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: May 15, 2014
RE: Maine DUR Board **Meeting** minutes from May 13, 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; Ed Bosshart, PharmD

CALL TO ORDER: 6PM

PUBLIC COMMENTS

No public comments

OLD BUSINESS

DUR MINUTES

The April 8, 2014 minutes were approved.

PSYCH WORK GROUP MONTHY UPDATE

Dr. Tweed stated that there was no meeting this month however we have been working with GHS to get the new requirements for LD 338 in place and will be doing a conference call with provider organization it would be great if GHS would be on that call as well. The next step is to work out the timeline, and our plan is if provider does not respond to GHS then Dr. Tweed's staff will reach out to the practice administrators.

NEW BUSINESS

CHOLESTEROL ANALYSIS/PROVIDER LETTER UPDATE

Dr. Weiss stated that in previous meetings we had discussed providers not following the new guidelines. We had decided that we would send the top 10 or 15 prescribers a letter then decide what to do after that.

Dr. Barkin asked looking at this list is there anything unique these doctors

Dr. Weiss answered that they are spread out over area and kind of doctor.

Dr. Barkin stated that it would be helpful to know what is it about the prescribers or the practices, is it because the practice don't have a system in place and thing are getting tracked. Is it beause they have such high volume.

Dr. Weiss stated that after the letter is sent we should follow up to see if it made any impact and then from there you could call them up. It will be very difficult because it you approached any one of these doctors they know what the guidelines are. We can't do the same intervention that we are doing with the atypical with putting blocks in because the prescribers are already not writing for statins that is the problem. All you can do is try to get their attention.

Dr. Barkin stated that we could pick a thresh hold and then call those.

Dr. Weiss stated that it more labor intensive and would be more of a second line of action and the letter should be done first.

Ms. Wendler stated that the letter is fine. It's clear, straight forward and accurate but I wonder if these are even going to get read.

Dr. Weiss stated that he isn't sure if the letter will be read either but feels that the letter is the first step and then we can decided how we are going to measure the impact of the letter. Based off that we can decided what to do next.

Ms. Wendler stated that the first line of the letter needs to get and hold their attention. In her practice all of the communication needs to be in the following format; situation, background, assessment, recommendation (SBAR). Using that format starting the letter with "Your DEA number has been ranked in the top 10 percentile" then put in the background information will have a better impact.

Dr. Weiss stated that we have done this before move the 3rd paragraph to the top. How long do we wait to re run the data to see what kind of impact the letter had.

Dr. Barkin suggested at 3 months and then again at 6 months.

Dr. Weiss stated at 6 months would be good.

Ms Wendler agreed.

Dr. Barkin asked if we should add a link to the letter with the new guildelines.

Dr. Weiss stated no that the providers know the information.

Ms. Wendler suggested that we put an article in the pharmacy newsletter about the guidelines.

Mr. Bondeson suggested that in the letter we should state that there will be follow up review to see if compliance has improved.

Dr. Weiss stated that GHS will make those few changes and send the letter to the first 20 prescribers.

STIMULANT USE IN MAINECARE POPULATION

Dr. Barkin stated that two article have been included in the packet in regards to stimulant use in college students. Based off of those articles you would think that the age ban of 18-23 would be higher. We pulled the Mainecare data and the data doesn't have a spike in that age ban. One critical piece of information that is missing is how many of Mainecare patients are attending college.

Dr. Weiss stated that he felt this was not something that needed to be discussed because we do not see that there is problem.

Ms. Wendler stated that national this problem is huge. That in every campus library the students know who to ask for stimulant and it works they are up all night and the papers they write are good.

Dr. Tweed stated that is pretty clear that there is a lot of diversion going on at college campuses but no one has been able to come up with a good way to prevent diversion. The understanding is that when Mr. Ouellette attends the DUR conference this is a large issue discussed.

Dr. Barkin added that is correct that is where this information stemmed from.

Dr. Tweed stated that the CDC does do a survey when they reach out and call parents to see if their child has ever had an ADHD diagnosis result from that are higher then what we are seeing in this data.

PRO-DUR EDITS

Dr. Weiss explained that this section has recommendation of edits that can be made to the PDL.

Dr. Barkin added that PRO- DUR edits are on before drug utilization review and then there is retro-DUR and that is looking after.

PRO-DUR recommendation

- Zolpidem containing products to limit women new starts of Ambien to 5mg and the Ambien CR to 6.25mg
- Revatio put an age edit on anyone under the age of 18 years old require PA
- Require a PA for members over the age of 65 on the following medications Hydroxyzine, Clemastine, Chlorpheniramine, Diphenhydramine, Nifedipine IR, and Meperidine HCL
- Patients over the age of 65, new starts only if greater than 30 day supply will require PA on all short acting and long acting benzodiazepines
- New starts over the age of 65 will require PA for Oxybutynin

The board discussed and voted to accept all the above recommendations. Amiodarone HCL was also discussed but it was decided that no action needed to be taken.

SOVALDI UTILIZATION/UPDATE

Discussed during closed session

HYPERTENSION GUIDELINES

Dr. Weiss explained that there are new hypertension guidelines. They have made them less restrictive for over 60 years old you can go up to 150/90 instead of 140/80. That is the major difference in the guidelines.

Dr. Braun added that they European guideline had kept the old guidelines. In geriatrics the guidelines tend to be looser depending on how sick the patient is or how old they are.

Dr. Barkin added it doesn't really sound like this is changing too much.

Dr. Weiss stated that we as a DUR do not need to do anything with this information at this time.

ASTHMA UPDATE

Dr. Barkin stated that this update relies on comparing pharmacy data with medical claims data looking at ER visits. We have started to look at this but will need more time clarify this data and hope to work on it throughout the summer.

QUARTERLY PA REPORT REVIEW

Mr. Bosshart gave a brief overview of the PA reports. He stated that the top medications are Buprenorphine HCL- Naloxone HCL Dihydrate, Oxycodone HCL and Omeprazole. These medications have a high number of PA's because of the limits that the state has in place.

Dr. Braun asked why do we require a PA on a medication that we are doing a 100% approval on.

Dr. Weiss and Dr. Barkin agreed that the PA's are in place so that the medications cannot be used inappropriately and it means that everyone that is sending in the PA are using it for the correct criteria. If we removed this safeguard then the concern is you would see a rise in the use of those medications.

SSDC UPDATE

Dr. Barkin gave an update on Sovereign State Drug Consortium (SSDC). The offers are still coming in Steve Liles has been working on the cost modeling. The SSDC meetings for that will take place in early June. There are going to be some drugs that we had previously had received offers for but will not this year because the drug is or will soon be available generically or the unit rebate amount is at a 90+ %. The other thing that is coming up is outcome based contracting there is a tremendous interest in risk/value based contracting because the rest of medicine is heading in that direction too.

ADJOURNMENT: 6PM

The next meeting will be held on **September 9, 2014**, 6:00p.m. – 8:00p.m at the Armory.