

HEALTH INFORMATION DESIGNS

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March 22, 2005

The next North Dakota Drug Utilization Review (DUR) Board Meeting will be held:

April 11, 2005 at 1:00pm

Heritage Center
612 East Blvd
Bismarck, ND

If you are unable to attend, please contact Brendan Joyce at (701) 328-4023
(sojoyb@state.nd.us).

**Please remember to silence all pagers and cell phones
prior to the start of the meeting.**



**North Dakota Medicaid
DUR Board Meeting
Agenda
Heritage Center
April 11, 2005 1:00P.M.**

- | | | |
|----|---|------------------------------------|
| 1. | Administrative items
-Travel vouchers | |
| 2. | Old Business
- Review and approval of minutes of 02/14/05 meeting
- Budget update
- Cost Savings reports for PPIs and Antihistamines | Chairman
Brendan Joyce
HID |
| 3. | New Business
- Review of Antidepressants
- Review of Calcium Channel Blockers
- Review of Beta Blockers
- Review of compounding fees for pharmacies | HID
HID
HID
Brendan Joyce |
| 4. | Upcoming meeting agenda | Chairman |
| 5. | Adjourn | Chairman |

**Please remember to turn all cellular phones and pagers
to the silent mode during the meeting.**

Drug Utilization Review (DUR) Board Meeting
Minutes
February 14, 2005

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

Members Absent: Jay Huber, Norman Byers.

Chair John Savageau called the meeting to order at 1:05 p.m., then asked for a motion to approve the minutes from the Dec. 13, 2004, meeting. Bob Treitline moved that the minutes be approved, and Pat Churchill seconded the motion. Carrie Sorenson asked that the minutes reflect the correct spelling of her name, "Sorenson." The chair called for a voice vote to approve the minutes, which passed with no audible dissenters.

The chair asked for an update on the budget. Brendan Joyce said that the Spend Down Table had not been updated for December, so the information is the same as at the last meeting. Mr. Joyce also informed the Board that the state Legislature is currently debating the April 2007 budget. Al Samuelson asked Mr. Joyce to explain to the Board any current legislation that might affect the DUR Board. Mr. Joyce said that HB1470 has passed the House and will be debated in the Senate at a later date. This bill would restructure the appointment process for Board members, requiring four physicians and four pharmacists to be appointed by their respective associations. A new consumer member would be appointed by the Governor. There would be no change in the method of appointing the two remaining physicians and pharmacists. Mr. Joyce explained that this bill would also allow an exemption from prior authorization for all mental health drugs, including antipsychotics, antidepressants and anticonvulsants. The bill would also exempt HIV drugs as well as drugs used in the treatment of cancer. If a generic is available, brand-name drugs would still require a prior authorization.

Mr. Samuelson asked if this bill would affect the relationship between the Board and the Department of Human Services. Mr. Joyce said that the DUR Board is federally mandated to act in an advisory capacity to the department.

The chair introduced Steve Espy, R.Ph., from Health Information Designs, Inc. (HID), the pharmacy services contractor for the RDUR and prior authorization programs. Mr. Espy explained HID's history and services, and described clients the company serves. He said that HID started the RDUR contract in June of 2004 and began the PA contract on Feb. 1, 2005. Mr. Espy gave the prior authorization help desk phone number as (866) 773-0695 and the fax number as (866) 254-0761. He said that HID had developed a web site for the DUR Board that includes copies of current PA request forms, algorithms, meeting announcements and other pertinent information. The web address is www.hidndmedicaid.com.

Mr. Samuelson asked about the new contractor and how HID was chosen for the contract. Mr. Joyce explained that the Board was notified of the RFP for the contract at a previous meeting, and that the Legislature provided appropriations for the contract when legislation passed for the

prior authorization process. He said that HID was the lowest bidder, and references gave excellent reviews of the work HID had performed for them.

Mr. Espy reviewed the provider letters, request forms and algorithms for the next classes of drugs to be implemented into the prior authorization system. He explained that the prior authorization of DAW drugs will be implemented March 8, 2005, the Cox II and brand-name NSAIDS on April 5 and the ACE inhibitors on May 3. He added that an implementation date for ARBs had not yet been established. Mr. Joyce asked that the criteria on the form that relates to the drug Altace be corrected.

The chair then asked Mr. Espy to review and explain the reports included in the DUR Board packet. Mr. Espy first explained the Cost Summary report, which identifies costs for two specific quarters. Included are the total cost of Medicaid prescriptions, the number of unduplicated recipients that received pharmacy services, the costs per member per month and the cost per prescription. Mr. Espy then explained the Cost Management report that graphs the associated costs, showing the pattern of claims costs. Mr. Espy noted that this was a useful tool for the Board to utilize when considering costs associated with the pharmacy program. He then reviewed the Top 25 Drugs based on number of claims from July 1 thru Sept. 30, 2004, and the Top 25 Drugs based on cost of claims for the same period.

The chair also asked Mr. Espy to review criteria provided in the DUR packets. Mr. Espy explained that the HID criteria manager introduces new criteria on a quarterly basis, based on the introduction of new drugs, new indications, new warnings or adverse effects. The additional criteria are to be added to existing criteria provided by HID when the company initiated RDUR services in 2004.

Mr. Joyce reviewed the RDUR process, reminding Board members of how the criteria are used in the letter intervention and explaining that the criteria do not affect the prior authorization process. Mr. Joyce recommended that the Board adopt the criteria. Bob Treitline asked if this would affect the POS criteria, and Mr. Joyce responded that POS criteria would not be affected. Mr. Treitline moved to adopt the criteria, and Greg Pfister seconded the motion.

Scott Setzepfandt said the criteria looked routine, and then suggested the Board table the vote and allow industry representatives to review the criteria for appropriateness and spelling. Mr. Joyce responded that the Board should not be burdened down with another agenda item, saying he would be glad to respond to any questions or concerns expressed by industry representatives. The chair asked for a voice vote, and the motion carried with no dissenting votes.

Mr. Samuelson asked if any movement existed to adopt a preferred drug list. Mr. Joyce said that a bill allowing for a PDL was defeated in the state Legislature.

The chair called for a break while Richard Dolinar, M.D., prepared for his presentation. When the meeting reconvened, Dr. Dolinar gave a presentation on evidence-based medicine, including handouts and slides. Questions and discussion followed.

The chair asked Mr. Espy to present recommendations for new classes of drugs to be reviewed for prior authorization. Mr. Espy said that he had reviewed other state programs as well as the availability of drug classes in the North Dakota Medicaid program. He said that both the calcium channel blocker and the beta blocker classes included a sufficient number of generic drugs for first-line therapy for hypertension, and recommended that the Board review these classes for prior authorization.

Mr. Espy then referred to one of the reports provided earlier, noting that three brand-name antidepressants were included in the Top 25 Drugs. He noted that Zoloft was the second-most prescribed drug in the Medicaid program, and suggested that brand-name antidepressants should not be considered for first-line therapy in the treatment of depression because of the availability of generic Prozac, Paxil and Celexa. Mr. Espy then suggested that the Board consider action to ensure that generics be used first. He said action could consist of:

- Explaining the availability of generics to providers through Academic Detailing
- Utilizing the letter intervention process
- Requiring prior authorization on brand-name antidepressants

Mr. Samuelson asked about Neurontin, and mentioned its position among the Top 25 Drugs. Mr. Espy explained that the implementation of the DAW PA on March 8 should affect Neurontin utilization. Mr. Treitline then asked about the utilization of time-released doses in long-term-care facilities, which had been discussed at a previous meeting.

Mr. Samuelson noted that the current prior authorization program did not appear to be saving money, judging from the information in the program summary report. Mr. Joyce explained that there were no cost increases between the two reported quarters, which was very unusual in Medicaid. Mr. Samuelson then asked that HID provide some cost-saving reports to the DUR Board at its next meeting. Mr. Treitline asked that the Board consider calcium channel blockers for prior authorization at a future board meeting.

The next meeting was scheduled for April 11, 2005, and will be held in the legislative building. Mr. Joyce said he would provide information on Part D of the Medicare Prescription Benefit and its effects on North Dakota Medicaid at the meeting.

Mr. Samuelson moved to adjourn the meeting, and Ms. Sorenson seconded the motion. The chair adjourned the meeting at 3:14 p.m.

**NORTH DAKOTA MEDICAID
Trend Summary Analysis
COX-II INHIBITORS**

03/22/2005

Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Jun-04	1,409		1,582		\$130,844.38	
Jul-04	1,401	-0.57%	1,525	-3.60%	\$131,010.97	0.13%
Aug-04	1,441	2.86%	1,559	2.23%	\$134,025.11	2.30%
Sep-04	1,337	-7.22%	1,418	-9.04%	\$121,348.28	-9.46%
Oct-04	1,200	-10.25%	1,288	-9.17%	\$111,463.99	-8.15%
Nov-04	1,215	1.25%	1,321	2.56%	\$113,720.85	2.02%
Dec-04	1,105	-9.05%	1,196	-9.46%	\$101,495.49	-10.75%

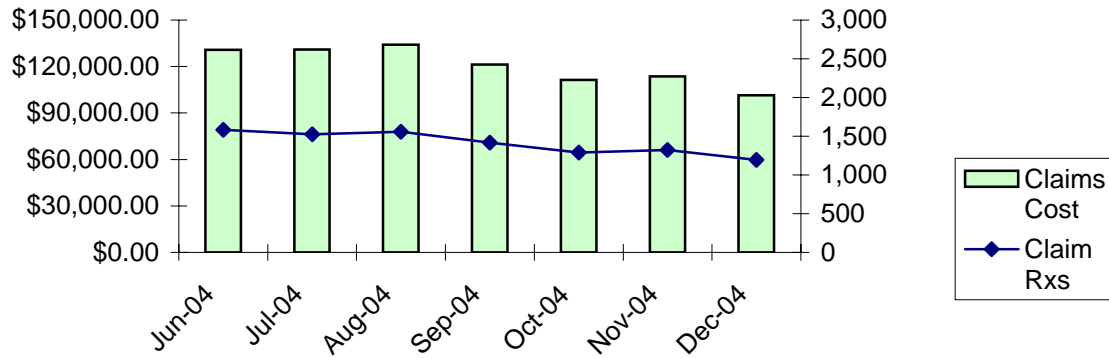
**NORTH DAKOTA MEDICAID
Trend Summary Analysis
PPI'S**

Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Jun-04	2,138		2,478		\$112,324.02	
Jul-04	2,093	-2.10%	2,336	-5.73%	\$107,718.13	-4.10%
Aug-04	2,136	2.05%	2,396	2.57%	\$120,762.55	12.11%
Sep-04	2,183	2.20%	2,381	-0.63%	\$133,087.08	10.21%
Oct-04	2,183	0.00%	2,369	-0.50%	\$141,596.61	6.39%
Nov-04	2,246	2.89%	2,486	4.94%	\$154,435.40	9.07%
Dec-04	2,299	2.36%	2,554	2.74%	\$147,993.06	-4.17%

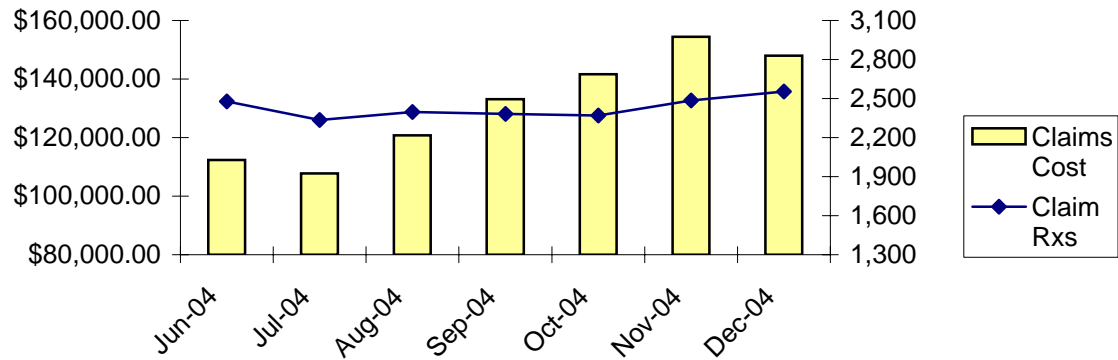
**NORTH DAKOTA MEDICAID
Trend Summary Analysis
ANTI-HISTAMINES**

Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Jun-04	1,212		1,363		\$49,284.37	
Jul-04	1,050	-13.37%	1,129	-17.17%	\$41,026.58	-16.76%
Aug-04	1,093	4.10%	1,164	3.10%	\$40,571.05	-1.11%
Sep-04	1,145	4.76%	1,219	4.73%	\$41,359.55	1.94%
Oct-04	1,013	-11.53%	1,063	-12.80%	\$34,850.52	-15.74%
Nov-04	953	-5.92%	1,028	-3.29%	\$33,430.56	-4.07%
Dec-04	902	-5.35%	985	-4.18%	\$30,541.33	-8.64%

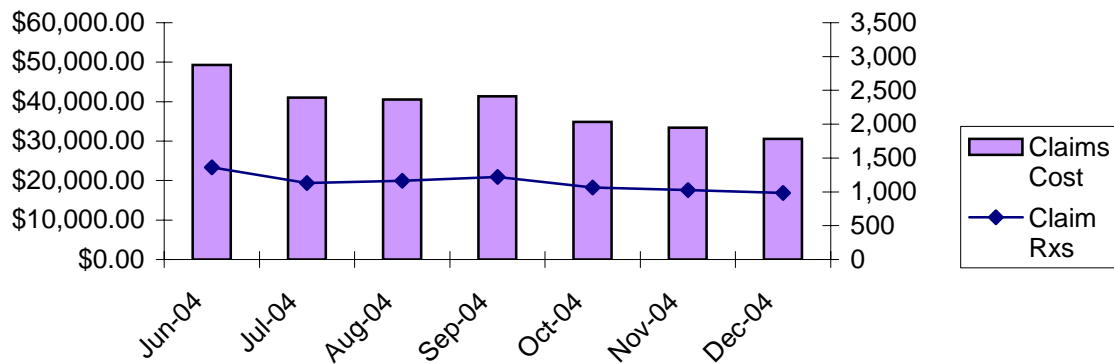
COX II INHIBITORS



PPI'S



ANTIHISTAMINES



ANTIDEPRESSANTS

DRUG	DEPRESSION	OCD	PANIC DISORDER	BULIMIA NERVOSA	PDD	PTSD	OTHER USES
CITALOPRAM	X	UR	UL	UL	UL	UR	Social phobia
ESCITALOPRA	X						
FLUOXETINE	X	X	X	X	X	UL	Bipolar Disorder
FLUVOXAMINE	UL	X		UL			
PAROXETINE	X	X	X*	UR	UL	X	Social anxiety
SERTRALINE	X	X	X	UR	X	X	Social phobia
DULOXETINE	X						Diabetic Neuorpathy
VENLAFAXINE	X						Social anxiety
BUPROPION	X						
MIRTAZAPINE	X						
ESCITALOPRAM	X						

generic available

UL = Unlabeled use UR= Use reported

H2S STUDY		
Paid Claims January 1997		
NDC Name	# of Scripts	Amt Paid
LUVOX	70	\$ 6,489.01
PAXIL	514	\$ 26,352.00
PROZAC	589	\$ 46,626.90
ZOLOFT	937	\$ 53,761.98
Totals	2,110	\$ 133,229.89
Paid Claims January 1998		
NDC Name	# of Scripts	Amt Paid
LUVOX	69	\$ 7,601.38
PAXIL	583	\$ 33,628.46
PROZAC	569	\$ 48,457.59
ZOLOFT	1,019	\$ 60,793.89
Totals	2,240	\$ 150,481.32
Paid Claims January 1999		
NDC Name	# of Scripts	Amt Paid
CELEXA	53	\$ 2,502.64
LUVOX	87	\$ 9,078.80
PAXIL	663	\$ 39,405.93
PROZAC	553	\$ 48,644.36
ZOLOFT	1,103	\$ 68,295.74
Totals	2,459	\$ 167,927.47
Paid Claims January 2000		
NDC Name	# of Scripts	Amt Paid
CELEXA	229	\$ 12,470.22
LUVOX	83	\$ 9,883.52
PAXIL	790	\$ 49,715.23
PROZAC	553	\$ 49,880.05
ZOLOFT	1,164	\$ 74,276.34
Totals	2,819	\$ 196,225.36

Paid Claims January 2001		
NDC Name	# of Scripts	Amt Paid
CELEXA	448	\$ 27,811.44
FLUVOXAMINE MALEATE	12	\$ 1,440.47
LUVOX	107	\$ 15,654.39
PAXIL	975	\$ 66,004.48
PROZAC	675	\$ 65,116.69
ZOLOFT	1,560	\$ 102,159.94
Totals	3,784	\$ 278,765.11
Paid Claims January 2002		
NDC Name	# of Scripts	Amt Paid
CELEXA	777	\$ 50,110.27
FLUOXETINE HCL	668	\$ 57,192.10
FLUVOXAMINE MALEATE	112	\$ 13,612.11
LUVOX	17	\$ 3,402.22
PAXIL	1,091	\$ 80,538.20
PROZAC	112	\$ 12,601.52
PROZAC WEEKLY	69	\$ 5,318.52
ZOLOFT	1,827	\$ 125,753.56
Totals	4,688	\$ 349,827.68
Paid Claims January 2003		
NDC Name	# of Scripts	Amt Paid
CELEXA	487	\$ 28,847.88
FLUOXETINE HCL	453	\$ 6,767.35
FLUVOXAMINE MALEATE	46	\$ 5,058.07
LEXAPRO	169	\$ 9,312.33
LUVOX	1	\$ 39.40
PAXIL	610	\$ 41,892.66
PAXIL CR	100	\$ 7,106.25
PROZAC	9	\$ 1,288.98
PROZAC WEEKLY	51	\$ 4,360.63
ZOLOFT	1,110	\$ 70,943.06
Totals	3,040	\$ 175,653.91

Paid Claims January 2004		
NDC Name	# of Scripts	Amt Paid
CELEXA	539	\$ 35,027.77
FLUOXETINE HCL	679	\$ 10,027.18
FLUVOXAMINE MALEATE	66	\$ 5,053.22
LEXAPRO	585	\$ 33,832.11
PAROXETINE HCL	594	\$ 35,999.43
PAXIL	46	\$ 2,960.42
PAXIL CR	253	\$ 20,249.43
PROZAC	18	\$ 2,435.57
PROZAC WEEKLY	43	\$ 3,889.33
ZOLOFT	1,603	\$ 113,301.55
Totals	4,426	\$ 262,776.01
Paid Claims January 2005		
NDC Name	# of Scripts	Amt Paid
CELEXA	75	\$ 3,659.40
CITALOPRAM	407	\$ 15,353.43
FLUOXETINE HCL	744	\$ 10,565.99
FLUVOXAMINE MALEATE	61	\$ 4,610.68
LEXAPRO	703	\$ 42,557.54
PAROXETINE HCL	536	\$ 30,494.78
PAXIL	9	\$ 789.92
PAXIL CR	235	\$ 20,003.51
PROZAC	17	\$ 3,156.73
PROZAC WEEKLY	34	\$ 3,411.16
ZOLOFT	1,653	\$ 125,260.37
Totals	4,474	\$ 259,863.51

CALCIUM CHANNEL BLOCKERS

DRUG	HTN	ANGINA	OTHER USES
AMLODIPINE	X	X	
DILTIAZEM SR	X		
DILTIAZEM ER	X	X	
FELODIPINE	X		
ISRADIPINE	X		
NICARDIPINE*	X	X	
NIFEDIPINE	X	X	
NISOLDIPINE	X		
VERAPAMIL IR	X	X	ARRHYTHMIAS
VERAPAMIL SR	X		
VERAPAMIL CR	X	X	

* SR form not available generically
generic available

Calcium Channel Blockers

1/1/04-12/31/04

NAME OF DRUG	\$	# of Rxs
Calan SR	2229	39
Cover HS	2682	59
AdalatCC	1398	24
Norvasc	473988	10006
Procardia	1081	19
Nifedipine	88997	2353
Verapamil	46988	2443
Plendil	20004	464
Sular	3217	90
Tiazac	4843	84
Diltiazem	143063	4484
Cardizem	6345	157
Verelan PM	22606	412

BETABLOCKERS

DRUG	HTN	ARRHYTHMIAS	ANGINA	OTHR USES
ACEBUTOLOL	X	X		
ATENOLOL	X		X	ACUTE MI
BETAXOLOL	X			
BISOPROLOL FUMARATE	X			
CARTEOLOL	X			
CARVEDIOL	X			CHF
LABETALOL	X			
METOPROLOL SUCCINATE	X		X	CHF
METOPROLOL T/ARTRATE	X		X	
NADOLOL	X		X	
PENBUTOLOL	X			
PINDOLOL	X			
PROPRANOLOL IIR	X	X	X	POST MI
PROPRANOLOL ER	X		X	POST MI
TIMOLOL	X			POST MI

Beta Blockers
1/1/04-12/31/04

NAME OF DRUG	\$	#of Rxs
Coreg	164815	2038
Inderal LA	64574	1801
Metoprolol	86452	8732
Bisoprolol	3899	157
Toprol XL	157084	6164
Tenormin	1859	29
Propranolol	21724	2561
Atenolol	76690	9599
Acebutolol	2142	99