



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

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TO: Maine Drug Utilization Review Board  
 FROM: Sally Griffith-Onnen  
 DATE: February 10 2010  
 RE: Maine DUR Board meeting minutes from February 9, 2010

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

**Call to order**

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

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## DUR Minutes from January

A motion was made and seconded to accept the minutes as written from the January meeting with a correction made to attendance. The motion passed.

### Change in Chairperson

Dr Barkin stated that owing to his work with Goold it would be advisable for him to stop being Chair. Vice-chair Ms Wendler agreed to be Chair for the remainder of Dr Barkin's term.

## Old business

### MaineCare Chronic Opiate Use Prior Authorization

Dr Clifford described the method used to select members who had appropriate profiles to be included in the chronic opiate use prior authorization program. The board reviewed the draft letter to the MaineCare prescribers. It was agreed that clarification on what clinical information was required should be added to the letter. It was also agreed that the PA process should fit where possible with existing guidelines such as those from the Board of Medicine. Dr Braun agreed to work on a second draft and circulate it to the members of the board.

## Psych Work Group Monthly Update

Dr Barkin said that the dominant topic at the recent meeting was the changes to the atypical antipsychotic appropriate use project. The version now being worked on has atypicals as available for non psychiatric prescribers but not as first line drugs to be used by when augmenting antidepressants. A PA would be available to any non psychiatric provider where the prescription met FDA use.

Ms Wendler asked about the decision to not have resperidone as a first choice as in the previous draft. Dr Barkin replied that this was because preexisting contracts were in place and to allow flexibility in prescribing.

Dr Braun asked how the proposed plan would impact nursing homes. Dr Barkins stated that since the use of antipsychotics in nursing home care is established that there should not be a problem. Dr Braun asked if it would be worth excluding nursing home from requiring PA. Dr Clifford reminded the board that most nursing home patients would not fall under the PA restriction as they would be covered by Medicare Part D. Dr Clifford said that he would try to get the atypicals utilization in nursing homes for next meeting.

## New Business

### PA/PDL criteria (including January non-preferred drugs)

**Cambia:** Dr Weiss said that the risk of heart problem was not drug specific but class specific

**Effient and Plavix:** Dr Weiss wanted an exemption for cardiologists for a PA to be noted on the PDL. Dr Biczak explained that PA exemptions based on specialty have proved not practical in the past and that exemptions are based on diagnosis. Dr Weiss asked the cardiology community be notified of this. Regarding the PA form, Dr Weiss suggested changes which were noted.

**Multaq:** Dr Weiss asked why resources were being used to track the drug-drug interactions. Dr Clifford replied that it was standard for drugs on the PDL.

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## **New DDI edits coming from FDA Black Box warnings**

The full list was not available to the members but will be presented at the March meeting. Dr Clifford informed the board that only two of the drugs on the list had significant drug-drug interaction issues and both were currently non-preferred on the PDL so there was no requirement for the board to vote.

### **Edit for Clopidogrel (Plavix) with Omeprazole (generic, Prilosec)**

In November 2009 the FDA issued a warning regarding the interaction between clopidogrel and omeprazole. A Drug-Drug Interaction (DDI) edit will be added to reflect this. Dr Weiss said that there were similar issues with other proton pump inhibitors (PPIs); Dr Clifford said that an educational message would be sent stating that if a provider wanted to be conservative it is best to avoid PPIs and if the provider wanted to use an H2 blocker Xantac or Pepcid should be used.

### **Chronic Benzodiazepine Intervention**

Dr Gressit gave the board background about the *Guidelines for the Use of Benzodiazepines in Office Practice in the State of Maine*, prepared by the Maine Benzodiazepine Study Group and presented to the board. He noted that benzodiazepines are highly associated with critical incidents and that they showed up in 12-14% of motor vehicle accidents in 2002 in the State of Maine where tested. Benzodiazepines are also associated with very difficult withdrawals. Despite this the rate of prescription is increasing.

Dr Gressit said that the guidelines could be a good approach to get appropriate use. There was discussion as to whether a two-pronged approach which used provider education along with a PA system similar to the chronic narcotic use program would be appropriate. Dr Clifford will develop baseline data for benzodiazepine use for the board to assist in discussion.

### **Updating of Bylaws (Conflict of Interest)**

Proposed bylaw updates were presented to the board regarding requirements for board members to declare financial contributions received from drug manufacturers that individually or in total are more than \$100. The proposed bylaws also stated that board members who received such financial contributions would be required to abstain from voting on matters relating to that manufacturer's drugs.

Dr Weiss raised objections regarding payments for research as being a conflict of interest. In particular, he objected to the requirement for a board member to refrain from voting if that member received money from a manufacturer for conducting research. He stated that it was enough to declare the potential conflict of interest and the voting rights of the member should not be affected by this. He did not feel that he would be able to remain a board member under the currently proposed conditions.

There was general agreement among the remaining board members that the proposed changes were appropriate and in line with standard practice. There was discussion as to the degree of conflict that various payments could entail but the consensus was that ultimately it was up to the Attorney General.

Ms Palow stated that input was welcomed from the board but that the basis of the conflict of interest requirements would stand: if a member is receiving money from a manufacturer it is a conflict of interest.

### **Adjournment**

The meeting concluded at 8:20. The next meeting will be held March 9 2010.

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