Minutes of the May 12, 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; James Engelbrecht, MD; Dana Darger, RPh.

DSS staff present
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 the administration of the call center, asking specific questions about the way the PAs are reviewed. The members discussed appropriate documentation of prior therapy and what specifically the call center should be looking for in certain situations. At this time, several suggestions were made with regard to the technical management of the call center. The P&T meeting was called to order at approximately 12:30 pm. Dana Darger, vice chair, directed the meeting. The minutes of the March 31, 2006 meeting were presented. Dr. Brandenburg made the motion to approve, Mr. Ladwig seconded, and the minutes were approved as written.

Prior Authorization Update
Ms. Daniels then reviewed the prior authorization activity for the month of April. There were a total of 536 PAs reviewed, with 534 (99.63%) responded to in under 8 hours. Of those 536 requests, 319 were approvals and 217 were denials. There were 231 requests for antihistamines, and 305 for proton pump inhibitors. Ms. Daniels pointed out that there was a 60% approval rate and 40% denial rate.

Dispense As Written Update
As a follow up to the March P&T Committee meeting, in which the committee members requested more information on narrow therapeutic index (NTI) drugs as part of the dispense as written PA, Ms. Daniels presented an analysis of NTI drugs. She briefly reviewed the FDA requirements that a generic drug has to meet to gain an equivalent rating and explained that the FDA does not have an official NTI drug list, preferring instead to let the individual states regulate the substitution of these drugs. Ms. Daniels presented current information showing that South Dakota Medicaid has an 8.78% rate of brand multisource use. The committee had questions regarding the meaning of brand

multisource, the potential cost savings, and in what situations pharmacists can substitute a generic drug. Mr. Ladwig and Dr. Brandenburg said they would like more information about what percentage of the brand multisource use is NTI drugs. Ms. Daniels than reviewed potential cost savings for Duragesic® patches, Oxycontin®, and Neurontin®. This information was initially presented in October 2005 and since that time, the cost per generic unit has decreased, making the disparity between brand and generic more noticeable. Mr. Darger then asked the committee if they wanted to implement the DAW prior authorization edit. Dr Brandenburg and Mr. Ladwig preferred to wait for the additional data regarding the percentage of brand multisource use that is NTI drugs. Ms. Daniels then asked the committee if they would consider putting a brand edit on only those 3 drugs (Duragesic® patches, Oxycontin®, and Neurontin®) until the board can further analyze the other medications. The board agreed, and Dr.Engelbrecht made the motion, Dr. Holm seconded, and the motion passed with the understanding that the implementation date will be July 1, 2006 and that the other drugs in this category will be revisited at the next meeting.

ACE Inhibitor/ARB Update

Following up on a request for further information about the ACE inhibitors and ARBs, Ms. Daniels presented information about the use of ACEIs and ARBs in the South Dakota Medicaid population. This information included number of patients taking an ACEI or an ARB and the cost per month of these drugs, the number of patients taking and ARB with a diagnosis of COPD or CRF, those patients who have taken an ARB without first taking an ACEI, and those patients taking an ACEI and an ARB concurrently. She then went on to present an estimated cost shift, taking into account those patients that meet PA criteria, extrapolating the potential monthly and yearly savings to the state. The committee members felt strongly that it would be disruptive to change a patient already stabilized on an ARB, so it was decided that a patient who has been stable on an ARB for more than 60 days may continue to do so without a trial of an ACEI. Ms. Daniels reminded the committee that with the implementation of the electronic PA, it will be much easier to do an automatic check of a patient's history and check of their diagnosis. It was also decided that samples would be accepted as prior therapy. There was discussion about the form. Dr Brandenburg asked that acute renal failure be included with chronic renal failure. It was also decided that there would be a place for medical justification, if a provider wants to use an ARB without a trial of an ACEI. Dr. Engelbrecht asked for changes in the order of 'Qualifications for Coverage'. Dr. Holm then made a motion to start the prior authorization process for ARBs, with Dr. Engelbrect seconding. The motion was approved with the understanding that the PA process for ARBs would start July 1, 2006 and only if electronic PA has been implemented and the form has been changed as requested.

Statin Update

There was a brief discussion about the statin prior authorization. Mr. Ladwig had stated earlier in the meeting that there would only be one generic available in June, and Mr. Petersen reiterated that the price does not change dramatically until more generics are available. Dr. Brandenburg felt like we should not put the prior authorization in place at this time. Dr. Engelbrecht made a motion to table the statin issue until January 2007 and

Dr. Holm seconded. The motion passed and the committee will review the status of the statins in January 2007,

Maximum Quantity Update

Ms. Daniels presented the maximum unit list and the prior authorization form. After a brief discussion, Mr. Darger asked that the quantities for the Oxycontin® 10, 20, and 40mg be reduced to 90 tablets per month and the Adalat CC® 60mg be increased to 68 tablets per month. Dr. Holm asked that cancer patients have an automatic override. Dr. Brandenburg made the motion to approve the maximum quantity edit with the aforementioned changes, Dr. Holm seconded the motion, and the maximum quantity edit will be implemented July 1, 2006.

Analysis of Oral Antidiabetic Use in South Dakota

The committee had a brief overview of the usage of oral antidiabetic agents in the South Dakota Medicaid population. The alpha glucosidase inhibitors, biguanides, meglitinides, sulfonylureas, thiazolidinediones, and the combination products were reviewed and discussed. Pioglitazone and rosiglitazone had the highest usage by cost and metformin had the highest usage by number of claims. The committee felt that usage was appropriate at this time, and Ms. Daniels asked about prior authorization for the use of combination products, but after discussion, the committee felt that wasn't necessary at this time. Ms. Daniels then briefly discussed the use of Byetta® and Symlin®, which is relatively small right now. The committee decided to review the use of Byetta® at a later date, as usage grows and new products become available. Dr. Holm made a motion to table the oral antidiabetic agents and Dr. Brandenburg seconded.

Analysis of Beta Blocker Use in South Dakota

Ms. Daniels provided a brief review of the beta blocker usage in South Dakota. Metoprolol succinate (Toprol XL®) was the top medication prescribed by cost and atenolol the top prescribed by number of claims. Mr. Darger and the committee conferred about the average cost per prescription. There was further discussion about using metoprolol succinate BID. The committee then decided that it would not be advisable to PA the beta blocker class at this time and that this class should be re-reviewed in May 2007. Dr Holm made the motion to table the beta blockers and Dr Brandenburg seconded.

Other Business

Mr. Darger asked if there were any questions or comments from the audience. There being none, Ms. Daniels asked for suggestions on other topics to address in upcoming meetings. The committee decided to assess the use the sedative/hypnotic class and asked that HID provide a review of the impact of Medicare Part D on the distribution of dollars spent per therapeutic class.

The next meeting date was set for July 7, 2006.

Mr. Petersen announced that there will be a new member on the committee, Dr. Sutliff, a pediatrician from Rapid City.

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