

**Minutes of the March 12, 2010
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division**

Members present

Dana Darger, R.Ph.; Bill Ladwig, R.Ph.; Dennis Hedge, PharmD.; Rick Holm, M.D.; Debra Farver, PharmD.; Verdayne Brandenburg, M.D.; Timothy Soundy, M.D.

Members absent

Willis Sutliff, M.D.; James Engelbrecht, M.D.; Galen Goeden, R.Ph.

DSS staff present

Mike Jockheck, RPh; Larry Iversen, Director of Medical Services

HID staff present

Candace Rieth, Pharm.D.

Administrative Business

The P&T meeting was called to order by D. Darger at approximately 1:02pm. The minutes of the December 11, 2009 meeting were presented. D. Farver made a motion to approve. B. Ladwig seconded the motion. The motion was approved unanimously.

Prior Authorization Statistics

C. Rieth presented an overview of the prior authorization (PA) activity for December 2009. There were a total of 2,294 PAs processed in the month of December, with 99.78% of those requests responded to in less than 8 hours. There were 1,583 (89%) requests received electronically and 195 (11%) requests received by fax. In response to a request from the committee, C. Rieth presented the number of approvals and denials, by form type, for the faxed (manual) PA requests.

Analysis of the Top 15 Therapeutic Classes

C. Rieth reviewed the Top 15 Therapeutic Classes by total cost of claims from 10/01/2009 – 12/22/2009. The top five classes were antipsychotics, cerebral stimulants, amphetamines, beta-adrenergic agonists, and antidepressants. The top 15 therapeutic classes make up 42.90% of total claims.

Antipsychotic Review

C. Rieth reviewed antipsychotic utilization with the P&T committee. At the December meeting, a motion was made to implement a prior authorization on antipsychotics and a request was made that a form and criteria be developed for the committee to review at the next meeting. P. Arends, representing NAMI, spoke against implementation of a prior authorization on antipsychotics. M. Boarne, representing Merck, discussed prescribing information for Saphris. M. McGuire, representing BMS, discussed prescribing information for Abilify. J. Stoffel, representing OMJ, discussed prescribing information for Risperdal Consta and Invega Sustenna. S. Cleft, volunteer with NAMI, spoke about life experiences related to disorders that are treated with antipsychotics. C. Taylor, representing NAMI, spoke about life experiences related to disorders that are treated with antipsychotics. J. Brokars, representing Lilly, discussed prescribing information for Relprevv. Each committee member spoke and gave their credentials as well as the reason they each serve on the SD Medicaid P&T Committee.

Discussion ensued regarding the prior authorization of the antipsychotics. Committee members would prefer that psychiatrists were exempt from the prior authorization process, but there is currently an issue with programming that would prevent this from happening. Concerns were also raised about patients getting their

medications without a lapse in therapy because of the prior authorization. M. Jockheck informed committee members and the public that the current prior authorization system makes decisions within 8 hours, 99% of the time and within 24 hours, 100% of the time; therefore quick turnaround of the prior authorization should not be a problem. He also mentioned that the state allows for a 5 day emergency fill option that will address this concern. Committee members are also concerned about polypharmacy with the antipsychotics. The overall consensus was that polypharmacy is a separate issue that can be addressed at a later date or through the RDUR process. The committee requested that education, through the pharmacy association, providers, and mental health facilities, take place prior to implementation of the prior authorization. R. Holm made a motion to approve the prior authorization form with one amendment; include an additional check box that states 'currently being discharged from an inpatient mental health facility'. V. Brandenburg seconded the motion. The motion was approved unanimously.

Antidepressant Review

C. Rieth reviewed antidepressant utilization with the P&T committee. At the December meeting, a motion was made to implement a prior authorization on antidepressants and a request was made that a form and criteria be developed for the committee to review at the next meeting. The committee reviewed the proposal. P. Arends, representing NAMI, spoke against implementation of a prior authorization on antidepressants. S. Schneider, a practicing physician in South Dakota spoke against implementation of a prior authorization on antidepressants. J. Brokars, representing Lilly, discussed prescribing information for Cymbalta.

The committee discussed duloxetine and the ability of providers to use it for fibromyalgia and neuropathic pain. This problem will be resolved through the electronic PA process by building specific diagnosis codes into the system. B. Ladwig made a motion to approve the form with two changes. The first change states one failed trial for recipients under the age of 18 and two failed trials for those 18 and above. The second change states escitalopram will not require a prior authorization for recipients under the age of 18. R. Holm seconded the motion. The motion was approved unanimously.

The next meeting date is June 11, 2010. The location should remain the same. A motion was made by D. Farver at 3:30pm to adjourn the SD Medicaid P&T meeting. B. Ladwig seconded. Motion passed unanimously and the meeting was adjourned.