



STATE MEDICAID DUR BOARD MEETING
THURSDAY, February 10, 2006
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present:

Lowry Bushnell, M.D.
Derek G. Christensen, R.Ph.
Dominic DeRose, R.Ph.
Bradford D. Hare, M.D.
Jeff Jones, R.Ph.

Wilhelm T. Lehmann, M.D.
Joseph K. Miner, M.D.
Bradley Pace, PA-C
Colin B. VanOrman, M.D.

Board Members Excused:

Charles M. Arena, M.D.

Karen Gunning, Pharm D.

Dept. of Health/Div. of Health Care Financing Staff Present:

RaeDell Ashley
Merelynn Berrett
Duane Parke

Suzanne Allgaier
Tim Morley

Other Individuals Present:

Jeff A. Buel, J & J
Raul Harris-Collazo, Elan
Mack Giff, MMHU
Rich Heddens, MedImmune
Stephanie Kendall, Janssen
Jane Beatty
Pierre Thoumsin, Amgen
Alan Bailey, Pfizer

Craig Boody, Lilly
Shawn Prince, Elan
Lissa Olsen, MHAU
Sharon H. Kern, GSK
Elizabeth Stoltz, Janssen
Tarsa Keane, Purdue
Cap Ferry LEC
Barbara Boner, Novartis

Meeting conducted by: Derek Christensen

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1. Minutes for January 2005 were reviewed and approved.
 2. Lowry Bushnell, M.D. was elected DUR Board Chairman for 2005 by unanimous acclaim.
 3. Duane presented the annual report. He noted that increased enrollment accounted for the single biggest cost to the program, ahead of inflation and new drugs. The average price of a generic prescription decreased 10.5% to \$20.30, while the average price of a name brand prescription increased 12.4% to \$102.91. There was 3.2 million claims last fiscal

year. Atypical antipsychotics continue to be the most cost drug class at over \$24 million. The agreement with Comprehensive NeuroScience (CNS) to perform RETRODUR on mental health drugs including the atypical antipsychotics is going well. The PEER review part of that process is handled by psychiatrists from the community. There is some change in prescribing patterns being seen, indicating success with that program. The College of Pharmacy's Drug Regimen Review Center (DRRC) has booked over \$3 million savings with their RETRODUR program. RaeDell noted that the number of prescriptions per month per patient continues to inch up.

4. Brad discussed Palladone based on cost. He noted that Palladone is significantly more expensive than other long acting opioids and has no clear advantage over the others. Efficacy probably is not the best way to measure Palladone vs other opioids; side effects would be a better approach. He recommends that Palladone be available only if there is a failure on other opioids regardless of whether the patient has cancer, or chronic non-malignant pain. Methadone must have been one of three of the long acting narcotics tried before Palladone. The trial on other narcotics should be based on failure due to side effects rather than failure of efficacy. The DUR Board requested that Brad present the cost comparisons next month and a step therapy type prior approval be presented. RaeDell noted that getting a month's supply of a select long acting narcotics and then changing to another long acting narcotic three days later is a costly problem.
5. Duane discussed Trizivir. The national HIV/AIDS medical community simply requested that each of the three components be tried separately before Trizivir prescribing. Medicaid has 236 HIV positive clients with only 7 of that number on Trizivir. Of those 7 clients, only one client had a history of trying each of the three components. It was noted the Dr. Christen Rees' clinic sees probably 90% of the HIV positive clients. The DUR Board requested that Dr. Rees be contacted and asked if she and her partner favor a prior approval.
6. Tim discussed Combinox, a combination of 5mg hydrocodone and 400mg of ibuprofen. The components are readily available separately. He noted that the issue is cost. Combinox is \$ 1.28 per tablet with a recommended dosage of no more than 4 tablets/24 hours for 7 days. That works out to \$35.84 for Combinox vs. \$9.80 for the components. Tim recommended that Combinox be placed on prior approval with criteria being: Component drugs are not available. Coverage would be limited to a 7 day regimen with no more than 28 tablets. The DUR Board moved to place Combinox on prior approval. (*Amber sheet article*)

Next meeting set for March 10, 2005
Meeting adjourned.

The DUR Board Prior Approval Subcommittee convened and considered 15 petitions.

