



Prescription Policy Choices

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State	Prescriber Education Program <i>(updated September 2009)</i>
Maine (since 2009)	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> 2007 legislation mandated DHHS establish a program; DHHS has contracted with the Maine Medical Association and GHS Data Management; the MMA is subcontracting with the Independent Drug Information Service (iDiS) for training and materials; 2 detailers (both PAs) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> Type 2 diabetes, anti-platelet therapy <p><u>BUDGET</u></p> <ul style="list-style-type: none"> The budget for 2009 is approximately \$150,000, raised from fees of \$1000 assessed on pharmaceutical manufacturers and labelers who market their products in the state of Maine (small, one-product companies are excluded from fee). <p>http://www.mainemed.com/academic/index.php</p>
Vermont (since 1999)	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> The Dept. of Health directs the program in collaboration with the AG, the Univ. of VT AHEC program and Office of Vermont Health Access; recently expanded from 2 to 4 detailers (PharmD and MD) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> Insomnia, depression, hypertension, cholesterol, heartburn <p><u>BUDGET</u></p> <ul style="list-style-type: none"> 2007 legislation enables Vermont to assess a 0.5 % fee on what the Office of Vermont Health Access spends on each manufacturer's or labeler's products. \$200,000 of these fees is directed toward academic detailing. <i>(PhRMA filed an unsuccessful challenge to this fee in 2007. In 2009, a Vermont District Court upheld the law enabling Vermont to collect the fee.)</i> <p>http://www.med.uvm.edu/ahec/TB1+BL.asp?SiteAreaID=290</p>

<p>Massachusetts (since 2009)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> The Dept. of Public Health directs the program in cooperation with Commonwealth Medicine; contracts with the Independent Drug Information Service (iDiS); 2 detailers (BSN/MPH, MD/MPH) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> Type 2 diabetes <p><u>BUDGET</u></p> <ul style="list-style-type: none"> Massachusetts passed legislation on academic detailing in 2008, appropriating \$500,000 from its general fund which was later cut to \$200,000 due to budget constraints.
<p>New York (since 2008)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> Department of Health directs the program in cooperation with the State University of New York (SUNY) and the Univ. of Massachusetts Medical School; contracts with the Independent Drug Information Service; 20 detailers / 8 FTEs (PharmDs) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> Antibiotics, antipsychotics, hypertension <p><u>BUDGET</u></p> <ul style="list-style-type: none"> Supported by general funds offset by booked savings <p>http://www.nyhealth.gov/health_care/medicaid/program/prescriber_education/presc-educationprog</p>
<p>Washington, DC (since 2009)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> Department of Health is contracting with the Independent Drug Information Service; 2 detailers (RN/BSN, MD/MPH) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> Type 2 diabetes <p><u>BUDGET</u></p> <ul style="list-style-type: none"> 2008 legislation allocated \$500,000 from the general fund for implementation of SafeRx of which approximately \$450,000 is dedicated for academic detailing.

<p>Pennsylvania (since 2005)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> • Pennsylvania’s drug assistance program (PACE) contracts with the Independent Drug Information Service (this is the original state contract for academic detailing with iDiS); 11 detailers / 6.5 FTEs (RN, BSN, PharmD, MS, MBA) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> • Pain management, upper GI symptom treatments, anti-coagulants, lipid-lowering therapies and blood pressure medication. <p><u>BUDGET</u></p> <ul style="list-style-type: none"> • Pennsylvania’s drug assistance program (PACE) supports its academic detailing program with a budget of \$1 million a year financed through state lottery funds (not statutory). The development of the program was supported in part with funds from a multi-state settlement with a pharmaceutical manufacturer (Neurontin Consumer and Prescriber grant program). <p>www.rxfacts.org</p>
<p>South Carolina (since 2007)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> • South Carolina Medicaid program contracts with Univ. of South Carolina School of Pharmacy; 5 detailers / 3 FTEs (PharmD and RPh) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> • Mental health focused (antipsychotics, antidepressants, and mood stabilizers) <p><u>BUDGET</u></p> <ul style="list-style-type: none"> • Supported by a Medicaid grant of approximately \$1 million a year.
<p>Idaho (since 2009)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> • Focus is on clinicians serving large proportions of Medicaid patients; 3 detailers (PharmD, RPh) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> • Mental health drugs <p><u>BUDGET</u></p> <ul style="list-style-type: none"> • This grant-funded pilot operates on a budget of 50,000 which includes funding through Medicaid match.
<p>Oregon (since 2009)</p>	<p><u>STRUCTURE</u></p> <ul style="list-style-type: none"> • Focus is on clinicians serving large proportions of Medicaid patients; 3 detailers (PharmD, RPh) <p><u>TOPICS</u></p> <ul style="list-style-type: none"> • Mental health drugs <p><u>BUDGET</u></p> <ul style="list-style-type: none"> • This grant-funded pilot operates on a budget of 50,000 which includes funding through Medicaid match.
<p>New Hampshire</p>	<ul style="list-style-type: none"> • 2008 enabling legislation empowered the New Hampshire Medical Society to spearhead the program in conjunction with the AHECs under the direction of DHHS; No state funds were allocated to support the program; NHMS is exploring potential funding mechanisms