS

- Marcy Lowe DO deals with rheumatology patients commented on the use of Savella for Fibromyalgia. She was concerned about the fatigue associated with gabapentin and the effect on a patient with fibromyalgia. She aligned with the committee's recommendation that a fibromyalgia diagnosis and a trial of gabapentin or cyclobenzaprine or amitriptyline would be appropriate prior to Savella PA approval.
- David Moltz expressed his concerns about the manner in which the suboxone dose limitations were enacted. He requested that the psych workgroup be consulted and recommended that the committee utilize the various list serves to help notify and explain the rationale behind the changes.
 - Dr Clifford apologized and agreed that all parties dropped the ball on this

STATIN INTERVENTION UPDATE

- Several recommendations were set forth to improve the efficacy of the study.
 - Limiting the intervention to one county
 - Baseline to endpoint analysis
 - Allowing for a MD to be sampled more than 1 time
 - Upon analysis present MD with "score" vs. mean

PSYCH WORK GROUP MONTHLY UPDATE

- Expressed interest in knowing if the PDL is limiting patient access to necessary prescriptions.
 - Requested to know the most common drugs for which overrides were being given?
 - What percent of meds are not getting picked up after the 4 day override/supply?
 - What medications are patients receiving instead?
- Indicated that an ongoing study Medicaid Medical Director Anti-Psychotic Adolescent Study –about metabolic monitoring.

PHARMACY PROGRAM INTEGRITY UPDATE

- Approximately 4-5% of members use mail order where medications are automatically refilled and automatically shipped
- Few are complying with MaineCare policy requirement to confirm with MD or patient that a refill is necessary
- Recommended to initiate a mailing to Members and MD in the hopes of increasing utilization and compliance

CHRONIC NARCOTIC/MED MANAGEMENT

- Over the past 8 months 316 members were identified as being at the beginning of chronic narcotic use. Over 200 physicians were notified in an attempt to improve compliance with monitoring recommendations. Goal of the program is to get physicians in compliance with basic narcotic monitoring.

NEW BUSINESS

HEALTHCARE REFORM UPDATE

- Dr Clifford spoke to the board about the September 28 letter from CMS to State Medicaid directors, concerning CMS rebate losses. Brand drugs with a best price exceeding 23% of AMP, including line extension drugs, are going to be more attractive to states financially. Older brand drugs are also likely to have a financial edge over new generics. There will also be a stronger financial disincentive for new brand drugs to be preferred. Dr. Clifford addressed the manufacturers present stating that if their drug was a line extension, the best price data would be required in order for the state to truly analyze the financial impact of preferring that drug.

PDL / PA CRITERIA

- **Avodart**- PA should require adequate use (should be expanded to say 6 months) of preferred agent
- **Tracleer**- recommended notification hospitals that Letairis is now preferred so they can identify instances where patients need to be converted over or where PA process needs to be initiated. Approximately 50% of patient initiated on endothelin receptor antagonists in the hospital.
- **Savella**-recommended to change wording to “ fibromyalgia diagnosis and trial of a preferred generic (amitriptyline or cyclobenzaprine or gabapentin)”
- **Cymbalta** recommended changing wording “1. Fibromyalgia diagnosis-prior use and failure of one of the preferred generics (amitriptyline, or cyclobenzaprine, or gabapentin) and Savella prior to approval.”

SUBOXONE-NEW CRITERIA IMPLEMENTATION DEC 3RD

- Dosing limits will be adjusted to reflect the standard of care for suboxone

DIABETES TREATMENT GUIDELINES/ALGORITHMS DISCUSSION

- Early insulin therapy is preferred with target HbA1c goals
- Board members to review submitted literature and will discuss in detail at February meeting

PRO DUR EDITS

- Dulera is now a co-preferred (with Advair and Symbicort) fixed dose ICS/LABA combination
- Boniva manufacturer did not renew contract and therefore is moving to non preferred
- Enablex was taken over by a new company, the contract was not renewed and therefore it has been moved to the non-preferred side of the PDL.
- Cozaar will become non-preferred in January. Losartan will become a preferred ARB at the end of November. Bob recommended a complete review of the category.
- Changes approved by all members

NEW DRUGS FOR JANUARY REVIEW

- Alsuma
- Benzefoam
- Beyaz
- Bromday
- Butrans
- Gilenya
- Glassia
- Kapvay
- Lastacraft
- Latuda
- Lodosyn
- Natazia
- Ozurdex
- Pradaxa
- Suboxone Film
- Tekamlo
- Veltin
- Zencia Wash
- Zuplenz

ADJOURNMENT: 6PM

The next meeting is January 11th from 6pm to 8pm. There will be no meeting in December.