

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

Friday, March 4, 2022

1:00 – 3:00 pm CT

## Members and DSS Staff

Michelle Baack, MD	X	Heather Preuss, MD	X
Dana Darger, RPh, Chair	X	Matthew Stanley, DO	X
Mikel Holland, MD		Deidre Van Gilder, PharmD	X
Bill Ladwig, RPh	X	Mike Jockheck, DSS Staff	X
Kelley Oehlke, PharmD	X	Matthew Ballard, DSS Staff	X
Lenny Petrik, PharmD	X	Sarah Aker, DSS Staff	

## Administrative Business

Darger called the meeting to order at 1:03 pm. The minutes of the December meeting were presented. Baack made a motion to approve. Petrik seconded the motion. The motion was unanimously approved via roll call vote.

## Prior Authorization Update (PA) and Statistics

The committee reviewed the PA activity report from October 1, 2021, to December 31, 2021. A total of 1,631 PAs were reviewed of which 133 requests (8.2%) were received via telephone and 899 requests (55.1%) were received via fax, and 599 (36.7%) were reviewed via electronically. There was a 4.73% decrease of PAs received compared to the previous quarter.

## Analysis of the Top 15 Therapeutic Classes and Drug Spend

The committee reviewed the top 15 therapeutic classes by total cost of claims from October 1, 2021, to December 31, 2021. The top five therapeutic classes based on paid amount were atypical antipsychotics, disease-modifying anti-rheumatic agents, cystic fibrosis correctors, skin and mucous membrane agents, and amphetamines. These top 15 therapeutic classes make up 25.2 % of total claims. The committee also reviewed the top 50 drugs based on amount paid and number of claims. The top 50 drugs by amount paid make up 9.20 % of total claims. Of note, vitamin D made its 4<sup>th</sup> quarter debut on the top 50 drugs by number of claims.

Ladwig inquired about focusing on strategies for biosimilars for future meetings.

## Old Business

### Antineoplastic oral drugs

Committee reviewed an in-depth analysis of utilization of antineoplastic oral drugs. Petrik provided the difficulties of split billing the oral anticancer medications. Darger inquired if there was any public comment. There were none.

### Anticonvulsants

Committee reviewed utilization of brand name anticonvulsants. Darger commented that there is potentially excessive brand utilization. Darger inquired which drugs constituted as being narrow therapeutics index (NTI) drugs and if there was an official NTI drug list. Jockheck asked if the concern is for

the entire list of NTIs, not just the anticonvulsant. Darger and Baack requested to review the entire list of NTIs for the next meeting, including utilization. Stanley commented on the anticonvulsant utilization concerning the therapeutic window for brand utilization if not using for seizure disorder. The issue of authorized generics was also discussed which both pharmacists and physicians should be onboard. Darger inquired if there was any public comment. There were none.

### **Opioid update**

The committee reviewed 4Q2021 opioid outcomes compared to previous quarters from the opioid initiatives. There was a slight decrease in opioid utilization and opioid utilizers during fourth quarter even with an increase in total eligible members.

### **New Business**

#### **Urinary antispasmodics PA review**

Committee reviewed the PA approval rate and utilization for urinary antispasmodics. Committee discussed removing generic products from genitourinary smooth muscle relaxant step therapy. Baack made a motion to remove tolterodine tab, tolterodine cap ER, trospium tab, trospium cap ER, and solifenacin tab. Ladwig seconded the motion. The motion was unanimously approved via roll call vote. Darger inquired if there was any public comment. There were none.

#### **Musculoskeletal therapy agents PA review**

Committee reviewed the PA approval rate for musculoskeletal agents. All the PA reviews for cyclobenzaprine and methocarbamol were for exceeding the quantity limit. There were 2 PAs approved for quantity of 6 per day for cyclobenzaprine tablets. Van Gilder requested to review these.

#### **Opioid and muscle relaxant combination**

Committee reviewed an in-depth analysis of members taking opioids and muscle relaxants at the same time; the demographics, number of different drugs, and number of pharmacies and physicians. Baack provided insight on the appropriate use of muscle relaxants for members coming off opioids instead of benzodiazepines. Preuss provided professional experience on patients who have been taking significant amounts of opiates and benzodiazepines for years. The current trend of inappropriate use entails members taking stimulants and opioids. After much discussion, committee requested to review members taking opioids and benzodiazepines taking over 90 MME. Darger inquired if there was any public comment. There were none.

#### **Sedative Hypnotics**

Committee reviewed utilization of sedative hypnotics especially the increase in utilization of the dual orexin receptor agonist (DORAs). Darger requested to review potential PA criteria for DORAs at the next meeting. Van Gilder commented on the possibility of adding step therapy to these drugs. Both Darger and Ladwig inquired about the approvals of brand Ambien and Ambien CR. Van Gilder requested additional information regarding pediatric use with concomitant stimulant therapy. These findings will be brought back to the next meeting. After discussing zolpidem CR that is still on step therapy, Ladwig made a motion to move zolpidem CR off step therapy (PA). Van Gilder seconded the motion. The motion was unanimously approved via roll call vote. Darger inquired if there was any public comment. There were none.

**Vuity and pilocarpine drops**

Committee reviewed utilization for Vuity and pilocarpine drugs. Darger inquired if there was any public comment. Nathan Blake from Abbvie commented he was available for questions. Ladwig suggested bringing utilization back to the next meeting when the Committee could more clearly see utilization.

**Opzelura**

Opzelura clinical information was presented for review. Committee reviewed the proposed PA criteria. Darger inquired if there was any public comment. There were none. Baack made a motion to add PA to Opzelura. Ladwig seconded the motion. The motion was unanimously approved via roll call vote.

Jockheck provided an update on Hepatitis C criteria and stated Medicaid is removing the specialist requirement effective April 1, 2022.

**Adjournment**

The next meeting is scheduled on June 10, 2022. The September and December meetings are tentatively scheduled for September 23<sup>rd</sup> and December 2<sup>nd</sup>. The Committee made a motion to adjourn the meeting, and everyone seconded the motion. The motion passed unanimously, and the meeting adjourned at 3:01 pm.