

Drug Utilization Review (DUR) Meeting Minutes
April 11, 2005

Members Present: Al Samuelson, Gary Betting, Greg Pfister, John Savageau, Pat Churchill, Carrie Sorenson, Scott Setzepfandt, Cheryl Huber, Bob Treitline, Leann Ness, Brendan Joyce.

HID Staff Present: Brenda Winslett, Rob Dibenedetto, John Williams, Steve Espy.

Members Absent: Jay Huber, Norman Byers.

Chair John Savageau called the meeting to order at 1:05pm, then asked for a motion to approve the minutes from the February 14, 2005 meeting Pat Churchill moved the minutes be approved and Cheryl Huber seconded the motion. The chair called for a voice vote to approve the minutes, which passed with no audible dissenters.

Budget Update: Brendan Joyce indicated that the biennium budget will end below expectation and the net budget will only provide a 4% increase in the budget. Historically the pharmacy expenditures have risen 12% to 13% per year.

John Savageau asked Brendan to explain the impact of the Medicare Modernization Act (MMA) on the pharmacy budget. Brendan gave a description of the potential effect to include change in average age of recipient, most common drugs paid for, number of claims per month, etc. Brendan explained that he has asked HID to prepare impact reports on the potential changes, John Savageau asked Steve Espy to make this an agenda item for the next meeting.

Cost Savings: Steve Espy presented cost savings report on the impact of the PA process for the PPI and antihistamine classes. The report covered the time period from June 2004 through December 2004.

The PPI report indicated a significant decrease in PPI utilization in June 2004 and a steady increase each month thereafter. Steve explained that the unavailability of Prilosec OTC and the inclusion of Omeprazole as the drug to be used before a brand PPI could be approved attributed to an increase in cost in the last few months of 2004. Steve mentioned that the December 2004 cost of \$147,993 was significantly less than the \$269,000 in March 2004, which was the month prior to implementation of the PA for PPIs.

Steve then discussed the cost savings of antihistamines. The graphs indicate a steady decrease in utilization of the antihistamines from \$49,284 in June 2004 to \$30,541 in December 2004.

Bob Treitline requested a report that would indicate changes in numbers of GI bleeds or MD office visits, or changes to other GI drugs. John Savageau asked Steve Espy to include this report as an agenda item for the next meeting. Al Samuelson asked that HID include a longer time frame on those reports and also to include other factors that could have a bearing on utilization. John Savageau asked Steve to include this report as an agenda item for the next meeting.

Steve Espy asked the Board to consider this information and review to be in compliance with the State mandate to review drugs that require a PA on an annual basis. Bob Treitline moved that the current forms be updated to include relative costs, also asked the last line on the antihistamine form, "Patients must try and fail generic loratadine prior to receiving a leukotriene modifier or intranasal steroid to treat allergic rhinitis" be removed. Cheryl Huber seconded the motion. The chair called for a voice vote to approve the motion. The motion passed with no audible dissenters. John Savageau asked the new modified forms be included in the package for the next DUR meeting.

The Board verbally confirmed that the information and review did comply with the State mandate.

Drug Reviews: Steve Espy began by explaining that the information presented is not a clinical review. Following the previous methods of reviewing drug classes, the information indicates the availability of generic products to treat the same indications.

Antidepressants: Steve provided the Board with a list of antidepressant drugs, indicating generic or brand, and the primary indications for which each drug is approved. This was followed by the utilization of each drug over the last several years. Steve told the board that the purpose of this report was to make providers aware of the availability of generics to treat similar diagnoses. He suggested to the board that this information could be used to educate providers with the intent to increase generic utilization. Discussion followed concerning this class of drugs including information about recent legislative action. After the discussion the board directed Steve to report the utilization of antidepressants for those recipients with a diagnosis of depression. The report will be presented as an agenda item at the next DUR Board meeting and is to include the specialty of the prescriber, dosage forms, duration of treatment, and age groups of recipients broken down by decades.

Calcium Channel Blockers: Steve Espy provided the Board with a list of the Calcium Channel Blockers, indicating generic or brand status, and the primary indications of each drug. Also, he provided the board with the utilization of these drugs for the calendar year 2004. The discussion that followed concerned the change in utilization after the implementation of the MMA. Many members of the board felt it was prudent to await the outcome of this implementation before the board considers any action on this drug type. Steve suggested that the board would feel similarly about the next class of drugs, Beta Blockers. The board agreed to wait on both classes.

Brendan Joyce suggested to the board that HID provide the board with utilization breakdown by drug class, (excluding recipients that will be affected by the MMA) to assist the Board in determining where to concentrate its future efforts. Jophn Savageau asked Steve Espy to include this report as an agenda item for the next meeting

Compounding: Brendan Joyce gave a brief description of the amount of compounding in North Dakota pharmacies, as well as the reimbursement policy for prescriptions that are compounded.

The next meeting was set for June 6, 2005 at 1:00pm at the Heritage Center.

Cheryl Huber moved for adjournment. Greg Pfister seconded the motion. The motion carried on a voice vote.