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.