Minutes of the July 7, 2006
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division

Members present
Verdayne Brandenburg, MD; Richard Holm, MD; William Ladwig, RPh; Dana Darger, RPh; Willis Sutliff, MD.

DSS staff present
Mark Petersen, RPh

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

Administrative Business
The P&T meeting was called to order at approximately 12:30 pm. Bill Ladwig, chairman, directed the meeting. The minutes of the May 12, 2006 meeting were presented and Dr. Holm made a motion to approve as written, with a second by Mr. Darger. The motion was approved unanimously. Ms. Daniels presented an overview of the prior authorization (PA) activity for May and June 2006. There were a total of 608 PA's processed in the month of May, with 99.18% of those requests responded to in under 8 hours. Electronic PA was implemented in late May and there were 274 requests received electronically and 334 requests received by fax. Overall, there was a 48% approval rating for the month of May.

In June 2006, there were a total of 1,082 PA requests received, with 99.26% responded to in under 8 hours. Of those 1,082 requests, there were 880 electronic requests and 202 faxed requests. The approval rating for June was 29%. Noting the increase in PA requests, Ms. Daniels reminded the committee that if a claim is denied electronically, it will often be resubmitted manually with additional information. Mr. Ladwig asked if HID could provide a report that shows the percentage of electronic denials that are later approved manually. Ms. Daniels said that HID can and will provide the information at the next meeting.

Dr. Holm asked about the cost savings dollars. Ms. Daniels responded that those figures reported are general numbers only. HID will provide a more in-depth cost savings shift/analysis for the antihistamines and proton pump inhibitors at the next P&T Committee meeting.

Analysis of the Top 15 Therapeutic Classes
As a result of a suggestion from the committee during the previous meeting, Ms. Daniels presented an overview of the top 15 therapeutic classes of drugs before and after the

implementation of Medicare part D. In the 4th quarter of 2005 (pre-Medicare part D), the top five classes of drugs were as follows: Antipsychotic agents, Anticonvulsants, Antidepressants, Proton Pump Inhibitors, and Amphetamines. In the 1st quarter of 2006 (post-Medicare part D), the top five classes of drugs were as follows: Antipsychotic agents, Amphetamines, Anticonvulsants, Antidepressants, and Beta-Adrenergic Agonists. Mr. Petersen stated that 52.8% of prescriptions were transferred over to part D. He also told the committee that South Dakota Medicaid had approximately 100,000 patients with drug coverage and of those 30,000 were using their coverage. January 1, 2006, approximately 14,000 patients shifted to part D. These 14,000 Medicare part D patients accounted for 51.6% of the dollars spent.

Analysis of the Top 25 Drugs

Ms. Daniels presented a brief overview of the top 25 drugs by number of claims and by claims cost both before and after implementation of Medicare part D. The committee was interested in further investigating if a significant shift from Zyrtec® to Singulair® occurred after implementing the prior authorization requirement on the antihistamine class. The committee also discussed the antipsychotic class, noting that a large percentage of the budget is being used for these medications. Dr Brandenburg asked HID to run a report looking at those patients taking multiple atypical antipsychotics. It was suggested that these patients be reviewed for dose optimization and consolidated dosing. The committee further discussed this issue and decided to table the issue until the next meeting.

Noting that medications for asthma have become a large part of the picture in the post-Medicare part D patient population, the committee asked HID for some in-depth research about the use and compliance of medications in asthma patients. They asked HID to review patients who are using more than one rescue inhaler per month and make sure they are also using an inhaled steroid. The committee also wanted to review the medical data to compare the use of a steroid burst to emergency room (ER) visits (excluding COPD patients), Advair® compliance as related to ER visits, and the proper use of rescue inhalers.

The committee voted to table these issues until more data can be presented. Ms. Daniels agreed to bring back the requested data and the newest top 15/top 25 reports to the next meeting.

Analysis of Tablet Splitting

Ms. Daniels presented an overview of tablet splitting as a cost savings measure, reviewing studies done by the VA system, Nebraska Medicaid, and Kaiser. She also detailed guidelines set forth by the American Pharmacists Association (APhA) Strategic Directions Committee (SDC) that allows healthcare providers to evaluate whether or not a patient/product is a candidate for tablet splitting. Ms. Daniels introduced some South Dakota specific potential savings. Mr. Petersen told the committee that if they decided to implement this measure, that it would best be handled with quantity limits.

The committee was interested in tablet splitting as a cost savings measure. Ms. Daniels was asked to bring back a list of medications that could be split, especially those drugs in the top 25 list. In addition, she was asked to bring a list of diagnoses that would automatically preclude a patient being asked to split a tablet. The committee asked that Medicaid consider giving patients a pill splitter to enhance compliance.

Analysis of Anxiolytic, Sedative, and Hypnotic Use in South Dakota

Ms. Daniels gave an overview of the anxiolytic, sedative, hypnotic class – including the benzodiazepines, zolpidem and zaleplon, eszopiclone, and ramelteon. She gave an overview of the usage of the branded agents in South Dakota. From January 1, 2006 to present, Ambien® had the largest market share of prescriptions at 52.25%.

Gary Dawson from Takeda spoke briefly about Rozerem®, followed by Tim Butler from Sepracor who spoke about Lunesta®, and Binu Mathew from Sanofi Aventis who spoke about Ambien® and Ambien CR®.

The committee suggested that the dollars spent on the branded products be compared to the dollars spent on the whole class prior to making any decisions. There was discussion about when zolpidem will be available generically. The committee decided to table the issue and review this class at the next meeting.

Other Business

After discussion the next meeting date was set for September 29, 2006.

There were no further comments or questions and Dr. Holm made a motion to adjourn with Dr. Brandenburg seconding the motion. The committee unanimously agreed and the meeting was adjourned at approximately 2:00 pm.