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.