Drug Utilization Review (DUR) Meeting Minutes
November 13th, 2006

Members Present: Greg Pfister, John Savageau, Patricia Churchill, Norman Byers, Scott Setzepfandt, Bob Treitline, Carrie Sorenson, Todd Twogood and Carlotta McCleary.

Medicaid Pharmacy Department: Brendan Joyce

HID Staff Present: Candace Rieth

Members Absent: Albert Samuelson, Cheryl Huber, and Leann Ness.

Chairman J. Savageau called the meeting to order at 1:00pm. He asked for a motion to approve the minutes from the August 7th, 2006 meeting. P. Churchill moved that the minutes be approved and N. Byers 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 number of people on Medicaid has dropped from 52,573 in March down to 49,202. The number of recipients receiving prescriptions hasn't dropped, from earlier this year. At this time, the Department is spending less on pharmacy services than originally expected.

Introduction of New Board Member
Carlotta McCleary is the public representative appointed to the DUR Board by the Governor. Carlotta introduced herself to the other Board members in attendance. She is the Executive Director of The Federation of Families.

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. By placing Boniva injectable on prior authorization, the Department will be able to monitor and assure appropriate utilization. There was public comment by Scott Setzepfandt, representing Roche. He stated that the concerns the Board originally voiced have not materialized. Use in North Dakota of Boniva injectable is minimal to none. S. Setzepfandt made the statement that cost shifting will occur if Boniva injectable receives PA status and the alternate products do not. He also stated that the alternate agents are more expensive. A motion was made by T. Twogood to table the discussion of Boniva injectable. G. Pfister seconded the motion. The motion was approved by voice vote with no audible dissent

Review of Generic PA
At the August Board meeting, a motion was made to allow the Department to prior authorize generic medications based on net cost. The Board began discussion regarding generic versions of medications and allowing the Department to prior authorize these products. C. Rieth stated that a new form was developed that would be specific for pharmacy, taking the burden of this authorization away from physicians, since it is a pharmacy issue. Also, an attachment letter was developed for pharmacies, explaining the purpose of this decision. B. Treitline asked about the copay difference if the patient receives a name brand product as opposed to a generic product. B. Joyce said that a new rule would need to be developed by the Department that would allow

patients to receive mandatory branded products at a generic copay. There was no public comment. A motion and second was made at the August meeting to allow the Department to prior authorize generic medications as needed, based on net cost. A voice vote was taken with no audible dissent. Motion passed.

Review of Vigamox and Zymar

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. N. Byers stated that these medications should be reserved for corneal ulcers and pre/post cataract surgery. The Board suggested that the criteria for coverage would include corneal ulcer, deep penetrating wound to the eye, and pre/post cataract surgery. An age edit will be placed on these medications that will allow patients over the age of 40 to receive Vigamox and Zymar without a prior authorization. There was public comment by Mike Jensen, Clinical Associate Professor at the University of Utah. He spoke against the Board implementing a prior authorization of Vigamox and Zymar. A motion and second was made at the August meeting to place Vigamox and Zymar on prior authorization. This motion was amended to include the new criteria and age edit. A voice vote was taken with no audible dissent. Motion passed.

Review of Oracea and Solodyn

C. Rieth reviewed Oracea and Solodyn. These are two new extended release formulations of tetracyclines that were approved by the FDA in May 2006. At this time, there is no evidence that Oracea and Solodyn are superior to their generic counterparts for treating acne or rosacea. There was no public comment. A motion was made by T. Twogood to place Oracea and Solodyn on prior authorization. P. Churchill seconded the motion. This topic will be brought up again at the next board meeting for finalization.

Review of Exubera

B. Joyce reviewed Exubera. Exubera is an inhaled short acting recombinant regular insulin product indicated for the treatment of diabetes mellitus in adults. The Department would like to prior authorize Exubera to ensure appropriate utilization. Rick Melby, representing Pfizer, spoke against the Board implementing a prior authorization on Exubera. No motion was made by the Board.

Review of Oxycontin

Since Oxycontin became available generically, the number of patients, tablets and scripts each has decreased. Recent court rulings will remove the generic product from the market. The Department would like to implement a prior authorization status for Oxycontin to ensure appropriate utilization and avoid questionable brand utilization increases. The Board suggested pain contract, chronic pain indication and step therapy be included as criteria for coverage of Oxycontin. A motion was made to prior authorize Oxycontin by G. Pfister. N. Byers 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 J. Savageau seconded the motion. The motion was approved by voice vote with no audible dissent. The next DUR board meeting will be December 11th, 2006. B. Treitline made a motion to adjourn the meeting. P. Churchill seconded. Chair J. Savageau adjourned the meeting at 2:45 pm.