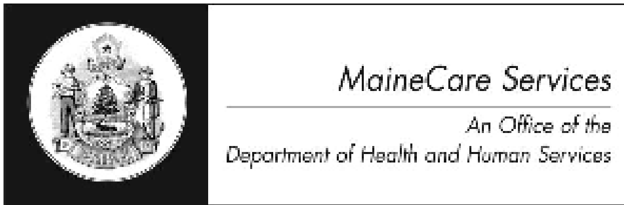

Department of Health and Human Services
MaineCare Services
442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011
Tel: 1-866-796-2463; Fax: (207) 287-8601
TTY: 1-800-423-4331

TO: Maine Drug Utilization Review Board
FROM: Shari Martin
DATE: September 9, 2009
RE: Maine DUR Board meeting minutes from September 8, 2009

Chair, Jeffrey Barkin called the meeting to order at 6:01 p.m. Introductions were made and public comments were invited. No member of the public wished to speak.

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		
Laurie Roscoe R. Ph., Martin's Point Pharmacy Director	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 Robert Weiss MD Cardiologist Auburn	X X		
Non -Voting			
Jennifer Cook, Pharmacy Manager, OMS	X		
Brenda McCormick, Director OMS	X		
Rod Prior MD, Medical Director OMS	X		

Andrew Cook, M.D. Psychiatrist (DBDS) has retired from the Board. Laurie Roscoe R.Ph. and Robert Weiss MD have rejoined the Board. Dr Fourbush has also joined the board and will attend the October meeting.

Old Business

DUR Minutes: Dr Barkin asked members to review the draft DUR meeting notes for May. A motion was made to accept the minutes of the May 12 2009 DUR Board meeting as written. The motion was seconded and passed unanimously.

WIC Medicaid formula coverage: The Board discussed the upcoming WIC changes and the implementation plan for MaineCare coverage of specialty formulas. Because of the potential contentiousness of the changes to the WIC program, it is proposed that the changes to MaineCare coverage of formula occur in January to allow time to work with providers.

- October 1 2009 WIC will be making changes to the formula packages, due to an increased emphasis within the agency on assisting mothers to breastfeed.
    - For the regional group Maine is part of two formulas, both produced by the Nestle company, will be available. One will be cow-milk based and the other soy based. It will not be difficult to change between these options. However, it will not be possible to have any other formula through the WIC program.
    - The amount provided will be reduced; for example, a six month old will be provided with 22 ounces of milk per day, but healthy six month olds can consume 24-32 ounces a day.
- January 2010 planned changes to PAs for formula paid by MaineCare. Currently MaineCare pays for formula not covered by WIC for eligible people.
    - Dr Meister in conjunction with other specialists has prepared a document outlining criteria for the need for specialty formulas for infants. He will email copies of this to the members of the Board. It is intended that this be used for provider information and as a basis for PA approval.
    - It is planned that the new PA will be the same form required by the Food and Nutrition Service for the WIC program to reduce paperwork.
    - If MaineCare decides to continue paying for non-specialty formula, it was recommended that only additional ounces of WIC covered formula are covered as there is no medical necessity for a healthy baby to switch between regular formulas. It was further recommended that infants old enough to eat solids get any additional food required this way rather than through formula.

GHS will work with Dr Meister on the PA form. This topic may be returned to in the October meeting.

Chronic Narcotic use Prior Authorization/Promotion of Standard of Care: The State plans to address chronic narcotic use by requiring a PA for utilization greater than 90 days. It is recommended that at the beginning this is only for patients who newly meet the requirements.
The PA will require:

- Strong documentation proving that non narcotic/non drug options have been either tried or strongly considered.
- A contract between the patient and the doctor, with consequences (including not filling the prescription) if the contract is violated.

These requirements should be emphasized early in the process to prevent providers from getting their MaineCare status terminated or getting in trouble with the Board of Medicine.

Issues raised in the discussion were;

- Total narcotics use rather than individual narcotic drug use should be considered. Some patients are slipping under the radar because they mix multiple drugs or use a combination of MaineCare preferred and non-preferred narcotics.
- This initiative should be worked on with other agencies and organizations currently dealing with drug abuse and people who are chronicallyon narcotics to prevent ‘silo thinking’.
- Given the nature of drug abuse, it could be more useful to initially focus on outpatients rather than chronic narcotics users in institutional care. It could also be helpful to begin with chosen age bands

within the group of outpatients as this would limit the size and allow time for any problems to be worked through.
- Patients who violate their contract should be identified and assisted rather than just being shut off. However, there is a shortage of both pain specialists and addiction specialists in the state.
- PMP searches allow providers to identify problem users, but searching it is time consuming. If PMP searches are required as part of the PA process possibly a month should be allowed for this to take place.

A PA form will be drafted for circulation.

Psych Work Group Monthly Update: There has been discussion on the use of Savella (which is now FDA approved) for off-label treatment of depression. At the present time there is no interest in doing so. This will be revisited in six months.

Previously there was unconditional support for the 15 day initiative but the work group now wants to go on record as supporting this on cost rather than on medical grounds. Quorum was not reached at the last work group meeting so a close vote regarding the inclusion of Z drugs and benzodiazepines into the 15 day initiative was not valid. This will be revoted on in the next meeting if quorum is reached.

New Business

Outlier Utilization Reports: This item was tabled to the November meeting.

Soverign States Drug Consortium bidding update (confidential): The members of the Board were updated on the SSDC bidding.

PPI Preferred Drug List – Transition plan for when Prevacid becomes an exclusive generic in November and proposal to prefer Kapidex vs other options: In November Prevacid (produced by Takeda) will become an exclusive generic. Kapidex, an isomer of Prevacid and also produced by Takeda was proposed to replace Prevacid as one of the three preferred drugs for PPI. A motion was made that it be recommended to the State that Kapidex be preferred and Prevacid be non-preferred for the PPI class of drugs. This would be done in steps, with new starters beginning on Kapidex and established Prevacid patients having three months to move to one of the three preferred PPI drugs. The motion passed unopposed.

Annual Session to Determine Preferred Drug List: This will be held on October 13, starting at 1pm. The first hour will be manufacturers giving presentations. Manufacturers were advised to keep any handouts to one page. From around 3pm the committee will internally discuss the drugs. The meeting is expected to adjourn before 6pm and will be followed by a meal.

Adjournment: A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 7:54 p.m. The next meeting will be held on October 13, 2009.