

**DRUG UTILIZATION REVIEW (DUR) MEETING MINUTES  
JUNE 6, 2005**

**Members Present**

Al Samuelson, Gary Betting, John Savageau, Pat Churchill, Carrie Sorenson, Scott Setzepfandt, Cheryl Huber, Bob Treitline, Leann Ness, Brendan Joyce

**Members Absent**

Jay Huber, Norman Byers

**HID Staff Present**

Steve Espy

Chair John Savageau called the meeting to order at 1:04pm. He then asked for a motion to approve the minutes from the April 11, 2005 meeting. Pat Churchill moved the minutes be approved. Carrie Sorenson seconded the motion. The chair called for a voice vote to approve the minutes, which passed with no audible dissent.

**Budget Update**

Brendan Joyce reported that the 2003-2005 biennium expenditures was projected at \$95,210,239, and the expected expenditures were projected at \$95,681,069. He further stated that the legislature has appropriated \$105,000,000 for the Medicaid agency for the 2005-2007 biennium—a 9.7% increase. Expenditures are projected at \$119,600,000. This projection takes into effect the decrease in federal matching funds. It is expected that Part D will result in no effect to minimal effect on the budget for the first 18 months of the program. After discussion, Al Samuelson asked that the budget figures be included in future DUR Packs.

**Review of Antihistamines and PPI Utilization**

Steve Espy provided board members with graphs depicting utilization of antihistamines and PPIs by date. These graphs indicated a decrease in utilization of these classes after the March 2004 PA implementation.

**Review of Effect of PPI PA on Total Medical Expenses**

Steve Espy provided the board with a list of GI diagnoses that were used in the review. The first graph indicated the total number of medical claims for recipients who had received at least one PPI drug per month. The next graph indicated the number of medical claims that included one of the GI diagnoses listed. This analysis revealed that total medical claims, as well as the medical claims for GI diagnoses, had not increased, but had actually decreased, since the implementation of PA for the PPI drug class. John Savageau requested that HID provide a similar report concerning COX II inhibitors. The report should indicate whether the addition of COX II inhibitors would decrease the number of GI diagnoses.

### **Review of Depression**

Steve Espy provided the board with the number of recipients who had a diagnosis of depression in 2004. This number was broken down by age in 10 year increments. Recipients who were considered dual eligible from 10/04-12/04 were not included. The next report indicated antidepressant drugs and the number of unique recipients taking each drug during 2004. Steve Espy explained that, per the board's earlier request, he had also provided a list of recipients, drug prescribed, and length of therapy. He made this list available on his computer for board members to review at the end of the meeting.

Brendan discussed legislative bill 1470 prohibiting the limitation of any mental health drug. He pointed out that 325 drugs account for 90 percent of drug expenditures, and that 47 percent were antipsychotic drugs. He went on to say that 63 percent of the drugs are exempt from prior authorization. Brendan challenged the board to find ways to influence prescribers to prescribe drugs that do not require a PA, or are generic. After discussion, John Savageau recommended the Medicaid agency send educational letters explaining the cost effectiveness of prescribing generics to providers who are prescribing brand name mental health drugs when generics are available—particularly Paxil CR. Al Samuelson suggested using newsletters to educate the providers, as well. He also recommended that providers be informed of the number of dollars their prescribing is costing the state, and the resulting savings if they switched to generics.

There was also much discussion of the overuse of once daily ADD agents. John Savageau asked that HID provide the board with information regarding the incidence of multiple dosing, or daily consumption of the ADD agents.

### **Antihistamine Form**

A revised antihistamine form was provided in response to the board's previous request that it indicate relevant cost of the antihistamine. Scott Setzepfandt requested that the revision date be included on the form.

### **DUR Board Changes**

Brendan Joyce reviewed the changes to the Board as required by the legislative bill 1470. The changes include:

- The ND Medical Association shall appoint 4 doctors to the board
- The ND Pharmacy Association shall appoint 4 pharmacists to the board
- The Medicaid agency shall appoint 2 members at large
- The Governor shall appoint one consumer member

These changes are effective July 1, 2005.

Brendan thanked each member present for their continued attendance, and noted that the department will be exploring ways to increase attendance. Available options include scheduling future meetings on a different day of the week, at a different time of day, or changing the number of meetings per year.

### **Emergency Item**

Brendan asked the board to approve the department obtaining a list of registered sex offenders and denying coverage to those listed for any of the three erectile dysfunction drugs. John Savageau moved, and Cheryl Huber seconded the motion, to approve the exclusion of sex offenders from coverage of erectile dysfunction drugs. The motion was approved with no audible dissent.

### **Medicare Modernization Act**

Steve provided the board with a list of the top 100 drugs, based on expenditures for the month of Jan 2005. This list included the total number of prescriptions and expenditures, the number of non-dual eligible recipients, expenditures, and percentage difference. The purpose of this report was to demonstrate to the board the change in utilization of these drugs after the implementation of the MMA. Brendan Joyce explained that the number of drug classes that the board may want to PA was decreased dramatically due to the change in utilization. He noted that sustained release opioids and statins were two classes the board might want to consider. After discussion, the board requested that HID provide the utilization of Oxycontin and Pallidone, as well as what other states may be doing with this class of drugs. The board also requested a summary of other states' initiatives for the class of statins drugs

### **Review of Zanaflex Capsules**

Steve Espy presented a summary of the difference between the Zanaflex tablets and Zanaflex capsules. He then recommended that the board suspend their procedures and vote to prior authorize the Zanaflex capsules. After much discussion, Bob Treitline moved and Pat Churchill seconded the motion to prior authorize Zanaflex capsules. The motion was approved by voice vote of the board. John Savageau asked Steve Espy to include a review of the procedures as an agenda item for the next meeting. Cheryl Huber moved that the board rescind the PA for Zanaflex until the procedures could be reviewed. Al Samuelson seconded the motion. The motion failed by voice vote.

### **Public Comment**

Questions were raised regarding whether the review of statins would be a clinical review, and whether pharmaceutical companies should be prepared to provide information. The answer provided was that this was going to be a review of what other states are doing with statins. Another question raised regarded clarification of the Oxycontin report. The answer provided was that this report will not be a clinical review but a review of utilization and what other states are doing with the drug.

The next meeting will be August 8, 2005. The agenda will include:

- Review of incidence of GI bleed with the addition of COX II inhibitors
- Review of daily consumption of ADD drugs
- Review of utilization of Oxycontin and Pallidone, as well as summary of what other states are doing with these drugs.
- Review of the procedures of the DUR Board

- Review of Zanaflex
- Summary of what other states are doing with statins

Cheryl Huber moved to adjourn, and Bob Treitline seconded the motion. The motion carried by voice vote.