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.