



MaineCare Services
 An Office of the
 Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
 MaineCare Services
 442 Civic Center Drive
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: 1-866-796-2463; Fax: (207) 287-8601
 TTY: 1-800-423-4331

TO: Maine Drug Utilization Review Board
 FROM: Sally Griffith-Onnen
 DATE: January 13 2010
 RE: Maine DUR Board meeting minutes from January 12, 2010

<i>ATTENDANCE</i>	<i>PRESENT</i>	<i>ABSENT</i>	<i>EXCUSED</i>
<i>Jeffrey Barkin, MD Psychiatrist, Chair</i>	<i>x</i>		
<i>Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR, Vice-Chair</i>	<i>x</i>		
<i>William Alto, M.D. Family Practice, Dartmouth Family Practice Faculty</i>	<i>x</i>		
<i>Laureen Biczak DO, Infectious Disease, GHS</i>	<i>x</i>		
<i>Mark Braun, M.D., FACP, Internist/Geriatrician</i>	<i>x</i>		
<i>Timothy Clifford, M.D., Family Practice, GHS</i>	<i>x</i>		
<i>Amy Enos, Pharm. D. Waltz LTC Pharmacy</i>	<i>x</i>		
<i>Jack Forbush, D.O., Family Medicine</i>		<i>x</i>	
<i>Steven Gressit, M.D. Psychiatrist, DHHS Mental Health Medical Director</i>	<i>x</i>		
<i>Steven Meister MD, Pediatrician, Maine CDC, Division Family Health Medical Director</i>	<i>x</i>		
<i>Mike Ouellette, R.Ph. GHS</i>	<i>x</i>		
<i>Laurie Roscoe, R.Ph. Martin's Point</i>	<i>x</i>		
<i>Robert Weiss MD, Cardiologist</i>	<i>x</i>		
Non -Voting			
<i>Jennifer Palow, Pharmacy Manager, OMS</i>	<i>x</i>		
<i>Brenda McCormick, Director OMS</i>	<i>x</i>		
<i>Rod Prior MD, Medical Director OMS</i>	<i>x</i>		

Call to order

The meeting was called to order at 6:00pm.

Caring..Responsive..Well-Managed.. We are DHHS.

DUR Minutes from November

A motion was made and seconded to accept the minutes as written from the November meeting. All were in favor.

New Business

Tamiflu and Relenza Utilization

Dr Biczak reviewed MaineCare drug utilization data from the first wave of the H1N1 epidemic. She stated that the epidemic has cost MaineCare around \$304 000 for Tamiflu and Relenza thus far, not including drugs from Maine stockpile. Dr Clifford noted that last year the cost of flu drug utilization during the flu season was around \$200 000. The board discussed the value of the drugs in shortening the flu by an average of one day. Benefits include reduces economic loss by shortening absence from work and apparent reduction in infectivity of the H1N1 virus.

New Drug Reviews

- Christy Owens from Novartis gave information on Fanapt.
- James McGroary from Merck & Co. gave information on Saphris.
- Judy Kando from J&J gave information to the board on Invega Sustenna.
- Dr. Ken Brown representing Shire gave information to the board on Intuniv.
- David Rhein from Eli Lilly gave information to the board on Effient.

Members had already received and digested new drug monographs one week prior to tonight's meeting. Closed session provided net cost details on all new drugs and comparators.

Acuvail

- A motion was made and seconded that Acuvail be non-preferred on the Maine PDL. The motion passed without opposition.

Bepreve

- A motion was made and seconded that Bepreve be non-preferred on the Maine PDL. The motion passed without opposition.

Besivance

- A motion was made and seconded that Besivance be non-preferred on the Maine PDL. The motion passed without opposition.

Cambia

- A motion was made and seconded that Cambia be non-preferred on the Maine PDL. The motion passed without opposition.

Cycloset

- A motion was made and seconded that Cycloset be non-preferred on the Maine PDL. The motion passed without opposition.

Edular

- A motion was made and seconded that Edular be non-preferred on the Maine PDL. The motion passed without opposition.

Effient

- Dr Weiss stated that he disagreed with the recommendation the Effient be non-preferred as he believed that Effient should be preferred for clinical and cost reasons. Dr Clifford stated that the

Caring..Responsive..Well-Managed.. We are DHHS.

reason for non preferral was that there had been difficulties in the past with Plavxx being prescribed for non indicated uses when it was listed as preferred. Cardiologists would have an automatic PA override when prescribing Effient for indicated uses as they currently do for Plavix.

- A motion was made to keep Effient non-preferred but to treat it exactly the same as Plavix (that is, with a PA override for cardiologists using it for indicated uses). The motion was seconded and passed without opposition.

Embeda

- A motion was made and seconded that Embeda be non-preferred on the Maine PDL. The motion passed without opposition.

Extavia

- A motion was made and seconded that Extavia be non-preferred on the Maine PDL. The motion passed without opposition.

Fanapt

- A motion was made and seconded that Fanapt be non-preferred on the Maine PDL. The motion passed without opposition.

Intuniv

- A motion was made and seconded that Intuniv be non-preferred on the Maine PDL. The motion passed without opposition.

Invega sustenna

- A motion was made and seconded that Invega sustenna be non-preferred on the Maine PDL. The motion passed without opposition.

Livalo

- A motion was made and seconded that Livalo be non-preferred on the Maine PDL. The motion passed without opposition.

Multaq

- A motion was made and seconded that Multaq be preferred on the Maine PDL. The motion passed without opposition.

Nucynta

- A motion was made and seconded that Nucynta be non-preferred on the Maine PDL. The motion passed without opposition.

Onsolis

- A motion was made and seconded that Onsolis be non-preferred on the Maine PDL. The motion passed without opposition.

Sabril

- Dr Meister asked to confirm that there was an alternative to this drug as he did not want any barriers for physicians who need to care for the rare condition the drug is indicated for. Dr Clifford confirmed that there was an alternative in place.
- A motion was made and seconded that Sabril be non-preferred on the Maine PDL. The motion passed without opposition.

Samsca

- Dr Weiss wished to confirm that this drug would be available with a PA. Dr Clifford confirmed this.
- A motion was made and seconded that Samsca be non-preferred on the Maine PDL. The motion passed without opposition.

Caring..Responsive..Well-Managed.. We are DHHS.

Saphris

- A motion was made and seconded that Saphris be non-preferred on the Maine PDL. The motion passed without opposition.

Valturna

- Dr Weiss stated that he believed that Valturna should be non-preferred because one of the two drug classes that form Valturna is becoming generic this year (ARB, losartan). The generics would provide the same clinical benefits at a better cost. Ms. Roscoe stated that the board had previously tried to be consistent in non preferring combination drugs.
- The motion was tabled until the April meeting when the board would be able to consider the financial aspects based on the cost of the generics. The drug will remain non-preferred in the interim.

Old business

WIC Medicaid Formula Coverage Update

Dr Meister informed the board the update is now live and that the handbook for the WIC Medicaid formula coverage update had been made up. It is in the process of being printed for distribution and is currently available electronically on the Maine WIC Clinical Resource Guide website. The first half of the guide is related to diagnosis and prescribing guidelines to assist providers and the second half lists formulas that could be potentially prescribed to assist pharmacies. The Maine WIC Nutrition Program form and the MaineCare PA Application are incorporated together for ease of use. There is concern that some families/providers will bypass WIC and send the prescription directly to the pharmacy so there will be tracking of these prescriptions to ensure that families get the services they are entitled to. Mr. Ouellette confirmed that MaineCare was already receiving the new PAs. Dr Meister was commended for his work.

Chronic Narcotic Use Prior Authorization/Promotion of Standard of Care

Dr Clifford informed the board that his team has identified 60 patients to be the first group that meet the criteria for the PA and implementation will begin at the end of the month. Only a single physician is involved and no patients have cancer or are in a hospice. Dr Clifford will give feedback to the board at the February meeting.

Psych Work Group Monthly Update

Dr Barkin talked about the Atypical Antipsychotic Appropriate Use Project. As Ms McCormick clarified, this document is a proposal to the legislature from the State. If adopted it would likely have a July 1 start date. Dr Barkin read the document out loud for the benefits of those at the meeting who were not board members and so did not have a hard copy. In summary, the document proposed non-psychiatric clinicians being required to fill out a PA for new starts on anti-psychotics (with certain exceptions) with generic risperidone to be trialed before other products. Psychiatric prescribers, including nurse practitioners, will be exempt from having restrictions on antipsychotics prescribing and will continue to follow the PDL guidelines.

Dr Barkin said that the proposal was of concern due to the limited number of psychiatric practitioners available for consult in certain parts of Maine. This may be partially alleviated if telephone consults in partnership with a patient's local provider counted as a psychiatric consult. Further proposals related to the project may restrict services which could mean that the sickest patients may not get their needs met.

Caring..Responsive..Well-Managed.. We are DHHS.

Dr Weiss noted that no clinical area had unfettered access to drugs without a PA (discussion among the board identified a small number of clinical areas that did not have PA restrictions). Dr Prior replied that the behaviors being modified by the drugs were extreme and so there were safety considerations as well as clinical and cost considerations. The matter will be readdressed in the February meeting.

Adjournment

Dr Clifford reviewed the proposed agenda for the next meeting. The meeting concluded at 8:20. The next meeting will be held February 9 2010.

Caring..Responsive..Well-Managed.. We are DHHS.