Minutes of the December 8, 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; Dennis Hedge, PharmD; James Engelbrecht, MD; Willis Sutliff, MD; Galen Goeden, RPh.

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

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

Administrative Business
The P&T meeting was called to order at approximately 12:40 pm. Bill Ladwig, chairman, directed the meeting. The minutes of the September 29, 2006 meeting were presented and Mr. Darger made a motion to approve as written, with a second by Dr. Engelbrecht. The motion was approved unanimously.

Prior Authorization Statistics
Ms. Daniels presented an overview of the prior authorization (PA) activity for September, October, and November 2006.

There were a total of 2,765 PA's processed in the month of September, with 99.28% of those requests responded to in less than 8 hours. There were 2,292 (83%) requests received electronically and 473 (17%) received by fax. Overall, there was an18% approval rating for the month of September.

In October 2006, there were a total of 1,712 PA requests received, with 99.24% responded to in less than 8 hours. Of those 1,712 requests, there were 1,511 (88%) electronic requests and 201 (12%) faxed requests. The approval rate for October was 15%.

There were a total of 1,468 PA requests in November 2006 and 99.46% of those requests were responded to in less than 8 hours. There were 1,340 (91%) requests received electronically and 128 (9%) received by fax. The approval rate for November was 14%.

Responding to a request from the committee at the last P&T committee meeting, Ms. Daniels presented information about maximum unit denials for the month of August 2006. There were 1,073 maximum unit denials and 96 approvals for that time period,

indicating that most denials were addressed with educational intervention. Ms. Daniels also showed that the maximum unit denials were trending downward with 1,539; 846; and 761 maximum unit denials in September, October, and November, respectively. Mr. Ladwig asked about the fluoxetine being on the maximum unit list and the reason for the quantity limit was explained by Mr. Petersen. The committee asked how providers can access the maximum unit information. Ms. Daniels told them that the list is available on the website and that the customer service representatives at Health Information Designs (HID) can fax a list to a provider upon request. Mr. Ladwig suggested that albuterol be added to maximum units list.

Analysis of the Top 15 Therapeutic Classes

Ms. Daniels presented a brief overview of the top 15 therapeutic classes of drugs. The top five classes for the 3rd quarter 2006 are as follows: Antipsychotic agents, Anticonvulsants, Amphetamines, Antidepressants, and Beta-Adrenergic Agonists. In response to a request from Dr. Brandenburg at the previous meeting, Ms. Daniels noted that while there were 7,753 prescriptions for amphetamines, there were 1,861 unique recipients for the 3rd quarter and 1,919 for the 2nd quarter.

Analysis of the Top 25 Drugs

Ms. Daniels presented an overview of the top 25 drugs by number of claims and by claims cost. The top five drugs based on total claims cost for the 3rd quarter 2006 are as follows: Concerta®, Seroquel®, Singulair®, Abilify®, and Adderall XR®. The top five drugs based on number of claims are as follows: Singulair®, Azithromycin, Zyrtec®, Amoxicillin, and Concerta®. After reviewing the information, the committee asked HID to split the reports to reflect the numbers of pediatric and adult patients.

Update on Anticonvulsants

Ms. Daniels provided some updated information to the committee regarding the diagnoses associated with anticonvulsant (AHFS class 281292) medications. There were 1,301 recipients that had a prescription for an anticonvulsant in the month of September 2006. There were a variety of diagnoses, including epilepsy, ADHD, and depressive disorder. Ms. Daniels reminded the committee that because a diagnosis is not attached to the drug during claims processing, it is hard to know if that drug was prescribed for that particular diagnosis. There may be patients with multiple medications, and multiple disease states. Mr. Petersen stated that currently South Dakota does not approve/deny claims on the basis of a diagnosis. Mr. Iversen added that would require a computer system change and the Department is currently looking at that.

Update on Antipsychotic Agents

In response to a request by the committee at the previous meeting, Ms. Daniels reviewed the top 50 prescribers of antipsychotic agents (AHFS class 281608). Mr. Petersen then gave a description of the Comprehensive NeuroScience (CNS) program and reviewed a report which included information through September 2006. A discussion followed about patient adherence, Medication Therapy Management (MTM) programs and disease state management programs.

Update on Singulair®

There were 1,232 recipients that had a prescription for Singulair® in September 2006. Ms. Daniels presented a brief overview of the diagnoses associated with these patients.

Update on Asthma

Ms. Daniels reviewed the number of patients taking Foradil® and Serevent® in the last 12 months that were also on an inhaled steroid. She reviewed a report giving an overview of compliance with patients on an inhaled steroid. The committee discussed the numbers and asked Ms. Daniels to find out how many patients that have compliance issues with inhaled steroids are using large quantities of albuterol.

Ms. Daniels gave a brief overview of the top 50 prescribers/providers for Advair®, Foradil®, Serevent®, inhaled steroids, and rescue inhalers. There were 4,734 patients with a diagnosis of asthma from October 2005 to September 2006. Ms. Daniels reviewed the additional diagnoses associated with this group of patients.

The committee went over the demographics of the asthma population, looking at the numbers by gender, age, and race. The committee felt that the asthma population is an area that could be impacted by education and evaluation. There was discussion about referring the compliance issues to the DUR board and the possibility of developing an MTM program. Mr. Goeden suggested that we put this information in the state pharmacy and medical journals.

Medication Therapy Management (MTM) Programs

Ms. Daniels gave an overview of how the Medicare Modernization Act (MMA) of 2003 made MTM programs mandatory for certain Medicare Part D recipients. The committee was particularly interested in the MTM program that was started by Minnesota Medicaid in April 2006. Ms. Daniels went over the requirements that pharmacists must meet in order to participate in the Minnesota MTM program and talked about which beneficiaries are eligible for MTM services. She gave a brief review of payment levels and the estimated costs and cost savings with the Minnesota program.

Mr. Goeden discussed with the committee a Medicare Part D MTM that had assigned him a certain number of patients. He explained his interaction with the patients and subsequent reimbursement for services. He felt that it is a good program and one worth looking into for the South Dakota Medicaid program. Ms. Wellhouse explained that a rule change would be necessary and a State Plan Amendment outlining the program would need to be submitted to and approved by the Centers for Medicare and Medicaid Services (CMS) before the program could be implemented.

Update on Tablet Splitting

In response to a request from the committee during the September P&T Committee meeting, Ms. Daniels presented an overview of how tablet splitting is handled in other states. Currently, tablet splitting is used by Medicaid programs in Iowa, Minnesota, Nebraska, Oregon, and Wisconsin. Other states currently address tablet splitting through

the DUR process. Wisconsin reimburses providers for splitting the tablet for the patient and Oregon currently pays for one tablet splitter per patient per year.

Mr. Petersen told the committee that the tablet splitting edit (including all statins) will be launched soon and that the state will pay for tablet splitters. In follow up to a question asked in an earlier meeting, Mr. Petersen let the committee know that the patient copay cannot be waived for patients who agree to tablet splitting without a rules change. Mr. Petersen further stated that the Department had reviewed the federal requirements on copays, and at this point, it is not clear whether the Department would even be able to carve this particular group out of the copay requirements. The committee recommended that information be sent out to providers in the state pharmacy and medical journals.

Anxiolytic, Sedative, Hypnotic Update

In reviewing the market share and dollar share for the anxiolytic, sedative, hypnotic (ASH) class at the last meeting, the committee asked HID to provide an updated report including trazodone. For six months of usage (April 1, 2006 to September 30, 2006) Ambien® had the top dollar share at 31.9% (market share of 8.2%), followed by lorazepam at 16.1% and 31.1% and Lunesta® at 11.6% and 2.5%. There were 2,498 prescriptions for trazodone in that time period, accounting for a 5.3% dollar share and a 13.4% market share. Ms. Daniels told the committee that of the 1,518 prescriptions for Ambien®, 454 of those were for Ambien CR®.

Review of COX-II Agents

As a follow up to a topic that the committee had discussed in 2005, Ms. Daniels reviewed the use of Celebrex® over the last six months (April 1, 2006 through September 30, 2006). There were 919 total prescriptions for celecoxib in the last six months. When patients with a diagnosis of gastric ulcer or duodenal ulcer were exluded, there were only 15 prescriptions for other patients. In light of this information, the committee felt that there was no need to put a prior authorization requirement on celecoxib at this time.

Other Business

Mr. Petersen told the committee that he had been told that there were OB/GYN's prescribing cetirizine for nausea in pregnancy, and when the PA requirement was placed on the antihistamine class, the physicians were switching to ondansetron, which is significantly more expensive. He asked that the committee do some research into this, so the topic can be addressed at the next meeting.

After discussion the next meeting date was set for March 23, 2007.

There were no further comments or questions and the meeting was adjourned at approximately 3:00 pm.

Respectfully submitted,

Christina Daniels, PharmD

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