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An Office of the Department of Health and Human Services
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PHARMACY BENEFIT UPDATE
Summer 2012 Issue

Preferred Drug List (PDL) News

A. RECENT PDL CHANGES

Preferred	Notes
Atorvastatin	
Clopidogrel	
Methylphenidate ER 36mg	*Added to dose consolidation list*
Olanzapine	
Quetiapine	
Non- Preferred	**Notes**
Brilinta	*Added to dose consolidation list*
Bydureon	
Desloratadin	
Dutoprol	
Edarbyclor	
Flunisolide spr	*Moved to step 5*
Inlyta	
Juvisync	*Added to dose consolidation list*
Picato	
Seroquel	
Tolterodine Tab	
Tradjenta	*Added to dose consolidation list*
Zyprexa	

The following Medications have additional PDL clarifications or criteria	
Foltx	*No longer covered*
Nasalcrom	*No longer covered*

B. Atypical Antipsychotic Metabolic Monitoring:

The Drug Utilization Review (DUR) Committee along with MaineCare has reviewed MaineCare data regarding atypical antipsychotic use. Many MaineCare members on atypical antipsychotics were found to not be monitored for weight or metabolic changes while receiving atypical antipsychotics. Monitoring of weight and metabolic parameters, including blood pressure, fasting glucose and a fasting lipid profile are in accordance with the American Diabetes Association Screening Guidelines for patients on Second-Generation (atypical) Antipsychotics. Routine

monitoring of the above parameters at baseline, 12 weeks, and annually are considered the standard of care and represent best clinical practice. Earlier this spring/summer MaineCare and the DUR determined that routine monitoring is required and sent out over 1000 surveys to Providers of MaineCare members on Atypical Antipsychotics for baseline measures consisting of family history of diabetes, weight, BMI, fasting blood glucose, fasting lipid profile and blood pressure. In an effort to simplify the process, the Providers of those survey's were given 20 weeks to submit the information for review. If the documentation was not received, ongoing prescribing of atypical antipsychotics will require Prior Authorization to assure that proper monitoring of these parameters. As of the writing of this Update, MaineCare and the DUR have identified 42% of the initial members lack proper documentation of routine monitoring. Beginning October 1st 2012 those members will require a prior authorization to continue atypical antipsychotic use and for MaineCare to obtain documentation of baseline and continued monitoring of metabolic changes.

C. Glucocorticoid Induced Osteoporosis (GIOP):

MaineCare in conjunction with the Drug Utilization Review Committee has reviewed MaineCare claims specifically focusing on long-term steroid use in combination with calcium and vitamin D supplementation. According to the American College of Rheumatology 2010 Recommendations for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis, calcium and vitamin D supplementation should be considered for any dose or duration of glucocorticoid therapy. While on glucocorticoid therapy, it is recommended that a minimum of 1000 to 1200 mg of calcium and 400 to 1000 IU of vitamin D supplements be taken on a daily basis. The decision to start additional medications (bisphosphonates) depends on individual risk factors.
Risk factors include:

- Low body mass index
- Parenteral history of hip fracture
- Current smoking
- >/= 3 alcoholic drinks per day
- Higher daily glucocorticoid dose
- Higher cumulative glucocorticoid dose
- Intravenous pulse glucocorticoid usage
- Declining central bone mineral density measurement that exceeds the least significant change

In its review of the claims it is apparent that MaineCare recipients who are receiving long-term steroid therapy are not being properly managed with calcium and vitamin D supplements to prevent GIOP. There were 713 members on 90 plus days of steroid therapy. Of the 713 members, < 1% were taking calcium and vitamin D supplements along with their steroid therapy. Of the 713 members, < 5% were taking bisphosphonates with their steroid therapy. The first symptomatic sign of osteoporosis, the silent disease, is usually fracture. Spine and hip fractures can lead to chronic pain, long-term disability and even death. All patients on long-term steroid therapy should receive calcium and vitamin D supplements to prevent GIOP and ultimately fractures. MaineCare covers both calcium and vitamin D supplements. For a list of preferred OTC brands please see the OTC Drug List found under "Over the Counter Drug Coverage" at: www.mainecarepdl.org

D. SIGNIFICANT NEW GENERICS UPDATE

The following list is a provider update to upcoming releases of significant brand name medications. MaineCare will monitor these releases and notify providers when generics are available on the Preferred Drug List. Initial pricing of generics often makes them more costly than their original brand products but eventually become preferred products for MaineCare.

YEAR	PERIOD	Brand Name	Generic Name
2012	3Q(July)	Femcon Fe®	ethinyl estradiol/norethindrone
2012	3Q(July)	Tricor®	fenofibrate
2012	3Q(Aug)	Singulair®	montelukast
2012	3Q(Aug)	Actos®	pioglitazone
2012	3Q(Aug)	Xopenex® (not HFA)	levalbuterol inh. Soln.
2012	3Q(sept)	Revatio®	sildenafil
2012	3Q(sept)	Diovan and Diovan HCT	valsartan and valsartan/ HCTZ
2012	3Q(sept)	Geodon	ziprasidone
2012	3Q(sept)	Detrol	tolterodine
2012	4Q(Nov)	Lidoderm	lidocaine topical patch
2012	4Q(Dec)	Atacand® and Atacand HCT® (16/12.5 and 23/12.5 mg)	candesartan and candesartan hct
2012	4Q(Dec)	Evoxac®	cevimeline
2012	4Q(Dec)	Maxalt® and Maxalt MLT®	rizatriptan
2012	4Q(Dec)	Actoplus Met®	pioglitazone/metformin
2013	1Q(Jan)	Opana ER®	oxymorphone extended release tab
2013	1Q(Jan)	Zometa®	zoledronic acid inj.

E. ACADEMIC DETAILING

MiCiS (The Maine Independent Clinical Information Service),the Academic Detailing program for Maine, is designed to provide physicians and healthcare providers with objective, evidence based information on prescription medications. While academic detailing is primarily a quality driven endeavor it has also demonstrated an ability to control costs. For further information please see www.mainemed.com

F. PA STATISTICS

For the second quarter of 2012 there were 32,172 unique PA requests, 87.5% were approved. The top five most frequently requested drugs were: omeprazole/Prilosec (1,542), amphetamine/Adderall XR (1,491), duloxetine/Cymbalta (1,448), buprenorphine/Suboxone (1,375) and, aripiprazole/Abilify (1,065). The average determination time was 1.98 hours.

H. NEXT DUR COMMITTEE MEETING

The next DUR meeting will be held October 9th from 1:00 pm to 6:00 pm at the Augusta Civic Center 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. Closed session will be 3:00pm to 4:30pm.

For DUR questions you may contact:
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For PA/PDL questions you may contact:
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