Drug Utilization Review (DUR) Meeting Minutes
March 12th, 2007

Members Present: Albert Samuelson, John Savageau, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Scott Setzepfandt and Bob Treitline.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Leann Ness and Carlotta McCleary.

Chairman, J. Savageau, called the meeting to order at 1:00pm. He asked for a motion to approve the minutes from the December 11th, 2006 meeting. N. Byers moved that the minutes be approved and C. Huber seconded the motion. The chair called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update:
B. Joyce reported that the department spends approximately 2.3 million per month (pre-rebates). The last 6 months average of people picking up medications is 15,900 per month. There are approximately 49,000 people eligible in any given month to pick up medications.

Chair/Vice-Chair Elections:
Cheryl Huber will be the new chair of the North Dakota DUR Board and Robert Treitline will be the Vice-Chair.

Legislative Update
Currently, there is legislation in place that restricts placing the following classes of medications on Prior Authorization. These include AIDS, Cancer, Anti-psychotics, Anti-depressants, ADHD and Mood-Stabilizers. Over the next two years, the DUR Board will be responsible for reviewing these classes and making recommendations to the department regarding the plan of action the Board would take, if any. The DUR Board recommendations will be reported, periodically, to the Legislative Council.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. Antistamines were reviewed. No action will be taken regarding the Antihistamine form or criteria. Brand Name NSAID/COX2s were reviewed. A motion was made by Pat Churchill to remove 'recipient is 65 years old' as a criterion. Todd Twogood seconded the motion. Motion passed with no audible dissent. Forms and criteria for PPIs, Revatio and Actoplus met were also reviewed. No actions were taken.

Tablet Splitting Initiative
C. Rieth reviewed tablet splitting data that shows a significant savings if a tablet splitting initiative were implemented. Currently, the State provides a monetary incentive to pharmacies that split tablets. At the December meeting, C. Huber asked if a patient incentive could be offered. B. Joyce stated that removing the copay on these prescriptions would not be allowed. C. Rieth reviewed results of the Zoloft tablet splitting letter that was mailed to pharmacies in 2006. Two hundred and fifty three patient letters were mailed and only five changes to implement tablet splitting have been made. A motion was made by A. Samuelson to implement a mandatory tablet splitting program that would be phased in slowly with the Board updated on a regular basis. S. Setzepfandt suggested that only scored tablets be split. C. Huber asked that exceptions be made for patients that refuse to take split tablets. Brendan said that overrides would be granted on a case by case basis. Tablet splitting will be implemented with quantity limits. B. Treitline seconded the motion. Motion passed with no audible dissent.

Review of Methadone
At the December meeting A Samuelson asked the State to review methadone data. C. Rieth reviewed utilization data from 1/1/06-11/27/06. A. Samuelson asked for more information including methadone trends over time, the distribution of patients using methadone and patients using methadone with multiple prescribers. This information will be presented at the June meeting.

Review Name Brand Mandate
B. Joyce reviewed the first drug to receive name brand mandated status since the Board approved this process for cost containment. Included in the pack was the memo to pharmacists regarding Wellbutrin XL 300mg. Since the Wellbutrin XL 300mg generics are currently significantly more expensive to Medicaid than the brand, ND Medicaid will prior authorize the generic. Until further notice, there will be no co-pay on Wellbutrin XL 300mg.

Review of Hepatitis C
B. Joyce stated that Dr. Martin, an infectious disease doctor at Medcenter One asked that the Board review compliance issues regarding Hepatitis C. S. Setzepfandt recused himself from the discussion. Jeff Chevalier spoke on behalf of Roche. He stated that there were manufacturer sponsored patient compliance programs available. Providers would need to enroll patients in these programs. Jeff stated from the data provided, usage in North Dakota Medicaid appears to be very well managed. Ken Hesterman spoke on behalf of Schering-Plough. He stated that his company also has patient compliance programs available. B. Joyce asked that both companies encourage doctors to enroll their patients in these compliance programs. B. Joyce also told these representatives that providers may request, from ND Medicaid, profiles of their patients to verify compliance.

Review of Antihistamine/Mast Cell Stabilizer Ophthalmics
B. Joyce stated that Zaditor is now available OTC. In the DUR pack that was sent to Board members, the statement was made that there are no head to head trials that compare the antihistamine/mast cell stabilizer agents. That was an inaccurate statement and trials have been provided to all Board members. At this time, B. Joyce does not know if Zaditor OTC will be a rebatable product. T. Twogood stated that he was afraid that limiting the antihistamine/mast cell stabilizer products would cause an increase in utilization of steroid ophthalmics. This topic was tabled.

Review of Qualaquin
B. Joyce informed the Board that all quinine products will eventually leave the market with Qualaquin being the only remaining product. Qualaquin is approved for malaria. Cost information was provided to the Board regarding the use of Requip and Qualaquin in restless leg syndrome. A motion was made by B. Treitline to place Qualaquin on prior authorization with malaria as the qualifying criteria. P. Churchill seconded the motion. This topic will be brought before the Board in June for finalization.

Criteria Recommendations
The enclosed recommended RDUR criteria are developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These criteria will be added to the current set of criteria, and will be used in future DUR cycles. C. Huber moved to approve the new criteria and J. Savageau seconded the motion. The motion was approved by voice vote with no audible dissent

The next DUR board meeting will be June 4th, 2007. B. Joyce reviewed future agenda items. These include Amrix, Albuterol HFA, Ketek, HIV/AIDS and Cancer. C. Huber made a motion to adjourn the meeting and A. Samuelson seconded. Chair J. Savageau adjourned the meeting at 3:30 pm.

Drug Utilization Review (DUR) Meeting Minutes
June 4th, 2007

Members Present: Albert Samuelson, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Scott Setzepfandt, Leann Ness and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Bob Treitline and John Savageau.

Chairman, C. Huber, called the meeting to order at 1:00pm. She asked for a motion to approve the minutes from the March 12th, 2007 meeting. N. Byers moved that the minutes be approved and T. Twogood seconded the motion. The chair called for a voice vote to approve the minutes, which passed with no audible dissent.

Synagis Review:
B. Joyce updated the Board regarding Synagis utilization. The Department would like to develop a patient registry for Synagis. Potential Synagis patients would be submitted to the Department by physicians. A registry would allow the Department to track Synagis patients and utilization. It would also allow the Department to track patients that should receive Synagis and do not. Currently, there is not a good system in place to track Synagis prescriptions due to billing issues. T. Twogood suggested that the Department disseminate Synagis information to primary care physicians as well as neonatologists. Dr. Rafael Ocejo spoke regarding the form type that should be used for Synagis. Dr. Ocejo also asked if the Department could work with the Health Department to determine when the Synagis season should begin. Dr. Ocejo said that doing this would prevent utilization of Synagis before the true season starts. Dr. Karen Brown spoke regarding health officials determining the beginning of the Synagis season. Dr. Brown is concerned that this would require all patients be cultured for RSV at a greater expense to the State. A motion was made by A. Samuelson to require a registry for Synagis. P. Churchill seconded the motion. This topic will be brought before the Board in August for finalization.

Budget Update:
B. Joyce had no new information to present regarding the budget.

Review of Methadone
At the March meeting A Samuelson asked for Methadone information including trends over time, the distribution of patients using methadone and patients using methadone with multiple prescribers. C. Rieth reviewed this data with the Board. T. Twogood suggested that the Department review profiles of the patients receiving Methadone from 3 or more prescribers.

Review of Qualaquin
B. Joyce informed the Board that all quinine products will eventually leave the market with Qualaquin being the only remaining product. Qualaquin is approved for malaria. At the March DUR meeting, a motion and second was made to place Qualaquin on prior authorization. A voice vote was taken with no audible dissent. Motion passed to place Qualaquin on prior authorization.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. ACE-Inhibitors were reviewed. No action will be taken regarding the ACE-Inhibitor form or criteria. Sedative/Hypnotics were reviewed. No action will be taken regarding the Sedative/Hypnotic form or criteria.

Legislative Update
House Bill 1422 restricts placing the following classes of medications on Prior Authorization. These include AIDS, Cancer, Anti-psychotics, Anti-depressants, ADHD and Mood-Stabilizers. Over the next two years, the DUR Board will be responsible for reviewing these classes and making recommendations to the Department regarding the plan of action the Board would take, if any. The DUR Board recommendations will be reported, periodically, to the Legislative Council.

Review of Amrix
Amrix is a new extended release skeletal muscle relaxant containing cyclobenzaprine. B. Joyce stated that all cyclobenzaprine is for short term use, and the current immediate release product appears to be therapeutically effective. There was no public comment. A motion was made by N. Byers to require a prior authorization on Amrix. G. Pfister seconded the motion. This topic will be brought before the Board in August for finalization.

Review of Janumet
Janumet is a combination medication containing sitagliptin (Januvia) with metformin for treating type 2 diabetes. The pricing of two pills of Janumet is equivalent to one pill of Januvia; therefore this topic was tabled.

Review of Tekturna
Tekturna is a new antihypertensive medication that is the first direct rennin inhibitor approved by the FDA. Criteria for approval would be similar to the ARBs as there is no outcome data to suggest Tekturna should be used first line before ACE inhibitors or ARBs. There was public comment by Dana Meier, representing Novartis. She reviewed Tekturna related prescribing information with the Board. Randy Troxill, representing Novartis, spoke regarding pricing of Tekturna in relation to ACE-Is and ARBs. A motion was made by N. Byers to require a prior authorization on Tekturna. P. Churchill seconded the motion. This topic will be brought before the Board in August for finalization.

Review of Xopenex
The final discontinuation date for CFC inhalers is December 31, 2008. With the absence of these inhalers, HFA inhalers will be the only option for albuterol/levalb uterol in the near future. With the switch from CFC inhalers to HFA inhalers, the Department anticipates an increase in total claims cost of at least 170,000 dollars a year. The Department would like to group the albuterol HFA and levalbuterol HFA products together and choose the preferred product based on the cheapest HFA, post-rebate. Unfortunately, the Department is unable to disclose rebate dollars to the Board to show the major difference between the HFA albuterol/levalbuterol products. There was public comment by Jason Anderson, representing Sepracor. Brian Easton, representing Sepracor, spoke regarding the Xopenex standing orders given to physicians in the past. A motion was made by T. Twogood to table the issue of prior authorization for the HFA products. A. Samuelson seconded the motion. This motion did not pass (failed by two votes after post-meeting review). C. Sorenson asked if modification of the PA form is acceptable. B. Joyce said that the form and criteria could be changed and an age restriction could also be added. T. Twogood suggested that patients under the age of 16 be exempt. C. Sorenson made a motion to modify the PA form to exclude patients 16 and below. G. Pfister seconded the motion. This topic will be brought before the Board in August for finalization.

Review of Ketek
In light of recent FDA warnings, the Department would like to monitor utilization of Ketek. The Board discussed placing Ketek on prior authorization. A motion was made by C. Sorenson to place Ketek on prior authorization with an additional criterion of allergy to quinolones and tetracyclines. T. Twogood seconded the motion. This topic will be brought before the Board in August for finalization.

High Cost Medications
House Bill 1459 directs the Department to review expensive medical procedures for prior authorizations. The Department would also like to extend this review to medications. This would allow reconciliation of data to determine incorrect billings. The Department would like for the Board to review utilization data and make suggestions on how best to monitor these products. This topic will come up for further discussion at a later meeting.

Criteria Recommendations
The enclosed recommended RDUR criteria are developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These criteria will be added to the current set of criteria, and will be used in future DUR cycles. P. Churchill moved to approve the new criteria and C. Sorrenson seconded the motion. The motion was approved by voice vote with no audible dissent.

HIV/AIDS Review
The HIV/AIDS Review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. The Legislative Council gave a deadline of October, 2008 for these reviews to be completed. A periodic report will also be sent to the Council as each class is reviewed. T. Twogood suggested getting a consult from one of the Infectious Disease doctors that are currently prescribing to North Dakota Medicaid patients. C. Huber and B. Joyce will contact these physicians for guidance regarding this class of medications.

Oral Antineoplastic Review
B. Joyce reviewed utilization data of the antineoplastic medications. The Department suggests a registration process for the antineoplastic class of medications. Having a registration would allow physicians to include study information the patients are enrolled in as well as peer reviewed literature endorsing utilization of specific products. Most private insurance companies require a prior authorization process with this class of medications. A. Samuelson suggested getting a consult from one of the Oncology physicians currently prescribing to North Dakota Medicaid patients. B. Joyce will contact these physicians for guidance regarding this class of medications.

The next DUR board meeting will be August 20th, 2007. B. Joyce reviewed future agenda items. These include ADHD, HIV/AIDS and Cancer. P. Churchill made a motion to adjourn the meeting and N. Byers seconded. Chair C. Huber adjourned the meeting at 3:50 pm.

Drug Utilization Review (DUR) Meeting Minutes
August 20th, 2007

Members Present: Albert Samuelson, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Scott Setzepfandt, Bob Treitline, John Savageau, Kim Krohn, Jeffrey Hostetter.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Leann Ness and Carlotta McCleary.

Chairman, C. Huber, called the meeting to order at 1:00pm. New members were introduced to the Board. C. Huber asked for a motion to approve the minutes from the June 4th, 2007 meeting. A. Samuelson moved that the minutes be approved and G. Pfister seconded the motion. The chair called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce made available charts showing figures for utilizer per month and average prescription cost per month. On average, the cost per prescription per month is approximately fifty-three dollars. The average spent per member per month is approximately one-hundred and fifty dollars.

Review of Amrix
At the June meeting, a motion and second was made to place Amrix on prior authorization. No new information was presented. C. Huber called for a voice vote and the motion passed with no audible dissent. Motion passed to place Amrix on prior authorization.

Synagis Review
B. Joyce updated the Board regarding Synagis utilization. The Department would like to develop a patient registry for Synagis. Potential Synagis patients would be submitted to the Department by physicians. A registry would allow the Department to track Synagis patients and utilization. It would also allow the Department to track patients that should receive Synagis and do not. Currently, there is no system in place to track Synagis prescriptions and it appears that some patients may be getting missed in areas outside of Bismarck. At the June meeting, a motion and second was made to require a registry for Synagis patients. C. Huber called for a voice vote and the motion passed with no audible dissent. Motion passed to require a registry for Synagis. Board members requested an update on Synagis, including city data, be placed on the winter agenda for review.

Review of Tekturna
Tekturna is a new antihypertensive medication that is the first direct renin inhibitor approved by the FDA. Criteria for approval would be similar to the ARBs as there is no outcome data to suggest Tekturna should be used first line before ACE inhibitors or ARBs. There was public comment by Dana Meier, representing Novartis. She reviewed Tekturna related prescribing information with the Board and stated that new head to head trials will be available in September. K. Krohn asked for clarification regarding the wording on the PA form. She suggested that the wording on the prior authorization forms be simplified to make the forms easier to fill out. B. Treitline stated that the prior authorization forms have been the same since 2005 and he would suggest that they not change. Since the prior authorization forms and the Tekturna prior authorization are two separate topics, C. Huber called for a voice vote to place Tekturna on prior authorization. The motion passed with no audible dissent. B. Joyce said that he would review the wording included on the prior authorization forms and the Board could discuss it further at the October meeting.

Review of Xopenex HFA

The final discontinuation date for CFC inhalers is December 31, 2008. With the absence of these inhalers, HFA inhalers will be the only option for albuterol/levalbuterol in the near future. With the switch from CFC inhalers to HFA inhalers, the Department anticipates an increase in total claims cost of at least 170,000 dollars a year. The Department would like to group the albuterol HFA and levalbuterol HFA products together and choose the preferred product based on the cheapest HFA, post-rebate. Unfortunately, the Department is unable to disclose rebate dollars to the Board to show the major difference between the HFA albuterol and HFA levalbuterol products. New information was presented to the Board that showed city distribution of providers writing prescriptions for Xopenex HFA. Most prescriptions for Xopenex HFA are prescribed by one physician in Minot and in Bismarck. B. Joyce mentioned that the Department should not make a policy exemption for such small numbers of physicians. A motion was made by T. Twogood to remove the age exemption, add levalbuterol wording to the prior authorization form, and approve the prior authorization of Xopenex HFA. C. Sorenson seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent. Motion passed to place Xopenex HFA on prior authorization.

Review of Ketek

In light of recent FDA warnings, the Department would like to monitor utilization of Ketek. A motion and second was made at the June meeting to place Ketek on prior authorization. C. Huber called for a voice vote and the motion passed with no audible dissent. Motion passed to place Ketek on prior authorization.

Legislative Update

House Bill 1422 restricts placing the following classes of medications on Prior Authorization. These include AIDS, Cancer, Anti-psychotics, Anti-depressants, ADHD and Mood-Stabilizers. Over the next two years, the DUR Board will be responsible for reviewing these classes and making recommendations to the Department regarding the plan of action the Board would take, if any. The DUR Board recommendations will be reported, periodically, to the Legislative Council.

Oral Antineoplastic Review

At the June meeting, A. Samuelson suggested getting a consult from one of the Oncology physicians currently prescribing to North Dakota Medicaid patients. B. Joyce will contact these physicians for guidance regarding this class of medications. At this time, there is no new information to review and B. Joyce informed the Board members that this topic would be presented at a future meeting.

HIV/AIDS Review

At the June meeting, T. Twogood suggested getting a consult from one of the Infectious Disease doctors currently prescribing to North Dakota Medicaid patients. B. Joyce met with Dr. Martin, an Infectious Disease doctor in Bismarck. He works with the ND Department of Health and the Ryan White program (a federally funded program that provides HIV/AIDS medications to patients not on Medicaid). He sits on the Ryan White P&T Committee with other North Dakota Infectious Disease physicians and they have a formulary for the Ryan White program. Dr. Martin reviewed the ND Medicaid utilization data and stated that all utilization appears to follow the Ryan White formulary.

B. Joyce asked Dr. Martin if the law restricting prior authorizations on antiretrovirals was necessary, and Dr. Martin said that no law was needed if the Board had no intention of placing these medications on prior authorization. He also said such a law could keep immediate action from happening if a physician started moving away from the Ryan White formulary or practice standards. B. Joyce confirmed with Dr. Martin that the Ryan White P&T Committee would be willing to exert peer pressure on anyone prescribing in an outlier fashion (if that ever happens).

A motion was made by B. Treitline and seconded by N. Byers that the Board take the view of Dr. Martin. This would mean that the restrictions would be allowed to sunset as related to antiretrovirals and no further action would be taken by the DUR Board as the Board has no intent to prior authorize any of the medications in this class. C. Huber called for a voice vote and the motion passed with no audible dissent.

High Cost Medications
House Bill 1459 directs the Department to review expensive medical procedures for prior authorizations. The Department would also like to extend this review to medications. This would allow reconciliation of data to determine incorrect billings. The Department would like for the Board to review utilization data and make suggestions on how best to monitor these products. The Board would like for more information to be provided on this topic including a minimum claim amount of three thousand dollars, strength of medication, quantities dispensed and days supply. This topic will be discussed at a later meeting.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. Growth Hormone/IGF-1 products were reviewed. No action will be taken regarding the Growth Hormone/IGF-1 form or criteria.

ADHD Review
The ADHD review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. B. Joyce reviewed utilization data of the ADHD meds. Based on post-rebate information, Adderall XR is the most cost effective choice between Adderall XR and Vyvanse; given that Vyvanse is simply a less abusable follow-on product to Adderall XR as Adderall XR approaches its patent expiration. B. Joyce relayed information regarding the prior authorization of Sed/Hypnotics. The Board chose to leave Ambien as preferred to maintain market share in anticipation of the generic becoming available and to keep market share from shifting to the follow-on product Ambien CR and other competitors. Due to the proactive nature of this decision, the Department is saving approximately 30,000 dollars a month with generic Ambien. B. Joyce stated the logic for the suggested prior authorization of Vyvanse is the same as used for Ambien.

B. Joyce asked the Board what their overall desired actions are for ADHD medications. T. Twogood stated that there is really nothing that would predict one ADHD medication would work better than another; therefore trying the most cost effective agent first would be a very valid approach. The Board stated that they would like to broaden the prior authorization stipulations and include step therapy and asked B. Joyce to bring such an approach back to the next meeting.

B. Treitline made a motion and N. Byers seconded that the Board should recommend prior authorizing Vyvanse as presented in the packet (therefore requesting that the law should be allowed to sunset in relation to ADHD medications). C. Huber called for a voice vote and the motion passed with no audible dissent.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These criteria will be added to the current set of criteria, and will be used in future DUR cycles. N. Byers moved to approve the new criteria and A. Samuelson seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

Miscellaneous Items
Generic Zoloft is also saving the Department approximately 318,000 dollars a quarter. North Dakota Medicaid currently has a 68% generic utilization rate.

PhRMA contacting Board members
C. Sorenson and other Board members have received letters from physicians asking them to place smoking cessation products on the agenda for future meetings. B. Joyce stated that Pfizer has been told that current agendas are full while the Board reviews classes of medications for the legislative council and further requests of this fashion can be referred to him.

The next DUR board meeting will be October 1st, 2007. B. Joyce reviewed future agenda items. These include Antidepressants, ADHD, and Cancer. P. Churchill made a motion to adjourn the meeting and A. Samuelson seconded. Chair C. Huber adjourned the meeting at 4:15 pm.

Drug Utilization Review (DUR) Meeting Minutes
October 1st, 2007

Members Present: Albert Samuelson, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Scott Setzepfandt, Bob Treitline, Kim Krohn, Jeffrey Hostetter, Leann Ness and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: John Savageau

Chairman, C. Huber, called the meeting to order at 1:00pm. New members were introduced to the Board. C. Huber asked for a motion to approve the minutes from the August 20th meeting. S. Setzepfandt asked for a change to the wording of the minutes. The minutes state that Board members have received letters from Pfizer and S. Setzepfandt said that it should read Board members have received letters from physicians. N. Byers moved that the minutes be approved with modifications and K. Krohn seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce made available a spreadsheet showing the top 21 drug classes based on amount reimbursed. Antipsychotics, Anticonvulsants, Antidepressants and ADHD make up 42.97% of the total drug spend for North Dakota Medicaid.

High Cost Medications
House Bill 1459 directs the Department to review expensive medical procedures for prior authorizations. The Department would also like to extend this review to medications. This would allow reconciliation of data to determine incorrect billings. B. Joyce provided more information to the Board on this topic including claims with a minimum billed amount of three thousand dollars, strength of medications, quantities dispensed and days' supply. After reviewing the list, G. Pfister made a motion to allow an edit on agents costing more than three thousand dollars excluding all products listed in the High Cost Drug Claims table. B. Treitline seconded the motion. The chair called for a voice vote and the motion passed with no audible dissent.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. DAW-1 products were reviewed. B. Joyce provided the Board with a list of all DAW-1 claims that were billed in June, 2007. No action will be taken regarding the DAW-1 form or criteria.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These criteria will be added to the current set of criteria, and will be used in future DUR cycles. P. Churchill moved to approve the new criteria and N. Byers seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

Legislative Update
House Bill 1422 restricts placing the following classes of medications on Prior Authorization. These include AIDS, Cancer, Anti-psychotics, Anti-depressants, ADHD and Mood-Stabilizers. Over the next year, the DUR Board will be responsible for reviewing these classes and making recommendations to the Department regarding the plan of action the Board would take, if any. The DUR Board recommendations will be reported, periodically, to the Legislative Council.

Oral Antineoplastic Review

At the June meeting, A. Samuelson suggested getting a consult from one of the Oncology physicians currently prescribing to North Dakota Medicaid patients. B. Joyce had no luck asking for guidance regarding this class of medications. At this time, there is no new information to review and B. Joyce asked Board members for suggestions of oncologists that would be willing to help the Board in this capacity. K. Krohn suggested an oncologist in Minot and she will ask for his guidance.

ADHD Review

At the August meeting, the DUR Board suggested a prior authorization on Vyvanse and also suggested broadening prior authorization guidelines for other agents in this class by incorporating step therapy. There was public comment by Rose Mullen, representing Eli Lilly. She reviewed Strattera related prescribing information with the Board. There was public comment by Susan Helgeland, representing Mental Health America of North Dakota. She spoke against restricting ADHD medications for ND Medicaid recipients. B. Joyce stated that post-rebate, Strattera and Daytrana are much more expensive than the other agents in this class. The Department suggests a prior authorization on Daytrana and Strattera. J. Hostetter asked for specific information regarding rebates. B. Joyce stated that he was unable to reveal that information. J. Hostetter said that it is very hard to give an opinion if not all of the information is presented. S. Setzepfandt was asked to explain to the Board the process involved with sharing rebate information. S. Setzepfandt said that it would be very difficult to reveal this information without legal involvement and closed door sessions. G. Pfister made a motion to modify the current proposed form, ADHD PA Form, to read ADHD Stimulant PA form and to remove Strattera. T. Twogood seconded the motion. Regarding the legislative review process for exempted classes, A. Samuelson made a motion to allow the DUR Board to manage and review ADHD. N. Byers seconded the motion. Chair, C. Huber, called for a voice vote. Individual votes were counted with 1 opposed, 2 abstaining and 9 yes votes. Motion passed.

Antidepressant Review

The Antidepressant review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. B. Joyce reviewed utilization data of the Antidepressant meds including a market share report. Based on post-rebate information, Cymbalta, Effexor XR, Lexapro, Paxil CR and Prozac weekly are the most costly medications in this class. There was public comment by Rose Mullen, representing Eli Lilly. She reviewed Cymbalta prescribing information with the Board. B. Joyce asked the Board if they would like the ability to review and manage antidepressants. B. Joyce stated that the Board could authorize a lifetime PA for these medications and review previous history to look for failure of other medications in the class, making the prior authorization process simpler for providers. C. Huber suggested that the form be reworked and called an SSRI PA form. B. Joyce said that he would have the form reworked and this information would be brought to the next DUR meeting.

Conflict of Interest

Ryan Bernstein, Legal Counsel to Governor John Hoeven of North Dakota has asked that the DUR Board adopt a conflict of interest policy that would require members to disclose financial relationships with drug companies and recuse themselves from voting, in some cases. After much discussion, it was decided that B. Joyce will draft a conflict of interest form and bring it to the December meeting for Board review.

The next DUR board meeting will be December 3rd, 2007. B. Joyce reviewed future agenda items. These include Antidepressants, ADHD agents, Antineoplastic agents and Antipsychotics. G. Pfister made a motion to adjourn the meeting and K. Krohn seconded. Chair C. Huber adjourned the meeting at 3:50 pm.

Testimony before the Human Services Committee
Representative Jeff Delzer, Chairman
November 6, 2007

Chairman Delzer, members of the committee, I am Dr. Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services, providing testimony regarding the directives of 2007 HB No. 1422.

The 2007 Legislature, through House Bill No. 1422, asked the Drug Use Review (DUR) Board to review the utilization, cost, and effectiveness of the drugs identified in subsection 3 of section 50-24.6-04 and make recommendations for managing the utilization of the identified drugs or any other drugs for the conditions identified in that subsection.

The classes of medications to be reviewed are oncology, HIV/AIDS, Attention Deficit / Hyperactivity Disorder (ADHD), Anti-depressants, Anti-psychotics, and Mood Stabilizers. The following table shows the percentage of total drug spend for these medications (June 2007 data).

Drug Class	**Amount Spent**	**% of Total Drug Spend**
Antipsychotics	$319,036	16.00%
Mood Stabilizers	$250,525	12.57%
Antidepressants	$160,376	8.04%
ADHD	$159,629	8.01%
Oncology	$29,986	1.50%
HIV/AIDS	$7,012	0.35%
Total Drug Spend	**$1,993,535**	

The first four classes are the top four classes of medications paid by ND Medicaid. Please review Attachment 1 to see how quickly the spend drops off after these drug classes.

The first class reviewed this interim by the DUR Board was the HIV/AIDS class. The DUR Board asked the Department to discuss the topic with an Infectious Disease expert to obtain their opinion and bring it back to the Board. A Bismarck Infectious Disease specialist was consulted and his recommendations were brought back to the DUR Board. He stated that ND already has a formulary through the Ryan White / AIDS Drug Assistance Program (ADAP) and his review of Medicaid data showed him that this formulary is followed very well by the few physicians that prescribe HIV/AIDS medications for Medicaid. He stated that ND Medicaid shouldn't prior authorize any HIV/AIDS medication, but he did not feel that a law should exist to prohibit action in the future – specifically if a physician started prescribing outside of the ADAP formulary, Medicaid and other infectious disease physicians should have a mechanism available to ensure proper prescribing. The DUR Board concurred with the Infection Disease specialist's opinions.

The second medication class reviewed was Oncology. The DUR Board asked the Department to consult with an oncologist. A Minot oncologist was consulted in October and his recommendations will be brought to the DUR Board in December.

ADHD medications were reviewed during the past two meetings and the DUR Board recommended the following:

a) Remove the exemption for this class.

b) Prior authorize Vyvanse – require use of Adderall XR before Vyvanse.

c) Prior authorize Daytrana – require the use of any other product before Daytrana.

Antidepressants were reviewed at the most recent DUR Board meeting and this review will continue at the next meeting. Antipsychotics will also be reviewed at the upcoming DUR Board meeting, and we expect that review to continue for multiple meetings like the other classes. Mood stabilizers will be the last ones reviewed. All reviews should be completed by the end of Summer 2008.

I would be happy to answer any questions.

Drug Utilization Review (DUR) Meeting Minutes
December 3rd, 2007

Members Present: Albert Samuelson, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Bob Treitline, Kim Krohn, Jeffrey Hostetter, John Savageau, and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: LeeAnn Ness, Scott Setzepfandt

Chairman, C. Huber, called the meeting to order at 1:00pm. C. Huber asked for a motion to approve the minutes from the October meeting. N. Byers moved that the minutes be approved and J. Hostetter seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce gave budget information for the new biennium starting in August. The appropriations for SFY (state fiscal year) 2008 are approximately $28.1 million and $29.6 million for SFY 2009. The spend was roughly $2.05 million each in the first two months of the biennium. The Department expects to spend $57.7 million total for SFY 2008 and SFY 2009. There were approximately 50,000 recipients eligible both months; 16,500 received services in August and 15,200 received services in September. The average cost per person for August was $123 and $134 for September. The average cost per prescription was $50.86 in August and $50.70 in September.

Oral Antineoplastic Review
At the October meeting, A. Samuelson suggested getting a consult from one of the Oncology physicians currently prescribing to North Dakota Medicaid patients. B. Joyce met with an oncologist in Minot. The physician stated that no law was needed to prevent antineoplastics from being placed on prior authorization as long as the recommendations for PA come from the DUR Board and that the turnaround time for PA's also remained the same (over 98% reviewed in less than 8 hours and 100% in 24 hours). If the law was allowed to sunset on antineoplastic agents, a grandfather policy could apply that would allow patients currently receiving antineoplastics to keep receiving them without asking for a PA. There was no public comment. B. Treitline made a motion to recommend to the legislative council that antineoplastics no longer be exempt from prior authorization and that the DUR Board would be involved in the PA of certain agents using private insurance as a guideline. G. Pfister seconded. Chair, C. Huber called for a voice vote and the motion passed with no audible dissent.

Antidepressant Review
The Antidepressant review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. There was no public comment. C. Huber suggested at the October meeting that the antidepressant form be reworked and called an SSRI PA form. B. Joyce asked the members to review the reworked form. C. Huber asked why fluvoxamine was not included on the SSRI form. B. Joyce said that he did not include fluvoxamine because he did not want fluvoxamine used first line. G. Pfister also made the point that fluvoxamine is not approved for depression. B. Joyce said that fluvoxamine could be added to the form if the Board agrees that it needs to be. J. Hostetter made a motion to report to the legislators that SSRIs be allowed prior authorization status with the modification of the form to include fluvoxamine. C. Sorenson seconded. Chair, C. Huber called for a voice vote and the motion passed with one audible dissent. Motion passed.

Legislative Update
House Bill 1422 restricts placing the following classes of medications on Prior Authorization. These include AIDS, Cancer, Anti-psychotics, Anti-depressants, ADHD and Mood-Stabilizers. The DUR Board is in the process of reviewing these classes and making recommendations to the Department regarding the plan of action the Board would take, if any. The DUR Board recommendations will be reported, quarterly, to the Legislative Council. C. Huber asked that the Board receive a copy of the report that the Department presents to the legislature.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were previously placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. Zanaflex capsules, Solodyn and Oracea were reviewed. No action will be taken regarding these forms or criteria. Anti-infective ophthalmics were also reviewed. T. Twogood brought literature for the Board pertaining to resistance and the fourth generation fluoroquinolones. T. Twogood made a motion to stop the PA on Vigamox and Zymar. K. Krohn seconded the motion. N. Byers stated that he opposes removing Vigamox and Zymar from PA. Because the literature was not provided prior to the meeting, C. Huber tabled the ophthalmic anti-infective discussion until the February meeting.

Conflict of Interest
The Governor's has asked the Department of Human Services to have the DUR Board adopt a conflict of interest policy that would require members to disclose financial relationships with drug companies and recuse themselves from voting, in some cases. D. Peske of the ND Medical Association brought a draft written by the Executive Director of the Medical Association. The draft has been reviewed by the governor's legal counsel and seems to meet the guidelines that the Board should follow. B. Joyce stated that dollar values will be expected on the form. After much discussion, C. Huber suggested that a vote be delayed until Board members can review the draft provided by the Medical Association. C. Huber also suggested that Board members have their employers' review the information.

ADHD Review
At the October meeting, the DUR Board suggested limiting the ADHD review to a stimulant review. The Board suggested that Daytrana be prior authorized because of the side effect profile, the cost, and the lack of studies that show Daytrana to be more effective compared to the other agents in the stimulant class. There was no public comment. B. Treitline made a motion to recommend to the legislature that stimulants be allowed prior authorization status. G. Pfister seconded the motion. Chair, C. Huber called for a voice vote and the motion passed with one audible dissent. B. Joyce asked the Board for advice on dosing of Concerta CD, Focalin XR and Metadate CD at 8am and noon. The general consensus of the Board is that this dosing pattern should only be approved by a rare exception.

Antipsychotic Review
B. Joyce reviewed low dose (sub-therapeutic) antipsychotic information with the Board. B. Joyce would like to monitor new starts on these agents to verify appropriateness. The Board suggested a survey to determine the use of low dose antipsychotics. Along with the low dose problem, the Department would like the Board to review alternative dosage forms of the antipsychotics such as zydis, soltabs, follow along products and injectables with large price differences. There was no public comment. For the next meeting, information will be provided on major issues surrounding the antipsychotics such as age, low dosages and special formulations.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. P. Churchill moved to approve the new criteria and B. Treitline seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

The next DUR board meeting will be February 4th, 2008. P. Churchill made a motion to adjourn the meeting and B. Treitline seconded. Chair C. Huber adjourned the meeting at 3:35 pm.

Drug Utilization Review (DUR) Meeting Minutes
February 4th, 2008

Members Present: Albert Samuelson, Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Todd Twogood, Greg Pfister, Bob Treitline, Kim Krohn, Jeffrey Hostetter, John Savageau, Scott Setzepfandt and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Leann Ness

Chairman, C. Huber, called the meeting to order at 1:03pm. C. Huber asked for a motion to approve the minutes from the December meeting. N. Byers moved that the minutes be approved and P. Churchill seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce made available to the Board a graph that showed North Dakota brand and generic utilization over time. In January 1997, 50% of the ND Medicaid scripts were brand and 50% were generics. Currently, 29% of scripts are brand and 71% are generic. One point on the graph was identified as the implementation of brand name co-pays of $3.

Legislative Update
B. Joyce provided the Board a copy of his testimony to the Human Services Legislative Committee.

Conflict of Interest
The Governor's office has asked the Department of Human Services to have the DUR Board adopt a conflict of interest policy that would require members to disclose financial relationships with drug companies and recuse themselves from voting, in some cases. At the December meeting, Chair C. Huber asked the DUR members to show the draft to their employers'. J. Hostetter had recommendations from the legal counsel at his place of employment. After much discussion, an additional check box was added that states: I have the potentially perceived conflict of interest in which the appearance of a conflict of interest may arise, yet no conflict of interest exists. This will allow DUR members to list occasions when a perceived conflict exists.

Policy and Procedures
A proposed policy for Pharma contact of DUR Board Members was included for the Board members' review. Pharma means all pharmaceutical companies (e.g. brand, generic, mixed brand and generic, biologic, etc.) A motion was made by N. Byers to adopt the Pharma contact of DUR Board Members policy. J. Hostetter seconded the motion. Chair, C. Huber, called for a voice vote to approve the policy, which passed with no audible dissent.

B. Joyce discussed the ND Medicaid DUR Board Procedures. These will be reviewed on an annual basis and will include the above policy concerning DUR Board Contact by Pharma.

Scope of DUR in other State Medicaid Programs
Brendan shared what other State Medicaid Programs review on a yearly basis.

WI	57-60 classes
MD	57 classes
IL	66 classes
RI	44 classes
NY	48 classes
MT	56 classes

AK 57 classes
AR 22 classes
CT 44 classes

The Department would like to thank all of the members that serve on the DUR Board. The last several meetings have been long, but thankfully the North Dakota Board is not required to review 20 – 60 drug classes a year.

Ophthalmic Review
At the December meeting, a motion and second was made to remove Vigamox and Zymar from the prior authorization process. The Sanford guide lists Vigamox and Zymar as the treatment of choice (along with polymixin/trimethoprim) for conjunctivitis. The initial reason for the prior authorization was the potential for resistance. The Department would agree to lift the PA on Zymar and Vigamox as long as the Board understands that if a clinical study shows that these agents contribute to MRSA, these agents will automatically regain prior authorization status. T. Twogood modified his original motion to include that if the evidence of MRSA develops with Vigamox or Zymar, the Department will be able to place these agents on prior authorization. Motion was seconded by K. Krohn. Chair, C. Huber called for public comment regarding the ophthalmic review. No public comments were made. Chair, C. Huber, called for a voice vote to approve the motion, which passed with two audible dissents. A motion was made by T. Twogood to place Azasite and Iquix on prior authorization. Chair, C. Huber, called for a voice vote to approve the motion, which passed with no audible dissent.

Antipsychotic Review
B. Joyce reviewed antipsychotic information with the Board. Along with the low dose issue, the Department would like the Board to review alternative dosage forms of the antipsychotics such as zydis, soltabs, follow along products and injectables with large price differences. There was no public comment. For the next meeting, information will be provided on major issues surrounding the antipsychotics such as poly-pharmacy, low dosages and special formulations.

Yearly Review of Prior Authorization
Once a year, the Board reviews products that were previously placed on prior authorization. This allows the Board a chance to review the prior authorization forms and criteria. Actoplus Met, Antihistamines, Brand Name NSAID/COX2s, PPIs and Revatio were reviewed. No action was taken regarding Actoplus Met, PPIs and Revatio forms or criteria. A motion was made by P. Churchill to remove the age restriction on Antihistamines. J. Savageau seconded the motion. Chair, C. Huber, called for a voice vote to approve the motion which passed with no audible dissent. A motion was made by J. Hostetter to remove the age exemption on Brand Name NSAID/COX2s. G. Pfister seconded the motion. Chair, C. Huber, called for a voice vote to approve the motion which passed with no audible dissent.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. A. Samuelson moved to approve the new criteria and P. Churchill seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

The next DUR board meeting will be April 7th, 2008. C. Huber made a motion to adjourn the meeting and C. Sorenson seconded. Chair C. Huber adjourned the meeting at 3:55 pm.

Drug Utilization Review (DUR) Meeting Minutes
April 7th, 2008

Members Present: Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Greg Pfister, Bob Treitline, Kim Krohn, Jeffrey Hostetter, John Savageau, Scott Setzepfandt, Leeann Ness, and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Albert Samuelson, Todd Twogood

Chairman, C. Huber, called the meeting to order at 1:03pm. C. Huber asked for a motion to approve the minutes from the February meeting. B. Joyce asked Dr. Byers if Pharma means all pharmaceutical companies (e.g. brand, generic, mixed brand and generic, biologic, etc.) in relation to Pharma contact of board members. Dr. Byers replied yes, that is the definition of Pharma that he meant. The minutes have Pharma misspelled and this will be corrected. P. Churchill moved that the minutes be approved as amended and G. Pfister seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce had no new information to present regarding the budget. G. Pfister asked if DUR Board member honorariums could be reviewed at the next meeting. This will be an agenda item for the June meeting.

B. Joyce informed board members that Dr. Samuelson will no longer be able to serve on the DUR Board. Dr. Samuelson has scheduling conflicts that will not allow him to attend the Monday meetings. B. Joyce suggested that board members make recommendations for a physician to fill Dr. Samuelson's vacancy on the board.

Antipsychotic Review
B. Joyce reviewed antipsychotic information with the Board. Along with the low dose issue, the Department would like the Board to review alternative dosage forms of the antipsychotics such as zydis, soltabs, follow along products and injectables with large price differences. At the last board meeting, Dr. Samuelson asked that the Department bring information to the board regarding poly-pharmacy. Brendan reviewed the Comprehensive Neuroscience report with the board. This report showed board members the number of patients on multiple CNS medications, including antipsychotics. Also included in the pack was a draft letter to providers regarding the low dose antipsychotic issue. A motion was made by J. Hostetter to place alternate dosage forms of the antipsychotic medications on prior authorization. J. Savageau seconded the motion. Chair C. Huber called for a voice vote and the motion passed with one audible dissent. Larry Martinez, representing Ortho McNeil Jansen, spoke against prior authorization of Risperdal Consta. R. Treitline made a motion to prior authorize Invega. P. Churchill seconded the motion. Larry Martinez, representing Ortho McNeil Jansen, spoke against prior authorization of Invega. After much discussion, P. Churchill called for a vote. Motion passed with two audible dissents. A recommendation will be made to the legislative council that the DUR Board would prior authorize alternate dosage forms and Invega if given the opportunity to prior authorize the antipsychotic class of medications.

Anticonvulsant Review
The anticonvulsant review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. B. Joyce reviewed utilization data of the Anticonvulsant meds including a market share report. Jerry Clewell, representing Abbott, spoke against prior authorization of the anticonvulsants and suggested that the Board review the American Academy of Neurology position statement as well as the NICE

guidelines. B. Joyce asked the Board if they would like the ability to review and manage anticonvulsants. Board members suggested bringing more information to the June meeting regarding this topic. Information requested includes a list of which products are going generic in the near future, which providers are prescribing this class of medications, parameters of treatment for anticonvulsants versus mood-stabilizers, and examples of changes that have been made to this class in other states. B. Joyce said that he would gather this information and bring it to the June DUR Board meeting.

Criteria Recommendations

The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. K. Krohn moved to approve the new criteria and G. Pfister seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

The next DUR board meeting will be June 2nd, 2008. C. Sorenson made a motion to adjourn the meeting and P. Churchill seconded. Chair C. Huber adjourned the meeting at 3:10 pm.

Summary of DUR Board Recommendations
On Managing Utilization of Identified Drug Classes Currently Restricted

The 2007 Legislature, through House Bill No. 1422, asked the Drug Use Review (DUR) Board to review the utilization, cost, and effectiveness of the drugs identified in subsection 3 of section 50-24.6-04 and make recommendations for managing the utilization of the identified drugs or any other drugs for the conditions identified in that subsection.

The classes of medications reviewed include Oncology, HIV/AIDS, Attention Deficit/Hyperactivity Disorder (ADHD), Antidepressants, Antipsychotics, and Mood Stabilizers/Anticonvulsants. Antipsychotics, Mood Stabilizers/Anticonvulsants, Antidepressants and ADHD medications are the top four classes of medications (by cost) paid by ND Medicaid.

1. HIV/AIDS-DUR Board consulted with an Infectious Disease Specialist. His opinion was that ND Medicaid should not prior authorize any HIV/AIDS medication, but he did not believe that a law should exist to prohibit action in the future-specifically if a physician prescribed outside of the AIDS Drug Assistance Program (ADAP) guidelines. The DUR Board concurred with the Infectious Disease Specialist's opinion.

2. Oncology-DUR Board consulted with an Oncologist. Specialist stated that no law was needed to prevent antineoplastics from being placed on prior authorization as long as recommendations for PA come from the DUR Board and that the turnaround time for PA's also remained the same (98% reviewed in 8 hours or less and 100% in 24 hours). The DUR Board recommended that antineoplastics no longer be exempt from prior authorization and that the DUR Board be involved in the PA of certain agents using private insurance as a guideline.

3. Attention Deficit/Hyperactivity Disorder (ADHD)-DUR Board recommended removing the exemption for this class, prior authorizing Vyvanse after Adderall XR trial, and prior authorizing Daytrana.

4. Antidepressants-DUR Board recommended placing SSRI medications on prior authorization and therefore removing the exemption for the antidepressant class of medications.

5. Antipsychotics-DUR Board recommended prior authorizing alternate dosage forms and Invega if the exemption was removed from this class of medications.

Drug Utilization Review (DUR) Meeting Minutes
June 2, 2008

Members Present: Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Greg Pfister, Bob Treitline, Kim Krohn, Jeffrey Hostetter, John Savageau, Scott Setzepfandt, and Leeann Ness.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Carlotta McCleary and Todd Twogood

Chairman, C. Huber, called the meeting to order at 1:00pm. C. Huber asked for a motion to approve the minutes from the April meeting. K. Krohn moved that the minutes be approved and B. Treitline seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce had no new information to present regarding the budget.

Anticonvulsant Review
The board requested additional information at the April meeting regarding anticonvulsants. This information included which agents are going generic in the future, providers prescribing this class of medications, and examples of changes that have been made in other states. B. Joyce reviewed this information with the Board. There was no public comment. B. Joyce explained to the Board that if no recommendation is made regarding anticonvulsants, the Department will recommend to the legislature that the law does not need to exist. C. Huber spoke on behalf of the Board by stating that the Board has no recommendation at this time, related to the class of anticonvulsants.

Summary of Board Recommendations to Legislative Counsel
Previous board recommendations on HIV/AIDS, Oncology, ADHD, Antidepressants, and Antipsychotics were reviewed. G. Pfister asked for clarification of the wording on the Antidepressant recommendation. The correct wording will be: Antidepressants-DUR Board recommended placing **certain** SSRI medications on prior authorization and therefore removing the exemption for the antidepressant class of medications.

Review of Chantix
Biron Baker, MD, spoke on behalf of Pfizer. He recommended against placing Chantix on prior authorization. Rick Melbye spoke on behalf of Pfizer, manufacturer of Chantix. Michelle Walker spoke on behalf of the North Dakota Department of Health. Michelle is the cessation director and facilitates the North Dakota Tobacco Quitline. B. Joyce stated that the Department would consider covering Chantix for recipients willing to enroll in the Quitline. J. Hostetter made a motion requesting the Department formulate a smoking cessation plan that would cover all smoking cessation products for recipients enrolled in the ND Tobacco Quitline. C. Huber seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Review of Soma 250
B. Joyce reviewed carisoprodol utilization with Board members. There was no public comment. Soma 250mg is a new to market strength of carisoprodol that currently has no generic alternative. N. Byers made a motion to prior authorize Soma 250mg. P. Churchill seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

B. Joyce stated that carisoprodol is indicated for short term use and the Department would like to restrict chronic use of this agent. The Board asked that more information be presented at the September meeting, including tapering information, quantity for scripts, and age/gender for

patients. G. Pfister made a motion that all new prescriptions for carisoprodol be limited to 3 weeks supply with one refill per year. B. Treitline seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Yearly PA Review
The Board reviews products annually that have previously been placed on prior authorization. This allows the Board a chance to update the prior authorization forms and criteria. Sedative/Hypnotics, Qualaquin, ACE-Is, and Synagis were reviewed. P. MacDonald spoke on behalf of MedImmune, manufacturer of Synagis. K. Brown, MD, spoke regarding Synagis utilization at St. Alexius. The board recommended that Altace generic be included on the ACE-I form as an available generic. No other changes were made to the forms and criteria for these agents.

Criteria Recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. R. Treitline moved to approve the new criteria and G. Pfister seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

Board Member Resignation
B. Treitline submitted a letter of resignation effective July 1, 2008.

Election of Chair and Vice-Chair
B. Treitline made a motion that Carrie Sorenson be considered as the new Chair of the DUR Board. G. Pfister seconded the motion. Chair, C. Huber called for a voice vote with no audible dissent. C. Huber made a motion that J. Hostetter be considered as the new Vice-Chair of the DUR Board. K. Krohn seconded the motion. Chair, C. Huber called for a voice vote with no audible dissent. C. Sorenson and J. Hostetter will serve as the new Chair and Vice-Chair, respectively.

Board Member Honorarium
A motion was made by C. Huber to increase the DUR Board member honorarium to one hundred dollars per meeting. B. Treitline seconded the motion. Chair, C. Huber called for a voice vote with no audible dissent.

The next DUR board meeting will be held September 8, 2008. C. Huber made a motion to adjourn the meeting and R. Treitline seconded. Chair C. Huber adjourned the meeting at 3:40 pm.