

**Testimony before the Human Services Committee
Representative Jeff Delzer, Chairman
November 6, 2007**

Chairman Delzer, members of the committee, I am Dr. Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services, providing testimony regarding the directives of 2007 HB No. 1422.

The 2007 Legislature, through House Bill No. 1422, asked the Drug Use Review (DUR) Board to review the utilization, cost, and effectiveness of the drugs identified in subsection 3 of section 50-24.6-04 and make recommendations for managing the utilization of the identified drugs or any other drugs for the conditions identified in that subsection.

The classes of medications to be reviewed are oncology, HIV/AIDS, Attention Deficit / Hyperactivity Disorder (ADHD), Anti-depressants, Anti-psychotics, and Mood Stabilizers. The following table shows the percentage of total drug spend for these medications (June 2007 data).

Drug Class	Amount Spent	% of Total Drug Spend
Antipsychotics	\$319,036	16.00%
Mood Stabilizers	\$250,525	12.57%
Antidepressants	\$160,376	8.04%
ADHD	\$159,629	8.01%
Oncology	\$29,986	1.50%
HIV/AIDS	\$7,012	0.35%
Total Drug Spend	\$1,993,535	

The first four classes are the top four classes of medications paid by ND Medicaid. Please review Attachment 1 to see how quickly the spend drops off after these drug classes.

The first class reviewed this interim by the DUR Board was the HIV/AIDS class. The DUR Board asked the Department to discuss the topic with an Infectious Disease expert to obtain their opinion and bring it back to the Board. A Bismarck Infectious Disease specialist was consulted and his recommendations were brought back to the DUR Board. He stated that ND already has a formulary through the Ryan White / AIDS Drug Assistance Program (ADAP) and his review of Medicaid data showed him that this formulary is followed very well by the few physicians that prescribe HIV/AIDS medications for Medicaid. He stated that ND Medicaid shouldn't prior authorize any HIV/AIDS medication, but he did not feel that a law should exist to prohibit action in the future – specifically if a physician started prescribing outside of the ADAP formulary, Medicaid and other infectious disease physicians should have a mechanism available to ensure proper prescribing. The DUR Board concurred with the Infection Disease specialist's opinions.

The second medication class reviewed was Oncology. The DUR Board asked the Department to consult with an oncologist. A Minot oncologist was consulted in October and his recommendations will be brought to the DUR Board in December.

ADHD medications were reviewed during the past two meetings and the DUR Board recommended the following:

- a) Remove the exemption for this class.

- b) Prior authorize Vyvanse – require use of Adderall XR before Vyvanse.
- c) Prior authorize Daytrana – require the use of any other product before Daytrana.

Antidepressants were reviewed at the most recent DUR Board meeting and this review will continue at the next meeting. Antipsychotics will also be reviewed at the upcoming DUR Board meeting, and we expect that review to continue for multiple meetings like the other classes. Mood stabilizers will be the last ones reviewed. All reviews should be completed by the end of Summer 2008.

I would be happy to answer any questions.