Minutes of the February 10, 2006
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division

Members present
Verdayne Brandenburg, MD; Dennis Hedge, PharmD; Richard Holm, MD; William Ladwig, RPh; Galen Goeden, RPh; James Engelbrecht, MD; Dana Darger, RPh.

DSS staff present
Larry Iversen; Mark Petersen, RPh; Jill Wellhouse.

HID staff present
Christina Daniels, PharmD; Candace Rieth, PharmD.

Administrative Business
Prior to the start of the P&T Committee meeting, the members discussed and finalized the meeting procedures and the voting process. It was decided that the members would vote verbally rather than by ballot. A brief discussion of the rules and regulations regarding the prior authorization process and the role of the P&T Committee followed. Mark Petersen announced that Heather Christiansen, MD had resigned from the P&T Committee. The P&T meeting was called to order at approximately 12: 35 pm. Bill Ladwig, chairman, directed the meeting. The minutes of the December 2, 2005 meeting were presented and approved as amended. Dr. Holm requested a change in the agenda so that the discussion of oral contraceptive use would be first, followed by the ADHD class review, and finally, the antihyperlipidemic class review.

Analysis of Contraceptive Use
As a result of a suggestion from the committee during the previous meeting, Ms. Daniels presented an analysis of contraceptive use over a ten-month period. During the first ten months of 2005, there were a total of 11,996 prescriptions filled for contraceptive products. The brand name medication was dispensed for 617 prescriptions in which generics products were available. This results in a potential savings of $4,000.00 over that period of time. Ms. Daniels recommended no action be taken at this time because the upcoming implementation of the DAW-1 prior authorization will take care of this issue. The board agreed and a motion was made and approved unanimously to table the topic at this time.

ADHD Pharmacotherapy Class Review
Ms. Daniels presented a very brief overview of medications for ADHD and recommended that no changes be made at this time as there are no long-acting ADHD

drugs available generically. After discussion, Dr. Brandenberg asked if the committee felt that it was appropriate to still have the older, short-acting medications available. Mr. Petersen responded that some children still required the mid-day dose and that, for now, the shorter acting medications should still be available. A motion was made and seconded to table the topic of ADHD medications. The committee voted unanimously to do so at this time.

Antihyperlipidemic Pharmacotherapy Class Review

Ms. Daniels introduced the HMG-CoA reductase inhibitors (statins) for review. The NCEP-ATP III goals for reduction in LDL-C based on CHD risk were discussed. A goal of 100mg/dL is recommended for most, and 70mg/dL for high-risk patients. It was also pointed out that while most statins are metabolized by the liver, pravastatin and rosuvastatin are eliminated by different mechanisms. This led to a discussion of drug interactions common with the statins, and it was noted that fluvastatin, metabolized by the CYP2C9 system, does not share all the interactions commonly found with atorvastatin, lovastatin, and simvastatin.

Ms. Daniels noted that since the NCEP looks primarily at the reduction of LDL-C in the management of hyperlipidemia, it is therefore considered to be the standard guideline for providers. She then noted that Table 9 reviewed the reductions in LDL-C associated with each dose of the drugs included in this review.

Ms. Daniels presented a brief overview of the clinical trials associated with the antihyperlipidemic drugs. First, the IDEAL trial was discussed. It was a study that compared intensive atorvastatin therapy (80mg/day) with traditional simvastatin therapy (20mg/day). The endpoints of the study were reviewed. Ms. Daniels then discussed the STELLAR trial, which compared all strengths of antihyperlipidemic drugs to one another over the course of 6 weeks.

The cost-specific data for South Dakota was reviewed. In conclusion, Ms. Daniels recommended that the South Dakota Department of Social Services consider the merits of simvastatin, pravastatin, and atorvastatin until such time that pravastatin and simvastatin are available as generic, cost-saving medications.

Mr. Ladwig asked that Health Information Designs look at the doses of antihyperlipidemic drugs that are being used in South Dakota. Dr. Holm also requested that when this class is revisited that death rate data is presented. The committee then discussed disease state management programs with Mr. Petersen.

At this time, the committee asked for public comment and Scott Anderson, from Astra Zeneca took the podium. Mr. Anderson spoke about the dosing of Crestor®, the manufacturer's dosing recommendations, and about the STELLAR trial.

Next, Dr. Daniel Wilson from Pfizer spoke. He discussed the IDEAL trial, and the dosing and efficacy of Lipitor®.

As there were no further public comments, the board discussed the options available regarding the antihyperlipidemics. Mr. Ladwig stated that we needed additional information regarding the dosing trends unique to South Dakota. Ms. Rieth offered in lieu of requiring a prior authorization for these drugs, a letter could be sent to providers. The committee decided letters to providers and additional information provided Health Information Designs are to be discussed at the next meeting. A motion was made and the committee unanimously agreed to table the issue of antihyperlipidemics until the next meeting.

Other Business

Ms. Daniels discussed the issue of electronic prior authorization with the committee. It was decided to proceed with manual PA on March 1, 2006 and implement the electronic PA as soon as possible. The committee requested that letters be mailed to all Medicaid providers and large pharmacy chains be contacted by phone.

Ms. Daniels then asked for suggestions on other areas to address in upcoming meetings. Dr. Holm suggested that the committee look at antibiotic usage in adults and children. Mr. Darger said that he would be interested in looking at ACE/ARB utilization rates and Dr. Brandenberg said that he would like to review all the antihypertensive medications. The committee also asked for follow-up on the statins.

After discussion the next meeting date was set for March 31, 2006.

There were no further comments or questions and the meeting was adjourned at approximately 2:30 pm.