Minutes of the December 2, 2005
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.

Members attending via teleconference
James Engelbrecht, MD; Dana Darger, RPh.

Members absent
Heather Christiansen, MD; Galen Goeden, RPh.

DSS staff present
Mark Petersen, RPh.

HID staff present
Dennis Smith, RPh; Christina Daniels, PharmD.

Administrative Business
The meeting was called to order at approximately 12:10 pm. Christina Daniels of Health Information Designs, Inc. directed the meeting. The minutes of the October 7, 2005 meeting were presented and approved with no discussion.

Impact of Copay Implementation
During the discussion of a Dispense As Written prior authorization at the October 7 meeting, HID was asked to evaluate the impact of the June 2005 copay implementation on generic utilization rates. Ms. Daniels presented an analysis comparing the usage of the top 250 drugs by claims cost prior to and after the copay was started. Most multi-source medications from this list showed negligible change. Ms. Daniels pointed out that Oxycontin and Duragesic showed significant savings during this period.

FDA A/B Rating System for Generics
As a follow-up to a suggestion from the committee during the previous meeting, Ms. Daniels presented a summary of the A/B rating system. The purpose of this document is to educate providers on the process by which generic medications are approved. The consensus of the committee was that this document was appropriate for this purpose.

Polypharmacy
During the previous meeting in October, the committee discussed the possibility of an initiative to address the common issue of patients being treated for several concurrent disease states often by multiple providers, resulting in a medication regimen that includes

many different medications. This issue is commonly addressed in the long-term care setting with a CMS policy based on evidence of a significantly higher incidence of adverse drug events when a patient is on nine or more medications. In response to this discussion, Ms. Daniels presented data on the number of South Dakota Medicaid recipients under the age of 65 who received nine or more prescriptions during the months of July, August and September of 2005. As a reference, she also presented total prescription usage for all recipients during these months. Assuming that 40 percent of current South Dakota Medicaid recipients will convert to Medicare Part D in January 2006, it can be extrapolated that approximately 11 percent of the remaining patients are getting more than nine prescriptions filled monthly. It was decided that the committee would look at this patient population again after January 1st.

Proposed Provider Education Materials

In prior meetings, the P & T committee has encouraged informing the provider community of upcoming Medicaid policy changes, such as prior authorization, through educational materials. A sample of an educational document was presented to the committee for input and suggestions. This document included a letter to providers describing the PA process and the drug classes involved, as well as sample PA forms. All comments on the letter and included information were positive.

At this point in the discussion, Dr. Engelbrecht and Mr. Darger, who were attending via conference call, stated that they were unable to effectively participate in the meeting because they could not hear the discussion of the committee. Before disconnecting, they stated that they both felt that several PA classes should not be implemented simultaneously. Rather, since the PA process is new to providers and patients, one class should be implemented initially.

These comments led to a discussion of this issue among the committee members present. Mr. Ladwig expressed his opinion that only two classes be started at the onset. Mr. Petersen stated that he supports this approach and that we can plan to implement the PPI and non-sedating antihistamines first, with a target implementation date of February 1, 2006.

Dr. Holm suggested that the letter to providers be included in the South Dakota medical and pharmacy journals. He suggested that these communications be concise and clear and should include the fact that this is an effort to contain costs.

Revatio

At this time, Ms. Daniels introduced a PA process and form for Revatio, which is sidenafil indicated for pulmonary hypertension. This PA was quickly endorsed by the committee without questions.

Weight Loss Prior Authorization

Ms. Daniels discussed a PA proposal to address drugs indicated for weight reduction, specifically Xenical, Meridia, phentermine and diethylpropion. Mr. Petersen explained that he currently manages all prescriptions for these medications. Dispensing

pharmacists are required to call him at every fill for these agents and Mr. Petersen keeps a file on each patient, asking for updates from the treating physician every six months. Dr. Holm voiced concern over a PA of these agents, centered on the fact that obesity is becoming more common and is quite difficult to treat effectively. Because of this, Dr. Holm was reticent to limit the availability of these agents. Mr. Petersen invited a representative of Roche Pharmaceuticals to comment on this topic. The representative spoke of the importance of treating these patients as early as possible, rather than after they have reached full obesity. He commented that the PA criteria presented could be changed to cover the agents at a BMI of 27 or higher with comorbidity or 30 or higher when no comorbidity is present. Mr. Petersen stated his support of these thresholds, but strongly supports that these patients be evaluated for effective weight loss at six month intervals.

Mr. Petersen stated that the reason Medicaid covers these agents is due to a significant increase in the number of requests for Medicaid to cover bariatric surgical procedures for obese patients. Dr. Holm mentioned a recent JAMA article which discussed these procedures and the success rates attributed to them.

Sustained-release Opioid Agonist Prior Authorization

A PA process was introduced by Ms. Daniels to address sustained-release opioid agents. Dr. Holm and Mr. Ladwig suggested that with the expected impact of Medicare Part D, this class should be revisited in a few months.

Ms. Daniels suggested that another option to address these agents would be to contact the high utilizing prescribers of these agents with a letter. Dr. Brandenburg expressed his support for this option, stating that providers are frustrated with pain management and need this kind of information. He and Dr. Hedge, who are both on the Medicaid DUR review board agreed to address this through the DUR process.

Other Business

A date for the next meeting was discussed with a tentative date set for February 3, 2006. Mr. Petersen will contact the members of the committee by email to finalize the date after checking with members who were not in attendance.

Ms. Daniels asked for suggestions on other areas to address in upcoming meetings. Dr. Holm suggested three drug classes for review and analysis: ADHD agents, HMG-CoA reductase inhibitors (statins), and oral contraceptives.

Mr. Ladwig and Mr. Petersen discussed the process by which the State MAC pricing list is developed, as stated in the rules.

There being no further comments or questions from the committee, the meeting was adjourned at approximately 2:00 pm.