

**South Dakota Department of Social Services, Division of Medicaid Services
Pharmacy & Therapeutics (P&T) Committee Meeting Minutes**

Friday, December 1, 2017

1:00 – 3:00 pm CT

Members and DSS Staff

Michelle Baack, MD		Kelley Oehlke, PharmD	X
Dana Darger, RPh		Lenny Petrik, PharmD	X
James Engelbrecht, MD	X	Timothy Soundy, MD	
Mikal Holland, MD	X	Mike Jockheck, DSS Staff	X
Richard Holm, MD	X	Sarah Akers, DSS Staff	X
Bill Ladwig, RPh, Chair	X	Bill Snyder, DSS Staff	X

Administrative Business

The meeting was called to order by Ladwig at 1:04 PM. The minutes of the September meeting were presented. Holm made a motion to approve. Oehlke seconded the motion. Motion was approved unanimously.

Prior Authorization Update (PA) and Statistics

The committee reviewed the PA activity report for October 2017. There were a total of 2,954 PAs processed in the month of October, with 99.97% of those requests responded to in less than eight hours. There were 2265 requests (77%) received electronically and 689 requests (23%) received via fax.

Analysis of the Top 15 Therapeutic Classes and Drug Spend

The committee reviewed the top 15 therapeutic classes by total cost of claims from 7/1/2017 to 9/30/2017. The top five classes were antipsychotic agents, insulins, respiratory and CNS stimulants, amphetamines, and anticonvulsants. The top 15 therapeutic classes make up 26.70% of total claims. The committee also reviewed the top 50 drugs based on total claims cost and number of claims. The top 50 drugs by claims cost make up 10.93% of total claims. Antidepressants dropped from the top 15 therapeutic classes by total cost of claims this quarter. Holland inquired about the total quarterly spend; Ladwig inquired about the total annual spend.

Treatment Options for Opioid Abuse

Tiffany Wolfgang from the Division of Behavioral Health, Department of Social Services provided an overview of *South Dakota’s State Targeted Response to the Opioid Crisis* project and *Opioid Misuse in South Dakota Summary–2017 Needs Assessment Findings*. *South Dakota’s State Targeted Response to the Opioid Crisis* project assesses the impact of the opioid epidemic in South Dakota and provide coordinated efforts in the areas of education, prevention, treatment and recovery. The project time period is from May 2017 to April 2019. Wolfgang also reviewed South Dakota’s Substance Use Disorder Services which provides services throughout communities within the state. The agency location in each area can found at the following websites:

SAMHSA Treatment Locator – <https://findtreatment.samhsa.gov>

DSS – <http://dss.sd.gov/behavioralhealth/agencycounty.aspx>

In addition, Wolfgang highlighted South Dakota Community Mental Health Centers available to both adults and youth. There are 11 community centers available throughout the state. Services include screenings and assessments, case management, individual therapy, group therapy, and crisis

intervention. Individuals who qualify may be eligible for state funded services. Wolfgang also stressed the importance of education and training of naloxone, safe use and disposal of opioids, increase use of PDMP, and prevention/education as key strategies.

Opioid Utilization and Strategies for Management & Opioid Naïve Limit

Committee reviewed the opioid utilization summary of recipients utilizing greater than 300 MED. Holland recommended sending letters to the top prescribers to notify them of all the treatment centers available in the South Dakota community; and to remind providers of prescribing over the acceptable standard. Engelbrecht broached the concept of peer-to-peer reviews. He indicated that private insurance invests a great deal of time providing peer-to-peer communication. The peer-to-peer would open discussions and intercept these high utilization. The committee strongly recommended peer-to-peer calls. Other discussion ensued on the topics of lock-in, opioid naïve limits, decreasing high utilizers down to a lower MED limit, tightening the early refill threshold from 75% to 85%, and limiting the number of short and long acting opioids for recipients.

There are approximately 120,000 Medicaid recipients, of which roughly 100 recipients have high utilization. Although this is not at the national epidemic level, South Dakota Medicaid wants to proactively manage opioid utilization. Committee recommended capping the MED at 300. Utilization over 300 MED would require PA; diagnosis of terminal illness would be exempt. The MED would be decreased by 50 MED intervals and a new PA limit is set at the new lowered limit until the goal of 100 MED is reached. Then PA would be required for recipients receiving over 100 MED. This would provide prescribers and their patients time to formulate a taper schedule. Advance provider notifications to be communicated mid to early 2018.

Ladwig motioned to change the refill threshold from 75% to 85%. Holm seconded the motion. The motion was approved unanimously.

Committee also discussed initiating limits for opioids naïve patients as those patients without an opioid prescription in the past 60 days. Ladwig stressed that a 7 day supply is sufficient. System capabilities to be determined.

Holm inquired about limiting recipients to one long and one short acting opioids; anything over this limit would require PA. For example, multiple strengths of Fentanyl would be allowed, but not Fentanyl and Oxycontin dispensed together. System capabilities to be determined before implementing this PA.

The P&T committee recommended the following opioid utilization initiatives:

1. Peer-to-peer communications
2. MED monitoring for utilizers over 300 MED and subsequent tapering schedule
3. Initiate opioid naïve limit – identified as no opioids in the 60 days; allow 7 day supply and 60 MED limit
4. PA on utilization with more than one long acting and one shorting acting opioids
5. Tighten opioid refill threshold from 75% to 85% (add 3 days)

State will present to the committee on the initiatives the State is able to accomplish. Committee also requested an opioid report at subsequent meeting. Oehlke recommended supplying a standard checklist and resources available for peers (naloxone availability, urine drug screening, checking PDMP, resources, compassionate care, etc). Holm made a motion for the State to move towards these initiatives. Oehlke seconded the motion. The motion was approved unanimously.

Duzallo Review

Duzallo clinical information was presented for review. The committee recommended a PA on both Duzallo and Zurampic; with a trial of allopurinol first. Both drugs will be brought back to the next meeting for further review. Cost and utilization needed were requested.

Xhance Review

Xhance clinical information was presented for review. The committee recommended adding Xhance to the nasal steroid step therapy. Holm motioned adding Xhance to PA using generics first. Oehlke seconded the motion. The motion was approved unanimously.

Next meeting is scheduled for 3/16/2018. Meeting dates of 6/8/2018 and 9/7/2018 were also scheduled. Holm made a motion to adjourn. Oehlke seconded. The meeting adjourned at 2:22 PM.