

**Minutes of the February 29, 2008
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division**

Members present

Verdayne Brandenburg, M.D.; Dana Darger, R.Ph.; William Ladwig, R.Ph.; Dennis Hedge, PharmD.; Willis Sutliff, M.D.; James Engelbrecht, M.D.; Rick Holm, M.D.

Members absent

Galen Goeden, R.Ph.

DSS staff present

Jill Wellhouse; Larry Iversen

HID staff present

Christina Faulkner, PharmD.; Brenda Winslett

Administrative Business

The P&T meeting was called to order at approximately 12:30pm. Dana Darger, chairman, directed the meeting. The minutes of the December 7, 2007 meeting were presented. Dr. Brandenburg made a motion to approve as written, with a second by Dr. Holm. The motion was approved unanimously.

Prior Authorization Statistics

Ms. Faulkner presented an overview of the prior authorization (PA) activity for January 2008. There were a total of 1,669 PA's processed in the month of January, with 98.62% of those requests responded to in less than 8 hours. There were 1,487 (89%) requests received electronically, 182 (11%) received by fax, and 0 requests received by mail or phone. Overall, there was a 14% approval rating for the month of January. Mr. Ladwig asked for the number of approvals and denials for the faxed requests, as those requests are reviewed manually by the call center. Ms. Faulkner will bring that information to the next P&T meeting.

As requested in the December meeting, Ms. Faulkner presented a breakdown of those drugs included in the Dispense as Written (DAW) PA category. The DAW edit has been set to stop any request that is being billed with a DAW 1. Occasionally, the edit stops drugs that don't have a generic available or a claim where a generic drug is already being used. Out of 340 total requests, there were 37 requests for drugs that had generics available. Of those, there were 6 approvals and 31 denials.

Analysis of the Top 15 Therapeutic Categories

Ms. Faulkner reviewed the Top 15 Therapeutic Categories by total cost of claims from 07/01/2007-09/30/2007. The top five classes were antipsychotics, anticonvulsants, ADHD agents, antidepressants, and selective beta-2-adrenergic agonists. In response to a request from the P & T committee at the last meeting, Ms. Faulkner reviewed the drugs included in the antipsychotics/miscellaneous and the fourth generation cephalosporin categories. That information was presented on pages 14-25 of the P & T meeting manual. Ms. Faulkner explained that due to the way the computer pulls the names for this report, not all of the drugs included in the antipsychotic agents were considered to be 'miscellaneous' agents and that not all of the drugs in the cephalosporin class were fourth generation agents. This is being worked on by the HID information systems team and will be changed by the next meeting.

The committee requested that Ms. Faulkner further analyze those drugs included in the cephalosporin class, dividing them into oral agents and intravenous agents, by cost, by number of prescriptions, and by generation. That information will be presented at the next meeting.

The committee also requested more information on the antipsychotic, anticonvulsant, and antidepressant agents. They would like Ms. Faulkner to break these out by individual drugs and then further by cost, by number of prescriptions, and by the age of the patient. For the antipsychotic agents, they would like a comparison of atypicals versus traditional agents. For anticonvulsants, they would like to review agents that are NOT being used for epilepsy or seizure disorder, and specifically look for patients using anticonvulsants for bipolar disorder and chronic pain disorder. For the antidepressants, they requested that these be broken down into the SSRI's, SNRI's, and bupropion. That information will be presented to the committee at the next P & T meeting.

The committee discussed the Wyoming Medicaid antidepressant step therapy initiative and asked Ms. Faulkner to bring additional information about how this could be applied to South Dakota Medicaid recipients.

The committee then discussed the addition of a psychiatrist to the board, as either a consultant, or an acting member. Dr. Brandenburg stated that he knew a psychiatrist he would like to invite to act as a consultant to the P&T Committee. Dr. Sutliff made a motion to move forward with recruiting a psychiatrist to help review and understand the mental health data presented to the committee. Dr. Holm seconded the motion and it passed unanimously.

In response to a previous request from the committee, Ms. Faulkner then presented information regarding the appropriate utilization of Singulair[®]. She reported a total of 3,816 prescriptions and \$376,070 paid by South Dakota Medicaid. From 12/01/06 to 11/30/07 a total of 3,895 unique recipients received prescriptions for Singulair[®]. Of the total number of recipients 3,410 were children 18 years of age and under. Of those 3,895 unique patients, 1,482 had a diagnosis of asthma; 1,025 had a diagnosis of allergic rhinitis; 457 had diagnoses of both asthma and allergic rhinitis; 1,845 had neither a

diagnosis of asthma nor allergic rhinitis; and 29 had a diagnosis of exercise-induced bronchospasm.

There was discussion about what diagnoses those patients that had neither asthma nor allergic rhinitis might have. The committee requested further information about those patients, and asked that reactive airway disease (RAD) and laryngeal trigger bronchitis (LTB) be reviewed. They also requested that Ms. Faulkner look at compliance on Singulair[®], and whether patients on Singulair[®] are using it as monotherapy or in conjunction with albuterol and/or corticosteroids.

Old Business/Growth Hormone

Ms. Faulkner presented proposed adult growth hormone criteria, the adult growth hormone PA request form, pediatric growth hormone criteria, and the pediatric growth hormone PA request form, all of which were reviewed and edited by Dr. Karmazin, a pediatric endocrinologist in Sioux Falls. Dr. Brandenburg made a motion to approve the criteria and forms as presented. Mr. Ladwig seconded the motion and it passed unanimously.

Utilization of Non-Benzodiazepine Sedative/Hypnotic Agents

During the December 2007 P&T Committee meeting, Ms. Faulkner reviewed the utilization of non-benzodiazepine sedative/hypnotic agents, to determine how the prior authorization requirement in place for Ambien CR[®] was affecting the other agents in that class. The committee requested a re-review of this topic with additional data. After reviewing the current data, the committee determined that the edit was having the desired effect and tabled the discussion.

Utilization of 2nd Generation Antihistamines

Ms. Faulkner reminded the committee that at the December meeting, a committee member posed the question as to whether Zyrtec OTC and/or cetirizine would be covered by South Dakota Medicaid. She clarified that at this time, Zyrtec OTC and cetirizine are not covered. Zyrtec Rx is covered with a prior authorization. Claritin OTC is covered without a prior authorization, while Claritin Rx requires a prior authorization. In both cases, it is requested that the patient try 14 days of loratadine. She presented utilization data on Claritin OTC, loratadine and Zyrtec Rx. There was no usage of Zyrtec OTC.

After discussion, the committee decided to cover cetirizine OTC without a prior authorization. Mr. Ladwig made a motion, Dr. Engelbrecht seconded, and the motion passed unanimously. Ms. Faulkner asked about an implementation date, and the committee decided that implementation should be as soon as possible. Dr. Holm made a motion to this effect, Mr. Ladwig seconded, and the motion passed unanimously.

Drug Class and Utilization Review – Intranasal Corticosteroids

Ms. Faulkner then presented the drug class and utilization review for the intranasal corticosteroids class. She began by stating that intranasal corticosteroids are one of the most effective medications used to treat allergic rhinitis. These agents produce direct

local anti-inflammatory effects with minimal systemic side effects when used within recommended dosing guidelines. She stated that the intranasal corticosteroids included in this review are Beconase[®], Rhinocort Aqua[®], Nasarel[®], Flonase[®], Veramyst[®], Nasonex[®] and Nasacort AQ[®]. She briefly reviewed the FDA approved indications for the intranasal corticosteroids. After reviewing and discussing the utilization data for these agents, the committee determined that the class would be tabled and reviewed at a later date.

New Business

After a brief discussion among the committee members, it was decided that pantoprazole would require a prior authorization. Dr. Engelbrecht made the motion, Dr. Holm seconded the motion, and it passed unanimously.

Mr. Darger reminded the committee and the audience about how to make donations to the Mark Petersen scholarship at SDSU.

Dr. Brandenburg gave an update on the South Dakota Medicaid Asthma Intervention Project. He asked that Ms. Faulkner review albuterol use by zip code, excluding patients with COPD. The committee also discussed funding issues (how to pay an asthma educator, for materials, and peak flow meters). Dr. Engelbrecht suggested that the core committee come up with a budget and meet to discuss at a later date.

After discussion, the next meeting date was set for May 2, 2008. Meeting was adjourned at 2:10pm.

Respectfully submitted,

Christina Faulkner, PharmD

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