



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: October 19, 2010
 RE: Maine DUR Board meeting minutes from October 12, 2010

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Chair	x		
Robert Weiss MD, Cardiologist, Vice Chair	x		
Amy Enos, Pharm. D. Waltz LTC Pharmacy	x		
John Salvato, MD, Pediatrician	x		
Laureen Biczak DO, Infectious Disease, GHS	x		
Laurie Roscoe, R.Ph., Martin's Point		x	
Lindsay Tweed, Psychologist			x
<i>Jeff Barkin, Psychologist: standing in for Dr. Tweed.</i>	x		
Mark Braun, M.D., FACP, Internist/Geriatrician	x		
Mike Coppi	x		
Mike Ouellette, R.Ph. GHS	x		
Rebecca M. St. Amand, RPh, 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: Dr Kim Curtis and Anna White, pharmacy student.

CALL TO ORDER: 1PM

OLD BUSINESS

DUR MINUTES FROM SEPTEMBER

The approval of the minutes was postponed to the November meeting.

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

PUBLIC COMMENTS

- Dr Jorgenson spoke as a representative of Shire and gave information to the board on his clinical experience with Savella in treating fibromyalgia.
 - Dr Clifford asked what percentage was initially responsive and what stayed responsive. Dr. Jorgenson replied that he had 10-15% drop out, and that sweating is the biggest issue.
 - Dr Barkin asked about the sexual side effects. Dr Jorgenson said that it affected orgasm as opposed to interest.
 - Dr Wendler asked about Cymbalta. Dr Jorgenson said he tends to use both Savella and Cymbalta in combination.
- Aroon Datta from Forest gave information to the board on Savella.
 - Dr Wendler asked if Mr. Datta was aware of any studies comparing Savella to other fibromyalgia approved drugs or to Cymbalta. Mr. Datta replied that there were none.
 - Dr Barkin asked if there were any studies comparing drugs not approved for fibromyalgia but which are commonly used to treat fibromyalgia. Mr. Datta replied that Forest has not done any, but there is one study that has not been published yet that is not a comparative trial but is looking at Savella in combination with pregablin.
- Steve Cheng from Eli Lilly gave information to the board on Cymbalta. He requested that the board consider maintaining Cymbalta on the ME PDL.
- John Renna from Shire gave information to the board on Intuniv.
- Christina Copeland from GlaxoSmithKline gave information to the board on Advair, Avodart and Jalyn.
- Shobhna Butler from Reckitt Benckiser gave information to the board on Suboxone film and handed out samples.
- Kevin Langlois from Daiichi Sankyo, gave information to the board on Welchol.
- Barbara Pattullo from Daiichi Sankyo gave information to the board on Tribenzor, a new product for treatment of hypertension.

STATIN UPDATE

- Anna White updated the board on the analysis of statin use in Maine Medicaid patients. Ms. White referred to the breakdown of the initial data provided in the packets, which used standard age stratification as well as breaking the figures down by sex and county. Also broke up by both member and prescriber county to see if there were lifestyle/provider trends.
- Found that all counties prescribe statins to around 40-50% of their highest risk members and about 79% of those members are getting their lipid panels tested. No major differences between the counties. Aroostook has the highest percentage of the highest risk group.
- Dr Weiss noted that the results were consistently not good for all ages, sex and county, which meant that an intervention would need to be broad.

- GHS will write letters to providers for a sample from the highest risk group asking if the patients are at goal. The results will be discussed in the November meeting.

PSYCH WORK GROUP MONTHLY UPDATE

- Dr Barkin updated the board on behalf of Lindsay Tweed. Two primary issues:
 - Dr Freeman discussed the multi-state Medicaid Medical Directors' project looking at atypical anti-psychotic utilization. Maine is going to align themselves with the other 16 states in defining quality metrics for the use of atypical. Will be requesting data in the future.
 - Transfer of Cymbalta from preferred to non-preferred. Initial concern about patients already on Cymbalta but grandfathering made this a non-issue. Group voted to support moving Cymbalta to non-preferred.

NEW BUSINESS

UPDATE ON PDL COMPLIANCE 20093

- PDL compliance remains high (in the 99% range). Generic utilization is increasing due to conversion of brand drugs to generic; in the 70% range. Some categories are more non-compliant than others, such as steroid combinations, immunomodulators, topical anti-virals, but overall it is a fairly stable PDL.

HEALTHCARE REFORM UPDATE

- Dr Clifford spoke to the board about the September 28 letter from CMS to State Medicaid directors, noting that it was very favorable to State Medicaid Directors. Drugs where the best price exceeds 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 CHANGES

- **A motion was made to non-prefer Omnitrope as step 5, and to prefer Norditropin.**
 - The motion was passed.
- **A motion was made to add Tribenzor to the ARB category as non preferred.**
 - Dr Weiss added that standard policy is that combo drugs should not be more expensive than the components.
 - The motion was passed.
- **A motion was made to non-prefer Tracleer in the ERA/Dendrothelin Receptor Antagonist class.**

- Dr Weiss said that he felt this was a medical error as Tracleer is the only drug with data in class 4 and is the major drug used nationwide.
- Dr Biczak, Dr Barkin and Dr Clifford all stated that since the FDA guidelines did not recommend one drug in this category over another there was no clinical reason to not non-prefer Tracleer.
- A motion was made by Dr Weiss to delay the vote on this topic. The motion was not seconded.
- The original motion that Tracleer be non preferred passed with two abstentions (Dr. Alto and Dr. Salvato).
- This will be revisited in the November meeting after pulmonologists have been notified of the vote and invited to comment.
- **A motion was made to add Dulera to the Antiasthmatic Adrenergic combos category as non-preferred**
 - The motion was passed with one abstention (Dr. Salvato)
- **A motion was made to prefer Renvela and non-prefer Renegel 800 in the Phosphate Binders class.**
 - The motion was passed.
- **A motion was made to non prefer Avodart as Step 8 and add Jalyn to non-preferred in the BPH class.**
 - The motion was passed with one abstention (Dr. Salvato).
- **A motion was made to non-prefer Cymbalta in the anti-depressants selected SSRIs class and grandfather established users**
 - The motion was passed with two abstentions (Ms. Enos and Ms. St. Amand).
 - GHS will approach Forest and see if they would pay supplemental rebate if Savella were preferred after a step through generic therapy for fibromyalgia.
 - The logistics of PA requirements for the different users of Cymbalta will be discussed at the November meeting.
- **A motion was made to continue to prefer Daytrana in the Stimulant Methyphenidate-LA class.**
 - The motion was passed.
- **A motion was made to add Vimovo as non-preferred in the NSAID – PPI class.**
 - The motion was passed with one abstention (Dr. Salvato).
- **A motion was made to add Lovenox 300 as non-preferred in the Anticoagulants class.**
 - Motion made passed one abstention (Dr. Salvato).
- **A motion was made to prefer Aggrenox in the Platelet Aggr. Inhibitors/combos misc. class.**

- The motion was passed with one objection (Ms. Enos) and two abstentions (Ms. St. Amand and Dr. Salvato).
- **A motion was made to non-prefer Solaraze Gel in the Topical – Antineoplastics.**
 - The motion was passed with one abstention (Dr. Salvato).
- **A motion was made to add Zyclara as non-preferred in the Topical – Genital Warts class.**
 - The motion made passed.
- **A motion was made to add Oravig as non-preferred in the Mouth Anti-infectives class**
 - The motion was passed.

Dr. Salvato was not present for the votes on Norditropin/Omnitrope or Tribenzor. Dr. Weiss abstained from voting in all cases.

PDL CLASS CLEAN UP

- Lovaza will be moved to the Fibrates section of the PDL.

SYNAGIS AND THE MAINE RSV SEASON

- Dr Biczak told the board that the Maine RSV season does not start until late December and generally ends in April/May.
- The FDA recommends that children have no more than five doses of Synagis in one season. To allow Maine children to get the doses required through the RSV season, Synagis will be approved from November 28.

TOPICS FOR THE BOARD TO CONSIDER IN THE COMING YEAR

- Continuation of work on statins and chronic pain.
- Step treatment system for diabetes, using the American Diabetes Association and the American Endocrine Society guidelines.
 - Mr. Ouellette to give copies of the modules to the board members by the next meeting.
- Chronic antibiotic use.
- Asthma identification and treatment according to guidelines.
- Dr. Weiss requested that time guidelines be put next to agenda items to assist in meeting management.

ADJOURNMENT: 6PM

The next meeting is November 9 from 6pm to 8pm. There will be no meeting in December.