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: April 10, 2014
RE: Maine DUR Board **Meeting** minutes from April 8, 2014

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: Jeffrey S. Barkin MD, DFAPA; Erika Pierce MMS, PA-C

CALL TO ORDER: 6PM

PUBLIC COMMENTS

No public comments

OLD BUSINESS

DUR MINUTES

The March 11, 2013 minutes were approved.

PSYCH WORK GROUP MONTHY UPDATE

Dr. Barkin stated no update at this time

NEW BUSINESS

ACADEMIC DETAIL PRESSENTATION-COPD MODULE

Erika Pierce PA-C, an Academic Detailer from MICIS, presented to the Board an overview of the Academic Detailing Program through Maine Medical Association in conjunction with the Office of MaineCare Services. Erika explained the overall background of the program in presenting clinical evidence-based prescribing information to healthcare providers. In her presentation she discussed about the various Modules that the MICIS group had and is currently presenting to providers. In her presentation she explained the most recent module related to COPD.

She explained the program is designed to help providers understand the goals and principles of management of COPD and current treatment guidelines which include smoking cessation, non-drug therapies and medications.

Dr. Weiss asked if the clinical detailing presentations are requested by providers or if they are solicited. Ms. Pierce indicated that they are done by both manners that they have presented to new providers but develop relationships and return for other modules throughout the year as new modules are released.

Mr. Ouellette asked if in Ms. Pierce experience if the MaineCare PDL has mirrored many of the clinical recommendations in the various evidence-based modules. Ms. Pierce indicated that, YES, the MaineCare PDL was in line with the evidence in the various module4s they have presented over the years.

The Board thanked Ms. Pierce for her time and the information she presented to them.

Ms. Pierce asked if she should leave further information behind with the COPD modules and Mr. Ouellette indicated that the Board would like some additional packets.

ASTHMA MANAGEMENT- OVER AND UNDER UTILIZATION

Mr. Ouellette present to the Board recent Asthma Disease utilization data specific to determine opportunities for improving the safety and efficacy of drug therapy for patients with asthma.

The Board discussed that inadequate medical management of asthma increases overall medical cost and decreases the patient's quality of life. Mr. Ouellette indicated that poor control of asthma results in lost work/school days and increases emergency department visits or hospitalizations.

The Board reviewed the following data:

Number of ER, Hospitalization, or Asthma Related PCP Visits	
Patient Count	18,271
Member Visits	36,361
Patients with Asthma Diagnosis using a Short-Acting Beta-Agonist and no ICS	10,957
Patients with Asthma Diagnosis using a Short-Acting Beta-Agonist and An ICS	9,263
Patients with 2 or more ER visits or hospitalization for asthma without recent ICS (within 14 days)	6,399
Patients with 2 or more ER visits or hospitalization for asthma without recent ICS (within 30 days)	6,097

Dr. Braun and Dr. Weiss both indicated that this was similar results we had seen with numerous initiatives the Board has looked at whether it was cholesterol testing with Statins, metabolic monitoring with antipsychotics or utilizing combinations of benzodiazepines with stimulants or opiates. Providers are not following well established guidelines or not following or monitoring their patients closely enough to determine that the patient is managed with the best potential outcome.

The Board will look at potential outliers with some of the identified categories to see if potential educational letters can be submitted.

SOVALDI UPDATE

Dr. Braun asked after reviewing the draft PA form there is a section stating documentation of counseling regarding abstinence from alcohol and education on how to prevent HCV transmission. What is the tolerance of alcohol are we going to be requiring screenings and what happens if the patient fails to abstain. Another question is in regards to requiring the vaccinations.

Dr. Barkin answered that he agreed in Dr. Braun's questions and concerns however felt that it would be difficult to require screens because it is costly and difficult to do for alcohol. Would we put something on the PA form stating they must be vaccinated because none of the guidelines state that.

Dr. Braun stated that maybe an informational section on the PA form.

Dr. Weiss stated that the form is already very busy and fills up two complete pages adding more would over complicate it.

Dr. Barkin asked should we have the providers send in drug testing to show that the patient is following the guidelines or is an attestation enough.

Mr. Ouellette stated that most of the PAs are going to be coming from 5 doctor's offices and 2 major pharmacies. This has been shared with one of the pharmacies and they were okay with the criteria.

Dr. Barkin stated that he is more concerned with IV drug use.

Mr. Ouellette added that he agreed that is a concern that the patient will be re-infected.
Dr. Weiss suggested that we add IV use to the comment that Dr. Braun stated before in regards to alcohol.

Motion was made to accept the PA from and criteria with the small change to add in IV drug use.

Motion passed.

CHOLESTEROL ANALYSIS UPDATE

Dr. Weiss explained that this analysis was done as a follow up from last month's conversation of the that new cholesterol guidelines but this time breaking it down at the prescriber level.

Mr. Ouellette stated that the board has two lists the first is a total of members by DEA and the second is broken down by diagnosis and DEA. On the list of totals the top four are facilities.

Dr. Weiss stated that we should pick a number of prescribers and try to reach out to them. We could pick the top ten.

Dr. Braun asked if there was a way to do it in such a fashion to promote a thoughtful discussion about this.

Dr. Barkin added that he thought it would be helpful to know from the prescriber's perspective what is going on.

Dr. Weiss that the letter could address this and could get their attention.

D. Braun added that we should give them the list a patients along with the letter so that the prescriber can review the effected patients.

Mr. Ouellette stated that what we can do is write a letter that will talk about the new guidelines but then inform them that looking at the data we see a large number of patients not following the guidelines.

Dr. Weiss stated that we will create a letter to which he would be willing to review and input information along with the list of effected patients. To see what kind of information comes back.

Dr. Braun and Dr Weiss stated that since the top four offenders are residency programs that it might be a good idea to send a letter to the residency program director. It could be a good teaching point for them.

Dr. Tweed agreed and really felt that would be helpful because you would be able to reach the prescriber at an early point within the prescriber's career.

Mr. Ouellette stated that also provided is a list that has it broken down by DEA and diagnosis. It shows overwhelming that the highest numbers are on patients with a diabetes diagnosis.

Dr. Weiss stated that although depressing it is not surprising. It often gets overlooked.

Dr. Braun added that people feel if they are getting good diabetes care then they do not need to do anything else.

Dr. Tweed asked that the accountable care organization the quality measures there is one that relates to the stains.

Dr. Weiss answered that yes there is currently one in place however it is in conflict of the new guidelines. It is unclear on what they are going to do either still collect the data but not penalize or reward.

Dr. Tweed asked how is the data collected.

Dr. Weiss answered that the hospital sends that information in.

Dr. Tweed added that it would be interested to see how the MaineCare ACO is looking at this. Since the ACO has money attached it might be interesting to see if we can work with them.

Mr. Ouellette asked is there a way for the ACO's to exclude patients.

Dr. Tweed answered not at this time.

NEW DRUG PA CRITIERA

Farxiga

- It is NOT recommended for patients with type 1 DM or for the treatment of diabetic ketoacidosis.
- Not indicated for use in the pediatric population
- No reported DDIs

Anoro 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

Velphoro

- The indicated diagnosis supported by documentation from the patient's medical records

- Diagnosis of dialysis required
- Previous trials/failure of multiple preferred medications

Motion was made to accept the above criteria.

Motion passed

Zohydro

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

Mr. Ouellette added that there have been some developments with this drug. The state of Mass. Has tried to ban it from use and in response to that the drug manufacturer has now sued stating that they are preventing them from conducting business since the drug is FDA approved.

Dr. Weiss stated that we can put criteria on it that other prefers need to be used first.

Dr. Barkin stated that we could make it very non-preferred

Mr. Ouellette stated that we have the ability to put a step order on it so that not only do they have to try all the prefers but we can also require that they have to go thru the non preferred medications as well. Then if depending what the FDA decides on this we can re-evaluated.

Motion made to accept the criteria and added that it should be a step 9 on the PDL.

Mr. Ouellette added that he wanted to update the board that the SSDC process is well on its way and will be meeting in June and that will lead into the DUR meeting in October. Two things in regards to some programming that needed to be looked into. On the Lyme disease putting some accumulated day supple limits on antibiotics that is something that can easily be done. The benos/opiate/stimulant programming cannot be easily be done the way originally discussed of having it kick out after the third medication is since in the profile for an amount of time example 30 or 60 days. What we could do is once it is seen within a date range the third medication will kick out needing a PA. If the board is okay with that we would like to move forward with that.

The board agreed with moving forward with both the Lyme and Benos/stim/opiate.

ADJOURNMENT: 6PM

The next meeting will be held on **May 13, 2014**, 6:00p.m. – 8:00p.m at the Armory.