



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: September 16 2010
 RE: Maine DUR Board meeting minutes from September 14, 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		
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: Audrey Menard, Brian Seyboth and Anna White, pharmacy students. Dr Jeff Barkin.

CALL TO ORDER: 6PM

OLD BUSINESS

DUR MINUTES FROM JUNE

A motion was made and seconded to accept the minutes from the June meeting. The motion was passed.

PUBLIC COMMENTS

- Ron Rideman – United Therapeutics. Mr. Rideman gave information to the board on Adcirca and requested that it be preferred on the ME PDL.
- Scott Chappell, Pharm D. - Reckitt Benckiser. Mr. Chappell gave information to the board on the new Suboxone film along with a hand out and a non-medicated sample of the strip.
- Glenda Lewis – Gilead Sciences. Ms. Lewis gave information to the board on Ranolazine and Cayson along with handouts.

RESIGNING MEMBERS

Dr Barkin and Dr Meister were thanked for their service to the committee. Dr Barkin will stand in for Dr. Tweed at the October DURB.

PSYCH WORK GROUP MONTHLY UPDATE

Dr Tweed updated the board on the psych work group.

- Ms. Freeman has updated the work group on the inter-state study on antipsychotic use in youth.
- In Maine, 20% of foster children are prescribed anti-psychotics. The Office of Child and Family Services is planning to train case workers in the Fall in what the guidelines are for anti-psychotics and will have people for them to consult with on difficult cases. The Psych Work Group will be monitoring the intervention to see if this changes usage.
- Dr Barkin updated the board on the PA requirement for atypical anti-psychotics use age five and under. There has been a decrease since the intervention started. A lot of the use that Dr Barkin has reviewed was appropriate although there have been some egregious cases. Dr Braun asked if there was a clustering of providers or geography, and Dr Barkin replied that Bangor was overrepresented. Mr. Prior is working to get a Bangor representative on the psych work group which may assist in education in the PDL. Dr Barkin will compare pre- and post- intervention data at a later point. Dr Tweed noted that it would be interesting to do a similar study for other age groups such as teenagers.

ATYPICAL ANTIPSYCHOTIC ADHERENCE INTERVENTION UPDATE

- Dr Barkin referred the board to a handout in their packet giving data on the intervention to date. The intervention only looked at patients who have been on the drug for six months or less and who have not picked up their script after 7-14 days, which is around 30% of this population. He noted that there was not a lot of consistency in reasons on why people are late. About a third of responses from providers were 'it's not my patient' and 15% said 'the patient is taking it'. There was discussion on whether anything further should be done with the data that is being collected or whether the date range be broadened but there was no final consensus. Dr Barkin suggested it be tracked over time and revisited at a later date.

PHARMACY PROGRAM INTEGRITY UPDATE

Mr. Ouellette talked about the outlier analysis given to the board. Outliers have been analyzed for three months and on average \$40,000 a month in charges are reversed. In general issues are additional zeroes

being added during billing, rounding up of units and using incorrect units. GHS will be putting edits in place to assist with interpreting the package sizes. Mr. Prior asked if this was a safety issue as well – Mr. Ouellette replied that the pharmacists could potentially interpret a doctor’s orders incorrectly. Dr Braun asked if the electronic prescriptions from the providers helped; Mr. Ouellette replied that prescribers were using the electronic prescriptions but that pharmacies were receiving these as paper faxes as they are not getting extra money from the federal government to convert their systems.

Mr. Ouellette then talked about concerns that pharmacies may be using third party payment fields to override the MaineCare PDL. MaineCare has started sending letters for certain claims with TPL payment requiring proof of payment. If this is not received the claims will be reversed, but if proof of payment is received the claims will stand.

NEW BUSINESS

SUBOXONE

Dr Barkin noted that there was some confusion over the PDL criteria for Subutex and Suboxone.

- Subutex can be used in pregnancy only, not in breastfeeding.
- Dosing limits apply to both Suboxone and Subutex. On par with some of other states, there is a 32mg maximum daily dose in induction up to day 60, after which a 16 mg maximum daily dose applies.

Dr. Alto asked if patients on existing regimes would need to be brought down to 16mg/day; Dr Barkin replied that they would.

CHRONIC NARCOTIC/MED MANAGEMENT

Mr. Ouellette updated the board on the chronic narcotic medication management. The intervention identifies new starters once they are on narcotics for more than ninety days and sends out a notice to the provider to ensure that they are within the guidelines of proper monitoring and using the Prescription Monitoring Program (PMP). An average of 40-50 members fall into this category monthly. He stated that the education seems to be helping, that providers were using PMP more and that there had not been much negative feedback from providers.

PRO-DUR EDITS

Dr Barkin suggested to the board that MaineCare introduce some new automated edits that would trigger a PA when the prescription was filled. Suggested edits were:

- **Multiple benzos – if on a benzo and prescribed a second or third, automatic PA.**
- Edit for omeprazole and Plavix concurrently
 - (Mr. Ouellette will check to see if this one is already in place)
- Chronic antibiotics – on for more than 60 days, giving a pass for some used for acne
- **MAO inhibitors given concurrently with anti-depressants**

- **Depakote looking for age, sex and concurrent use of contraceptives**
- Simvastatin and amlodipine
- Lysteda and oral contraceptives
- Oxycodone and clarithromycin or Biaxin

There was general agreement that there could be a good education value from these edits, although Dr. Braun cautioned that this would need to be done well using sound data and being aware of what the desired outcome was so that it did not turn people off. The board selected the three edits that are bolded as possible for a first round, although more research will be done on how many people are affected and what exactly the edits would be. Providers would also need to be informed with plenty of time before the edits are put in place.

HEALTHCARE REFORM UPDATE

Mr. Ouellette informed the board that the manufacturers for Avinza, Concerta and Vyvanse the following drugs had guaranteed to make the state whole:

These drugs will therefore not be non-preferred on the Maine PDL. The manufacturer for Focalin XR gave assurances that it is not a line extension. This will be reviewed on a quarter by quarter basis.

There was a motion to extend the current status for another quarter for Focalin XR. The motion passed. Dr. Weiss abstained.

STATIN INTERVENTION FOR HIGH RISK MEMBERS

Dr Weiss referred the board to graphs in their packets on statin use by high risk members. He stated that it was very concerning that only 50% of the highest risk population were on statins, and that only 50% of those people had had lipid testing to ensure that they are on the right dose of statins. The data is similar in other states. Dr. Weiss said that data should be gathered on more variables to see where education would be most useful, and said that this could be a big savings for MaineCare as more statin use would lead to lower overall care costs. Dr. Biczack referred to an upcoming meeting with Pfizer regarding adherence which could be helpful to address this. There was discussion on whether providing providers with some sort of feedback that compared their practice to that of others would be a good way of addressing this. Prior to this, more work will be done on the data to ensure that the trends are what they appear.

RANOLAZINE

Dr Weiss referred to the handout given by Gilead on Ranolazine and said that the board should consider removing the PA as it reduced healthcare costs over time. Dr. Bickzak stated that she would want to see more information before making a decision since general costs do not always mirror Medicaid costs and they were not necessarily comparing costs to another therapy. Dr Barkin also said that more information would be needed since there was not any experimental data available. The class is up for review in October.

ADJOURNMENT: 8PM

The next meeting is October 12 from 1pm to 6pm.