MaineCare Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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TO: Maine Drug Utilization Review Board
DATE: November 21, 2013
RE: Maine DUR Board **Meeting** minutes from November 12, 2013

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Robert Weiss, M.D., Cardiologist, Chair			X
Amy Enos, Pharm. D. Waltz LTC Pharmacy	X		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR	X		
Lindsey Tweed, M.D., Psychiatrist	X		
Mark Braun, M.D., FACP, Internist/Geriatrician	X		
Mike Ouellette, R.Ph., GHS	X		
Rebecca M. Thibodeau, R.Ph., Staff Pharmacist Community Pharmacy – Pittsfield- Co-Chair		X	
Lourie Paul, NP			X
Linda Glass, M.D.	X		
Non –Voting			
Jan Yorks-Wright, Pharmacy Supervisor, OMS	X		
Kevin Flanigan, M.D., Internist, Medical Director, OMS			X
Roger Bondeson, Director of Operations, OMS	X		

Guests of the Board: Chris Scalabrin, FNP

CALL TO ORDER: 6PM

PUBLIC COMMENTS

Dr. Henry Skinner a child psychiatrist from Brunswick here to discuss changes to Concerta on the PDL that was brought to his attention because one of his patients was unable to fill a script that the patient had been on. He also stated that he is concerned about the lack of lead time of changes made to PDL.

Mr. Ouellette stated that there has not been a recent change to Concerta. In regards to the patient that had difficulty filling the prescription Dr. Skinner was asked to contact Mr. Ouellette with the patient information so that he can look into what happened at the pharmacy.

Dr. Braun added that he very much appreciates Dr. Skinner's point of view. Reaching out to Mr. Ouellette and Dr. Barkin in his experience has been very helpful. Lead time and reaching out to the providers is something that the board is working hard on doing.

Mr. Ouellette stated that we do try our best to reach out by sending fax blast, posting on MaineCare's listserv and posting to the web site.

Dr. Tweed stated that we can also put updates out on the MCAP web site.

Chris Scalabrin, FNP from Calais Orthopedics here to discuss if the Hyaluronic Acid Derivatives PA form is adequate. Chris works with Dr. Kessler who subscripts to The American Academy of Orthopedics and both were shocked when last May they came out against using Synvisc. In their practice they use Synvisc One and Synvisc Gel simply because they are busy and the one time injection in terms on procedure cost in much less for the state and we get good result. Both I and Dr. Kessler understand that this is not a first line medication and understand the cost. My staff and I reached out to all of our patients that had received Synvisc One or Gel and of the 59 patients we had 86% stated that it helped them. We do not use this as a first line drug but in our experience it worked well.

Dr. Tweed asked what the letters to the editor said about the recommendation.

Mr. Scalabrin stated that he has found a few letters that state they are very upset they are starting to come in more and more.

Dr. Tweed stated that the thing that would be most helpful is for those that use Synvisc to challenge the study.

Ms. Wendler asked how Chris felt about the Mainecare PA form.

Mr. Scalabrin stated is very familiar with the PA form. A couple of things that stand out are one is under the trails is topical capsaicin cream; that is not indicated for an orthopedic join. What we do recommend to our patients is topical heat for example icy hot, Bengay, heating pad. Physical therapy is also listed as a trial as it should be. However, because MaineCare limits the visits to two it makes that a difficult option because the allowed visits are up before they really get the benefits. It should be an option but need to be able to have more visits.

Dr. Braun asked if the trial has to be 3 months each or 3 months of combination of the two.

Mr. Ouellette answered that its 3 months each but they can be done concurrently.

Mr. Scalabrin agreed that is how he reads it and what they practice at the office.

Mr. Ouellette asked Ms. Yorks-Wright if the PT visits have gone up or if that is a change effective for 1/1/2014.

Ms. Yorks-Wright answered that she would need to look into it.

Mr. Scalabrin added that his only concern is doing 3months with non sterols because of concern with live and kidney.

Dr. Braun asked if requiring at least 6 month have passed since last Synvisc or Hyalgan injection if a fair requirement.

Mr. Scalabrin answered that he was told that across all insurances its 6 months and if the treatment is working it normally last that long. Is that true that most insurance is at 6 months?

Mr. Ouellette answered that he believes that is correct. Thank you for coming in.

OLD BUSINESS

DUR MINUTES

The October 8, 2013 minutes were approved.

PSYCH WORK GROUP MONTHY UPDATE

No update at this time will meet again in December.

NEW BUSINESS

DRUG PA CRITERIA APPROVAL

Ilaris:

- The indicated diagnosis supported by documentation from the patient's medical records
- Verification of age for either indication
- Dosage limitations
- Drug profile monitored to verify not currently taking or will discontinue TNF inhibitor prior to treatment

Rescula:

- The indicated diagnosis supported by documentation from the patient's medical records
- Previous trials/failure of multiple preferred medications
- Daily dosing limitations

Mekinist:

- The indicated diagnosis supported by the documentation of the presence of BRAF V600 mutation from the patient's medical records
- Prescribed by an oncologist
- No trials of BRAF-inhibitor therapy in drug profile
- Females of reproductive potential counseled on appropriate contraception use during treatment

- Verify for recent echocardiogram and follow-up tests if approve
- Three (or six) months approval, and re-approval will require documentation of response without disease progression and tolerance to treatment

Tivicay:

- The indicated diagnosis supported by documentation from the patient's medical records
- Verify in patient's profile that is being used as an adjunct
- Verify patient's age (and weight for the pediatric population)
- Daily dosing limitations
- Verify medications in patient's profile if includes drugs contraindicated/should be avoided

Trokendi XR:

- The indicated diagnosis supported by documentation from the patient's medical records
- Previous trials/failure of multiple preferred medications, including generic immediate-release topiramate
- Daily dosing limitations

Breo Ellipta:

- The indicated diagnosis supported by documentation from the patient's medical records
- Previous trials/failure of multiple preferred medications
- Daily dosing limited to one inhalation daily

Cometriq:

- The indicated diagnosis supported by documentation from the patient's medical records
- Prescribed by an oncologist
- Quantity limits for both strengths and max days supply per fill.
- Avoidance of or monitoring to verify dose adjustments if use with CYP3A4 inhibitors/inducers
- Verification that patient does not have severe hemorrhage, GI perforation, or fistula
- Three (or six) months approval, and re-approval will require documentation of response without disease progression and tolerance to treatment

Tafinlar:

- The indicated diagnosis supported by the documentation of the presence of BRAF V600E mutation from the patient's medical records
- Prescribed by an oncologist
- Daily dosing limits
- Females of reproductive potential counseled on appropriate contraception use during treatment
- Monitor drug profile for potential CYP2C8 or CYP3A4 interactions
- Three (or six) months approval, and re-approval will require documentation of response without disease progression and tolerance to treatment

All criteria was voted on and approved

ANTIPYSCHOTIC PA REVIEW/CHANGES LD- 338

Mr. Ouellette presented the updated antipsychotic PA form to the board for disscussiona dn approval. Some of the changes made are adding verbiage stating "Members under 17 years of age require that the prescriber perform a timely assessment and ongoing monitoring of metabolic and neurologic variables of the patient in accordance with the ADA/APA monitoring guidelines."

Dr. Tweed stated that the law mentions ACAP so we may want to put that.

Mr. Ouellette if we need to change the wording that is something that can be easily done.

Tweed asked at what point would this be required.

Mr. Ouellette asked when Dr. Tweed needed to report back.

Dr. Tweed clarified his question that once this is all in place and doctors are starting a new patient on an antipsychotic when does this PA form need to be completed.

Mr. Ouellette answered it would be using the same time period that we had discussed at the meeting 16-20 weeks.

Dr. Tweed asked how is the PA currently being done.

Mr. Ouellette answered that currently we are reaching out to prescribers to get the lab values once the patient is identified. Anyone under the age of 5 already requires a PA. We also have PA required if a member is taking multiple antipsychotic. Also, we added a line stating "Baseline levels are required and approvals will be limited. Subsequent approvals will require additional levels being done to assess changes. Lab results submitted should be dated (most recent)."

Dr. Glass asked what do these levels refer to? Baseline levels? Drug levels?

Mr. Ouellette answered that when we first started with the metabolic monitoring the base line had to be within 4 weeks of starting and it is the metabolic levels not the drug levels.

Dr. Braun added that should be clarified on the PA form.

ANTIBIOTIC UTILIZATION/EDUCATION AND ACADEMIC DETAILING NEW MODULE

Mr. Ouellette shared with the committee information provided by the Academic Detailing group. The information is from a recently developed clinical educational module for preventing antimicrobial resistance.

The committee reviewed this information and commented that it falls into similar focus of the DUR. The DUR also reviewed recent MaineCare data of targeted counties in Maine and the utilization of antibiotics in patients with diagnosis for acute respiratory tract illness that are unnecessary.

ASTHMA MANAGEMENT-OVER AND UNDER UTILIZATION

Mr. Ouellette discussed with the committee about potential review of Asthma disease and utilization.

The committee reviewed data of adherence within the MaineCare population. The data spanned from the previous 5 years to current.

Mr. Ouellette's questions to the committee were the performance indicators the DUR committee could review.

After brief discussion the committee agreed to look at over utilization of SABA's and under utilization of inhaled corticosteroids.

Dr. Braun suggested that with recent analysts and initiative with provider's communication if we could look at getting better understanding of the patients. Suggested looking at number of encounters with providers for asthma related issues.

BENZO- STIMULANT UPDATE

Mr. Ouellette presented data from the recent board initiated Benzo/Stim mailing. More information will be provided at the next meeting.

ADJOURNMENT: 6PM

The next meeting will be held on **January 14, 2013**, 6:00p.m. – 8:00p.m at the Armory.