Drug Utilization Review (DUR) Meeting Minutes
August 7th, 2006

Members Present: Albert Samuelson, Greg Pfister, John Savageau, Patricia Churchill, Cheryl Huber, Leann Ness, Norman Byers, Scott Setzepfandt, and Bob Treitline.

Medicaid Pharmacy Department: Brendan Joyce

HID Staff Present: Candace Rieth

Members Absent: Carrie Sorenson, Todd Twogood

Acting chair, Bob Treitline, called the meeting to order at 1:05pm. He asked for a motion to approve the minutes from the May 1st, 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 there was no updated budget information, at this time.

Review Abilify Mailing
C. Rieth reviewed the Abilify mailing that went out in March, 2006. Abilify claims totaled approximately 713,000 dollars in 2005. This was an informational mailing to physicians including initiatives that could be taken to promote cost-effective use of Abilify. Options included optimal dosing, tablet splitting and limited multiple strength prescriptions.

Review of Boniva Injectable
C. Rieth began a review of Boniva injectable. Since the injectable dosage form is given in a physician's office, pharmacy claims will not reflect usage. Scott Setzepfandt, representing Roche, recused himself from the Board discussion. There is concern that Boniva injectable will be used first line, based on feedback from 2 clinics in the area that have been detailed on this product. Appropriate utilization of the injectable dosage form includes patients intolerant to oral bisphosphonates, those with significant pill burden, those who are non-adherent with an oral bisphosphonate, those who have difficulty swallowing and those who do not want to fast prior to taking a bisphosphonate. By placing Boniva injectable on prior authorization, the Department will be able to monitor and assure appropriate utilization. There was public comment by Bryan Yeager, representing Roche. He reviewed Boniva related prescribing information with the Board. A motion was made by B. Treitline to place Boniva injectable on prior authorization. G. Pfister seconded the motion. This topic will be brought up again at the next Board meeting for finalization.

Review of Nasal Steroids
C. Rieth reviewed nasal steroid utilization data. Fluticasone, generic Flonase, became available in March, 2006. Typically, prices for generics are greater for several months after the drug is launched. This is the case with Fluticasone. In the first 4 months that Fluticasone was on the market, the Department paid almost twice as much for the generic version compared to the name brand product. The Department would like the authority to prior authorize generic versions when they are much more expensive than the brand alternatives. It was also noted that Rhinocort Aqua was twice as expensive as the other choices in the nasal steroid class. There was public comment by Loren Grad, representing Astra Zeneca. He stated that a box of Rhinocort Aqua should last 2 months instead of 1 month; therefore the price difference should not be a factor. He suggested

limiting 1 box for a 2 month supply. This can be handled through quantity limits, eliminating the need for a prior authorization on Rhinocort Aqua, at this time. The Board began discussion regarding generic versions of medications and allowing the Department to prior authorize these products based on net cost. B. Joyce stated that a new form could be developed that would be specific for pharmacy, taking the burden of this authorization away from physicians, since it is a pharmacy issue. B. Treitline also suggested an attachment letter be developed for pharmacies, explaining the purpose of this decision. C. Huber made a motion to allow the Department to prior authorize generic medications as needed, based on net cost. G. Pfister seconded the motion. This topic will be discussed at the next Board meeting for finalization.

Provigil Mailing
C. Rieth reviewed utilization data of Provigil. A letter was developed for physicians that will cover the issue of increased utilization over the last several years of this medication. Each physician will receive a list of patients taking this medication along with a survey form to return to the Department. The Board suggested several changes to the letter, but authorized the mailing after changes are made.

Review of Zymar and Vigamox
C. Rieth reviewed utilization data of Vigamox and Zymar. A suggestion was made to prior authorize these two medications considering the availability of less expensive, therapeutic alternatives. C. Huber asked for a broader fluoroquinolone ophthalmic review. N. Byers made a motion to prior authorize Vigamox and Zymar. P. Churchill seconded the motion. This topic will be discussed at the next Board meeting for finalization.

Review of Recommended Criteria:
B. Joyce advised the board that 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 RDUR cycles. P. Churchill moved to approve the new criteria and B. Treitline seconded the motion. The motion was approved by voice vote with no audible dissent

The next DUR board meeting will be November 13th, 2006. C. Huber made a motion to adjourn the meeting in to executive session to discuss patient specific health information. P. Churchill seconded. Chair J. Savageau adjourned the meeting at 2:45 pm.