Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
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PHARMACY BENEFIT UPDATE

Spring 2009 Issue

Preferred Drug List (PDL) News

A. RECENT PDL CHANGES

The following is a list of the recent changes to the PDL. For a complete list of the Preferred Drug List please refer to www.mainecarepdl.org

Drugs with Positive Change in PDL Status

Preferred	Notes/Conditions
Abilify	see comments below
Lamotrigine	
Levetiracetam	both tablets and solution
Risperidone	both tablets and solution
Santyl oint.	
Stavudine	
Topiramate	
Toviaz	

Drugs with Negative Change in PDL Status

Non-preferred	Notes/PA Criteria
Astepro	
Banzel	
Cutivate Lotion	
Intelence	
Kapidex	
Keppra	this does not include Keppra XR
Lamictal	
ParoxetineCR	
Risperdal	
Sancuso	
Zerit	

B. DIABETIC SUPPLY PREFERED PRODUCT LIST EXPANDED

The Department currently has contracts in place for diabetic monitors and test strips with Lifescan (One Touch) and Abbott (Freestyle). Additional agreements have now been reached with several manufacturers of diabetic needles/syringes, lancets and lancet devices.

Becton Dickinson (BD) diabetic needle syringes will become the exclusive preferred products in this category. Nearly eighty-five percent of all current utilization is already with BD needles syringes.

Preferred lancets include Abbott's Freestyle, Lifescan's One Touch Ultrasoft, and a variety of Owen Mumford's Unilet series. The preferred safety lancets will be the 21, 23 and 28 gauge Unistick 3s also made by Owen Mumford. For additional information members needing a replacement autoinjection or lancet device, please go to the Diabetic section of the posted Preferred Drug List..

C. PDL PA EXEMPTIONS

Physicians qualified for a total of over 500 PDL category exemptions. These exemptions will remain valid for three months and are dependent on continued utilization of the preferred products on the MaineCare PDL. Several categories qualify for DEA exemption and the criteria are supplied on the individual exemption reports. Any provider maintaining an exemption in a particular category for 3 out of 4 quarters will qualify for a 12 month exemption. For Providers who lose their exemption, any member that would not have qualified for a non-preferred medication but obtained it due to the exemption will be subject to prior authorization requirements.

D. ABILIFY: SPLITTING = NO PA

Abilify is currently a non-preferred atypical antipsychotic under the Mainecare PDL. The Psychiatric Work Group made a recommendation that the State reexamine all options available that might allow the clinically desirable Abilify to become more affordable. Splitting was therefore reevaluated. A number of insurers presently endorse the cost-saving practice of splitting several atypical antipschotics, including Risperdal, Zyprexa and Abilify. Splitting Abilify could provide savings in the range of 25-30%. MaineCare doctors have used a limited amount of splitting for Risperdal the past several years in order to avoid a once a day quantity limit. The MaineCare PDL has also required splitting of Celexa and Lexapro for years with wide acceptance and excellent results.The Psychiatric Work Group and the DUR Committee both examined the issue of splitting as applied to antipsychotics and concluded that it could be a safe and effective practice as long as the prescriber could determine which patients were appropriate splitting candidates. Many institutionalized members, stable adults and

children with responsible parents/caregivers were considered to be potentially appropriate recipients for splitting. The Department accepted the splitting recommendation and tested its application with the cooperation of the Psychiatric Work Group beginning in late February. This beta test went smoothly. Scripts for Abilify written consistent with splitting do not require prior authorization. A quantity that represents one-half of the intended days supply (e.g. 7 tablets for 14 days, 15 tablets for 30 days etc…) will not require PA. If you want to avoid PA for the 2mg, 5mg, 10mg and 15mg strengths of Abilify, then use half quantity type scripts for the corresponding higher strengths. You can review the attached Abilify splitting table. MaineCare also covers pill splitters to support this initiative. You can write a prescription for a pill splitter for patients selected for this option.

E. ANTIPSYCHOTIC MONITORING

Individuals with severe mental illness, for example bipolar disorder, schizophrenia, and schizoaffective disorder are at increased risk for medical illnesses including diabetes, cardiac, and other cardiovascular disorders as well as stroke. Many of the second generation (so called "atypical") antipsychotic medications aggravate factors associated with metabolic disorders. In particular, weight gain may occur as well as elevations in glucose, triglycerides, and cholesterol. These metabolic changes appear to interact with the predisposition these patients already have towards diabetes and other metabolic pathology. It is for this reason that the American Diabetes Association and the American Psychiatric Association have developed guidelines for safely monitoring patients treated with these medications. Prudent medical practice includes monitoring the physical health of all patients treated with second generation antipsychotics in accordance with these guidelines (see table).

ADA Screening Guidelines for Patients on Second-Generation Antipsychotics

	Baseline	4 Weeks	8 Weeks	12 Weeks	Annually
Personal family history[1]	X				X
Weight (BMI)[1] Overweight (25.0-29.9)[1] Obese (≥ 30.0)[1]	X	X	X	X	
Waist circumference[1] (<40" in males, <35" in females)[3]	X				X
Blood pressure[1]	X			X	X
Fasting plasma glucose[2] IFG (100-125 mg/dL)[2] Diabetes (≥ 126 mg/dL)[2]	X			X	X
Fasting lipid profile[1] Total cholesterol (<200 mg/dL)[3] HDL (>40)[3] LDL (<100)[3] TG (<150)[3]	X			X	

Normal values (in parentheses) based on 2007 ADA Guidelines and National Cholesterol Education Program (NCEP) Guidelines. More frequent assessments may be warranted based on patient results and the monitoring recommendations in the package in the package inserts for individual antipsychotic drugs used. LDL = low density lipoprotein. 1

1.ADA. *Diabetes Care.* 2004;27(2):596-601.
2.ADA. *Diabetes Care.* 2007;30(suppl 1):S4-S41.
3.Adult Treatment Panel. *JAMA.* 2001;285(19):2486-2497.

Furthermore, the different second generation antipsychotics have different effects on these metabolic parameters. Clozapine (Clozaril and others), and olanzapine (Zyprexa) appear to have the largest effect on weight gain and worsening metabolic parameters such as glucose, cholesterol, and triglyceride levels. Aripiprazole (Abilify) and Ziprasidone (Geodon) have the least effect on weight and metabolic parameters; quetiapine (Seroquel) and risperidone (Risperdal) appear to be in the middle.

It is clinically essential that we follow our patients weight and metabolic parameters in order to identify early on weight gain and metabolic worsening that serve to put our patients in harms way. Such monitoring will lead to early intervention in addressing weight gain and other metabolic disorders.

F. ACADEMIC DETAILING

The State of Maine in conjunction with the Maine Medical Association is launching an innovative pilot program call MiCiS (The Maine Independent Clinical Information Service). This Academic Detailing program is designed to provide physicians and healthcare providers with objective information on prescription medications based on the best available evidenced-based science. By providing outreach visits to practitioners with licensed clinicians the MiCiS program hopes to present education and support with evidence-based information about common prescribing choices without the marketing approach used by drug manufacturers. Though academic detailing is foremost a quality driven endeavor, it also has demonstrated an ability to control costs while improving quality. Please see more detailed information by visiting www.mainemed.com

G. GENERIC UTILIZATION

The generic utilization rate in CY 2008 was 68%. Over 2 out of every 3 scripts written by prescribers for MaineCare members were for generics. On average, generic prescriptions are five to ten times less expensive than brand drugs. It is expected that the MaineCare generic utilization rate will approach 72% for CY 2009. Recent major generics that have become available include risperidone (Risperdal), lamotrigine (Lamictal), Depakote (divalproex sodium) and levetiracetam (Keppra). The generic for Topamax, topiramate, is due out very soon.

H. PA STATISTICS

For the first quarter of 2009, there were 24,783 unique PA requests, 73% were approved. The top five most frequently requested drugs were: aripiprazole/Abilify (1310), duloxetine/Cymbalta (1122), quetiapine/Seroquel (867), escitalopram/Lexapro (805), venlafaxineHCL/EffexorXR (765). The average determination time was 2.8 hours.

I. MAIL ORDER

The Department would like to once again remind providers of the mail-order option that is available to MaineCare members. Prescriptions may be obtained in quantities up to a 90 day supply. Cost savings and conveniences to the MaineCare members are greater when prescriptions are written in 90 day quantities when using mail-order.

MaineCare Mail Order Pharmacies
I-Care Pharmacy: 1-888-422-7319
Walmart Mail Order: 1-800-273-3455

J. NEXT DUR COMMITTEE MEETING

The next DUR meeting will be held on May 12th, 2009 at OMS (442 Civic Center Drive) in Augusta. Comments on the PDL or any PA's, either proposed or already in effect, may be made at these meetings or by e-mail, letter or phone if more convenient.

For DUR questions you may contact:
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