



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: June 05, 2009

 RE: Maine DUR Board meeting minutes from May 12, 2009

Chair, Jeffrey Barkin called the meeting to order at 6:01 p.m. Introductions were made then the floor was opened up for public comments.

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		

Presenters were in order of sign up.

Guests and Guests who signed in and/or presented to the committee:

Name	Company	Speaker/Topic
Courtney Davis	Eurand	Pancreatic Enzymes
Kevin Danielson	Pfizer	Chantix
Barbara Perry	CTI	Tobacco Free Helpline
Erin Gallagher	WIC	WIC formula

Public comments:

Courtney Davis, Eurand (Pancreatic Enzymes): Currently have a non branded product that is not technically a generic. Have a new product coming out within the next few months Requested that board consider reviewing the Pancreatic Enzyme drug class. Board informed him that in 2010 we will be reviewing the products. State currently under contracts for this classification so nothing in class can be changed.

Kevin Danielson, PFIZER (Chantix): Mr. Danielson provided handout on Chantix helpline Support Plan. This is a free get quit support plan offered to people who get Chantix RX filled. Information of helpline is on package insert only with Starter Pack. Helpline is available 8 AM –12 midnight. After midnight there is a recording. Chantix users can sign up for phone support and web support. Mr. Danielson stated that Pfizer presented Healthy Maine Partnership with information on the Chantix helpline. Pfizer goal is to provide outreach so that all Chantix users are aware of the free help line for support. Telephonic support provides comprehensive recorded message that allows users to request live coach.

Board asked if people who slip get put on the call back list. Mr. Danielson was not sure but stated he will research and get back to board.

Barbara Perry, CTI (Tobacco Free Helpline): Ms. Perry presented the Board with overview of the Smoking cessation help desk and how the program currently works. CTI currently working with Center for Disease Control to provide educational outreach to Maine residents who are trying to quit smoking. There is a language line for non English speaking residents. Helpline communicates with 3 to 4 % smokers in State. Ms Perry stated that currently only reaching a small percentage and due to flat funding they only have a few full time staff on hand. Calls bounce to Seattle where reps handle overflow to ensure all calls are answered. Ms Perry presented statistics on success rate 5-7 % success if smoker uses tobacco cessation product alone. Ms Perry stated that statistics show that the success rate is much higher if counseling services are used in conjunction with tobacco cessation products. Another point she made was that statistics show that two thirds of the people who fail try again in one month. 44% of smokers have behavioral health issues.

Board noted that there are not enough counseling services in state. The majority of counselors do it part time only physicians, Nurse Practitioners and Physician Assistants are currently covered under state policy to render counseling services. MaineCare policy does not currently pay for Tobacco Cessation Therapy with Psychiatrists. Discussion ensued about possibility of Waiving CoPays as incentive to MaineCare members to use self help programs. Ms McCormick stated any changes to policy would require a waiver. In order to try and get members signed up with helpdesk, State could do outreach if they received weekly report of people who have RX for tobacco cessation products.

State is also looking at requiring smaller initial scripts for expensive drugs that have extensive side effects and high discontinuation rates (such as Chantix and NRT). Considering 15 day supply limit. GHS will create data on new starts when we submit compliance refills report for tobacco cessation RX products

Old Business:

DUR MINUTES: Dr Barkin asked members to review the draft DUR meeting notes for April. A motion was made to accept the minutes of the April 14, 2009 DUR Board meeting as written. The motion was seconded and passed unanimously.

WIC Medicaid formula coverage: Dr Meister gave status update on implementation plan. Dr Meister has been working with Toni Wall from CDC to discuss process. He has also been working with several specialists to develop an algorithm to ensure that children diagnosed with various disorders receive specialty formulas w/o

requiring PA. Working on PA form with criteria this should be ready for implementation by end of August. Dr Meister stated that there will be significant amount of children who probably will not meet the medical guidelines for specialty formulas.

Erin Gallagher WIC representative attended the meeting to discuss POS WIC process transition. There is currently a co-operative agreement in place to share data. Goal is to ensure smooth transition for providers, members and pharmacies. Raised concern on potential issue of people selling formula because they dispense formula and Mainecare also dispensed product. Currently GHS calls WIC when a user is on both programs. Need to be able to identify members so no double dispensing is done. Calls may be too many to handle when the formula is processed through POS. Possible solution is to create a weekly report which lists members who receive formula through POS and send it over to WIC instead of calling. Ms Gallagher stated that WIC will cover first month so babies will have formula while PA process is being done. WIC is committed to ensuring that no babies go without formula during the transition. State will work come up with process for required documentation needed to show medical necessity for specific formulas. Mrs. McCormick stated that WIC processing criteria can be posted on MaineCare website which would outline PA guidelines. Dr Clifford stated that one possibility is that the POS rules could allow three day emergency override instead of denying outright during PA process. It was noted that WIC currently accepts ICD 9 code for fussy baby- this needs to be changed. September meeting agenda will include WIC Medicaid formula coverage

HIV Drug-drug interaction final set: Dr Biczak presented board with phase 1 implementation for Antiretroviral Drug Interactions, Protease Inhibitor contra- indicated combination drugs. Dr Biczak noted that all drugs on interaction list will require PA and will require a hard stop PA edit implemented so that drug is not dispensed until PA is processed. Dr Biczak stated next step is to look at Phase II cardio drug interaction and occurrence. Board motion made to adopt drug interaction edit proposal, motion seconded, voted all in favor.

Antipsychotic utilization/ adherence data- drug specific: Dr Clifford gave description of handout. Tabled until next meeting. GHS will provide electronic copy to Dr Barkin/ Dr Meister to share with Psych group.

Dr Meister requested age/gender breakout for Foster children population. Dr Prior stated MaineCare very concerned with Foster care population utilization. Fair amount of population show ADHD and mood disorders

Psych Work Group Monthly Update:

Work group currently busy working on:

- Initiatives towards Antipsychotic utilization for children
 - Annual meeting work group will look extensively at data
- Abilify pill splitting compliance
- Care Pathways

Discussion on bypassing PA for antidepressants for kids with anxiety disorders. Child psychiatrist currently feel they are required to submit PA's when they feel they should not. Anxiety medications are often used for insomnia and SSRI's are used for sleep and anxiety.

New business:

Adherence Asthma Controller Medicines will be reprinted for June meeting.

Adjournment: A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 8:00 p.m. The next meeting will be held on June 9, 2009.