



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: May 12 2010
 RE: Maine DUR Board meeting minutes from May 11, 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		
Lindsey Tweed, M.D., Psychiatrist, Maine Medical Center	X		
Steven Gressit, M.D. Psychiatrist, DHHS Mental Health Medical Director	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		
Brenda McCormick, Director OMS			X
Rod Prior MD, Medical Director OMS			X

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Call to order

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

DUR Minutes from April

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

Public Comments

Stefano Fiore from Genentech gave information to the board on Actemra. He requested that the board place Ateamera on the Maine PDL.

Beth Zaharoff from Allos gave information to the board on Folutyn.

Erica Szabo from Eli Lilly gave information to the board on Zyprexa Relprevv.

Tom Carattini from Acorda gave information to the board on Ampyra.

Old Business

Psych Work Group Monthly Update

- Consensus that Atypical Antipsychotic PA for patients under 5 is important.
- Discussion on a new PA for non-psychiatric providers for atypicals did not go to a formal vote, some concern over what this could mean in rural areas.
- Consensus on measures to increase metabolic monitoring.

Chronic narcotic use PA/Promotion of standard of care update

Mr. Ouellette updated the board on letters being sent to prescribers of narcotics to chronic users. Getting response to approximately a third of each batch of letters sent. Starting to see more physical documentation and chart notes, that is showing that the educational piece is working. Many providers taking note of PMP and what UDT actually mean.

Atypical Antipsychotic Adherence Intervention Update

Dr Clifford told the Board that this will be implemented July 1st. Dr Clifford is working with a drug manufacturer who may be able to provide doctors with techniques and methods for doctors to use to help with adherence, so that support as well as data can be provided.

Dr Weiss said that he wanted analysis on drugs other than mental health drugs.

Health Care Reform Update

Dr Clifford said that healthcare reform was changing the way that State programs look at the net prices. This may effect PDL changes at the June SSDC meeting and the annual PDL review meeting. In order to save money for the State going forward there will be an even greater emphasis on correct clinical use as drug rebate income likely to be cut.

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New Business

Pharmacy Program Integrity Revisions

Dr Clifford informed the board that he was analyzing claims data to find claims that are abnormal. He will bring a report to the September meeting to establish outlier values to more efficiently identify bad claims.

New Drug Reviews

Actemra

A motion was made to give this drug an interim status of non-preferred. The motion was passed unanimously with no abstentions.

Ampyra

A motion was made to give this drug a status of non-preferred. The motion was passed unanimously with no abstentions. A draft PA for the drug will be brought to the next meeting.

Folotyn

A motion was made to give this drug a status of non-preferred until preliminary evaluation is complete. The motion was passed unanimously with no abstentions.

Pennsaid

A motion was made to give this drug a status of non preferred. The motion was passed unanimously with no abstentions.

Stelara

A motion was made to give this drug an interim status of non preferred. The motion was passed unanimously with no abstentions. This drug will be addressed again in the June meeting.

Twynza

A motion was made to give this drug a status of non preferred until it is cost neutral for the individual ingredients. The motion was passed unanimously with no abstentions.

Vicoza

Dr Clifford noted that there were significant safety concerns with this drug and class. A motion was made to give this drug an interim status of non preferred, and in a less favorable position than Byetta (also non preferred). The motion was passed unanimously with no abstentions.

Zyprexa Relprevv

A motion was made to give this drug a status of non preferred. The motion was passed unanimously with no abstentions.

Privacy and PA Notifications

Dr. Alto described an issue he had had recently with a PA notification being intercepted by a patients mother, breaching her privacy. The board discussed the inherent tension between the requirement to give the patient a written notification of denials and of their rights to a hearing and the patient's right to privacy. Phone calls had similar problems, as well as difficulty in establishing that the correct person was being talked to.

Ms. Palow said that she would discuss with the AG's office the possibility of circumstances where notification would not need to be sent.

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Draft Antipsychotic Necessity Form

Compazine is listed on the form although its primary use is to control nausea and vomiting. Dr Clifford said that it would be struck out.

Letter to the Board from Maine Geriatrics regarding PA for atypical antipsychotics use for patients in nursing homes.

Ms. Palow said that another notice would be sent clarifying that nursing homes exempted.

Adjournment

The meeting concluded at 7:45.

DRAFT

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