



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: June 9 2010
 RE: Maine DUR Board meeting minutes from June 8, 2010

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Chair	x		
Robert Weiss MD, Cardiologist, Vice Chair	x		
Jeffrey Barkin, MD Psychiatrist	x		
William Alto, M.D. Family Practice, Dartmouth Family Practice Faculty	x		
Laureen Biczak DO, Infectious Disease, GHS	x		
Mark Braun, M.D., FACP, Internist/Geriatrician	x		
Timothy Clifford, M.D., Family Practice, GHS	x		
Amy Enos, Pharm. D. Waltz LTC Pharmacy	x		
Lindsay Tweed, Psychologist	x		
Steven Meister MD, Pediatrician, Maine CDC, Division Family Health Medical Director	x		
Mike Ouellette, R.Ph. GHS	x		
Rebecca M. St. Amand, RPh, Staff Pharmacist Community Pharmacy - Pittsfield	x		
Laurie Roscoe, R.Ph. Martin's Point	x		
Non -Voting			
Jennifer Palow, Pharmacy Manager, OMS	x		
Rod Prior MD, Medical Director OMS			x

Guests: Audrey Gould and Zoe Smith, pharmacology students.

CALL TO ORDER

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

DUR MINUTES FROM MAY

A motion was made and seconded to accept the minutes from the May meeting with two changes. The motion was passed.

PUBLIC COMMENTS

- Carl Pepe and Marla Campbell from GlaxoSmithKline gave information to the board on the HPV Vaccine Cervix.
- Tom Carattini from Acorda asked the board if they had any questions on Ampyra. There were no questions.

PSYCH WORK GROUP MONTHLY UPDATE

- Dr Barkin updated the board on the review of charts for children under five on atypical antipsychotics. There were three cases he felt were clearly egregious and asked the board what action they would like him to take. It was decided that for new starters these fills can be denied, and for existing patients the case should be reviewed by a specialist and the provider should be contacted.
- The impact of health reform on line extension drugs was raised, and it was noted that many of the drugs affected were psych medications.

VALPROIC ACID AND CARBAMAZEPINE USE IN FEMALES OF CHILDBEARING AGE

- Ms. Gould presented research to the board on female MaineCare patients taking Carbamazepine or Valproic Acid in 2009 between the ages of 15-44. She noted that the data appears to show that females taking these teratogenic drugs appear to have a lower use of birth control than the general MaineCare population. However, this data did not include family planning data or the use of IUDs.
- A motion was made to begin a PA program for new scripts for Valproic Acid and Carbamazepine for women between the ages of 12 and 54 who do not have an indication of contraceptive use, including IUDs, or of tubal ligations or hysterectomy in their profile. The intervention would not require birth control to be used, but that the potential of birth defects be acknowledged before prescribing. The motion passed with no abstentions.

PHARMACY PROGRAM INTEGRITY REVISIONS

Dr Clifford updated the board on the initial trial of picking up incorrect claims. He said that it seemed to be working well as 25% of initially identified outliers were reversed by pharmacies as being incorrect. He will bring a report to the September meeting.

PDL MODIFICATIONS FOR PRODUCTS CONSIDERED LINE EXTENSIONS

Dr Clifford spoke to the board regarding the financial impact to the State Medicaid Program due to changes to the rebate system arising from the Affordable Health Care for America Reconciliation Bill. The current law makes brand line extension drugs prohibitively expensive for States to maintain on their PDLs. It is clear from the law that extended release versions and different formulations of an existing drug will be affected; it is not yet clear if new strengths of existing drugs will be affected. Dr Clifford recommended that the board therefore make non-preferred those line extension brand drugs in where there are alternatives available.

Ms Rosco stated that changes to the PDL should be made with clinical considerations foremost. Dr Meister, Dr Braun and Dr Biczak among others raised specific clinical issues with making certain of the drugs non preferred

and in particular the time frame relating to requiring a PA for their use. Mr. Ouellette raised the possibility of an increase in appeals.

- A motion was made to make **Avinza Cap 45mg and 75mg** non preferred. The motion passed.
- A motion was made to make **Concerta Tab 27mg** non preferred. The motion was tabled and will be voted on by email once SSDC negotiations are complete.
- A motion was made to make **Detrol LA Cap 2mg and 4mg** non preferred. The motion passed.
- A motion was made to make **Effexor XR cap** non preferred.
- A motion was made to make **Focalin XR Cap** non preferred for new starters immediately and for existing starters with a reasonable time frame for transition. The motion passed.
- A motion was made to make **Keppra XR Tab** non preferred, but with seizure patients grandfathered. The motion passed.
- A motion was made to make **Lescol XL Tab** non preferred. The motion passed.
- A motion was made to make **Maxalt MLT** non preferred. The motion passed. Dr Clifford will recommend a different brand drug to be considered for this class.
- A motion was made to make **Sanctura XR** non preferred. The motion passed.
- A motion was made to make **Seroquel XR Tab** non preferred, with a grace period of 90 days for patients with a diagnosis of schizophrenia, bipolar disorder or autism.
- A motion was made to make **Tegretol XR Tab** non preferred, but with seizure patients grandfathered. The motion passed.
- A motion was made to make **Vyvanse 20mg, 40mg and 60mg** non preferred. The motion passed.

Dr Weiss abstained from voting in all cases.

OTHER BUSINESS

Dr Gressit has left the ME DURB effective this month, and there was a brief discussion on his replacement.

The board noted and briefly discussed the appropriate reply to two letters addressed to the board.

Dr Weiss said that GHS was looking into a statin intervention for high risk members.

ADJOURNMENT

The meeting concluded at 8:15. The next meeting is September 14.