

**Minutes of the June 15, 2007  
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; Dennis Hedge, PharmD; Galen Goeden, RPh; Willis Sutliff, MD; James Engelbrecht, MD.

**DSS staff present**

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 12:30 pm. Bill Ladwig, chairman, directed the meeting. The minutes of the March 23, 2007 meeting were presented and Mr. Goeden made a motion to approve as written, with a second by Dr. Sutliff. The motion was approved unanimously.

**Program Summary**

Responding to a committee question about recipient utilization of pharmacy benefits, Ms. Daniels reviewed a report that detailed a 6-month assessment (10/01/06 – 03/31/07) of the pharmacy program usage. The report showed that there are approximately 24,000 – 25,000 patients using the pharmacy program monthly. Mr. Petersen added that there are about 100,000 patients enrolled.

**Old Business**

The committee reviewed the usage of Zofran<sup>®</sup> in patients with a diagnosis of pregnancy or hyperemesis of pregnancy in the last 365 days. Dr. Brandenburg informed the committee that he had spoken with an OB/GYN about the question of using Zyrtec<sup>®</sup> or Zofran<sup>®</sup> in treating nausea/vomiting of pregnancy and found that the OB/GYN's are not using Zyrtec<sup>®</sup> but do use Zofran<sup>®</sup>. Mr. Ladwig told the committee that the exclusivity for generic ondansetron ends June 28, 2007 and that the generic price is likely to change. The committee discussed the possibility of a quantity limit edit and asked HID to look at average number of tablets dispensed per prescription, the usage of promethazine tablets/suppositories in pregnancy, and prescribing patterns by location.

### **Prior Authorization Statistics**

Ms. Daniels presented an overview of the prior authorization (PA) activity for March and April 2007.

There were a total of 1,723 PA's processed in the month of March, with 97.79% of those requests responded to in less than 8 hours. There were 1,578 (92%) requests received electronically and 145 (8%) received by fax. Overall, there was a 12% approval rating for the month of March.

In April 2007, there were a total of 1,722 PA requests received, with 99.42% responded to in less than 8 hours. Of those 1,722 requests, there were 1,563 (91%) electronic requests and 159 (9%) faxed requests. The approval rate for April was 15%.

There was a question about denials for Synagis<sup>®</sup>. Ms. Daniels explained that although HID does not handle the Synagis<sup>®</sup> requests, occasionally an electronic request will be received. In these cases, the claim is denied and a request for a manual PA is sent to the provider. Mr. Petersen and Dr. Sutliff briefly outlined the process that is in place for Synagis<sup>®</sup>.

### **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 number of claims for the 1<sup>st</sup> quarter 2007 are as follows: azithromycin, amoxicillin, Singulair<sup>®</sup>, hydrocodone/acetaminophen, and Concerta<sup>®</sup>. Ms. Daniels split the numbers to reflect the numbers of pediatric and adult patients. For the top ten drugs by number of claims, 75% were for children 18 and under, 21% for adults 19 to 64, and 4% for adults 65 and older.

The top five drugs based on total claims cost are as follows: Synagis<sup>®</sup>, Concerta<sup>®</sup>, Seroquel<sup>®</sup>, Adderall XR<sup>®</sup>, and Abilify<sup>®</sup>. Reviewing the top ten drugs based on claims cost, Ms. Daniels told the committee that 80% were for children 18 and under, 20% for adults 19 to 64, and there was a negligible number dispensed for those adults 65 and older.

### **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 1<sup>st</sup> quarter 2007 are as follows: Antipsychotic agents, Anticonvulsants, Antidepressants, Anorex/Respir/Cerebral Stimulants, and Monoclonal Antibodies.

### **Prior Authorization Effectiveness Report**

Ms. Daniels then reviewed the information included in the Prior Authorization (PA) Effectiveness report. The percentage market share for the antihistamines showed a shift for loratadine OTC, from a 7% share in February 2006 to a 32% share in March 2007. Prilosec OTC went from a 16% market share in February 2006 to a 43% market share in March 2007. The pharmacists on the committee asked if there was a way to make generic omeprazole preferred as well as Prilosec OTC. Mr. Petersen responded that the

State was waiting for the MAC price to come down for the omeprazole. Currently, Prilosec OTC is approximately \$0.62/tablet and generic omeprazole \$0.83/capsule. Mr. Petersen said that the omeprazole will be preferred as soon as the MAC comes down and it becomes reasonable for pharmacists to be reimbursed at the same rate as Prilosec OTC. The committee asked that HID send a letter to the Pharmacy Association when omeprazole no longer requires a PA.

Ms. Daniels then reviewed the Cost Avoidance graphs for the drugs that require a PA, reminding the committee that other cost saving initiatives (such as the max unit edit, DAW edit, and tablet splitting edit) are not included in the PA Effectiveness Review.

### **Drug Summary Report/Review of Generic Utilization**

In response to a request by the committee at the last meeting, Ms. Daniels gave a synopsis of the impact of the DAW edit. She reviewed the totals for drugs classified as generic, multi source, single source, and other. For 1<sup>st</sup> quarter 2006, generic drugs accounted for 48.67% of claims; for 2<sup>nd</sup> quarter 2006, 49.99%; for 3<sup>rd</sup> quarter 2006 52.69%; for 4<sup>th</sup> quarter 2006, 54.68%, and for 1<sup>st</sup> quarter 2007, 54.62%. The DAW edit including Oxycontin<sup>®</sup>, Neurontin<sup>®</sup>, and Duragesic<sup>®</sup> started 3<sup>rd</sup> quarter 2006. The DAW edit requiring providers to use generic products when possible started in February 2007 (mid-1<sup>st</sup> quarter 2007). The committee discussed ways to improve generic utilization and stated that generic utilization should be at least 60%.

### **Utilization of Ambien CR**

Ms. Daniels reviewed the use of Ambien<sup>®</sup>, Ambien CR<sup>®</sup>, non-barbiturate sedative/hypnotics, and miscellaneous sedative/hypnotics from April 2006 to March 2007. There were 1,153 prescriptions for Ambien CR<sup>®</sup> and 2,091 prescriptions for Ambien<sup>®</sup>. The committee discussed the generic zolpidem, which is now available, and the potential cost savings associated with using the generic drug. The committee discussed requiring a trial of generic zolpidem before switching to the sustained-release preparation. Ms. Daniels asked the committee if providers would be asked to try generic zolpidem before using the other drugs in the class. Mr. Petersen stated that because the audience had not been informed of that possibility, the committee couldn't take any action on any of the other sedative/hypnotics at this meeting. The committee then decided that they would ask that patients have a 2 week trial with generic zolpidem prior to getting Ambien CR<sup>®</sup>. If a patient has had a 14-day trial of zolpidem within the last 365 days, a PA may be given. All patients will be asked to have a trial of zolpidem and previous usage of Ambien CR<sup>®</sup> will not count as a trial. Dr. Sutliff made a motion to act on the zolpidem/Ambien CR<sup>®</sup> issue and to discuss the other sedative/hypnotic agents at the next meeting. Mr. Goeden seconded the motion and it passed unanimously by voice vote.

### **Utilization of Zymar/Vigamox**

The utilization of the common ophthalmic antibiotic agents and the ophthalmic quinolone agents were reviewed. The utilization of Vigamox<sup>®</sup> in all patients (from April 2006 to March 2007) accounted for \$70,457 out of \$93,188 spent for all quinolone antibiotics. The committee discussed the usage of the different ophthalmic agents and their concern

that resistance could develop. The committee discussed the possibility of putting a PA in place, but was concerned about emergency, night, and weekend prescriptions. Ms. Wellhouse told the committee that the rules allowed for a 5-day emergency PA, but the committee felt that many providers are not aware of this provision. Dr. Engelbrecht made a motion to have HID draft an educational article about bacterial conjunctivitis and to table this issue until the next meeting. Dr. Holm seconded the motion and it passed unanimously.

### **Utilization of Ultram ER**

Ms. Daniels reviewed the use of Ultram<sup>®</sup> ER. There were 13,590 prescriptions for Ultram<sup>®</sup> ER at a cost of \$53,183 from 04/01/06 to 03/31/07. During the same time, there were 238,680 prescriptions for tramadol at a cost of \$63,533. In addition, Ms. Daniels reviewed the number of claims for Ultram<sup>®</sup> ER where the patient was taking more than one tablet per day. The committee then discussed the utilization and the clinical data. Sharon D'Agosin from Johnson and Johnson spoke about the proper utilization and dosing of Ultram<sup>®</sup> ER. She stated that Johnson and Johnson would be happy to work with the state to provide educational materials to providers and to promote the appropriate utilization of Ultram<sup>®</sup> ER. Mr. Goeden then made a motion to ask for a 30-day trial of generic tramadol before moving to Ultram<sup>®</sup> ER (patients currently stable on the Ultram<sup>®</sup> ER will not be required to undergo a trial of generic tramadol) and that a quantity limit will apply to the Ultram<sup>®</sup> ER. Dr. Engelbrecht seconded the motion and it passed unanimously.

### **Utilization of Lovenox**

Lovenox<sup>®</sup> is indicated for use in DVT prophylaxis, unstable angina/non-Q-wave myocardial infarction, and DVT/pulmonary embolism. The duration of therapy varies, but it is generally not recommended for more than ten days. Ms. Daniels reviewed the utilization, detailing the total number of prescriptions, and the number of prescriptions that were dispensed for more than ten days. Mr. Ladwig suggested a quantity limit, but Dr. Holm felt that we should be careful in restricting the use of such an agent. The committee asked that Mr. Petersen follow up with prescribers of large quantities of Lovenox<sup>®</sup>

### **Utilization of Albuterol Metered Dose Inhalers**

Ms. Daniels reviewed the utilization of albuterol MDI's in patients with asthma and COPD. Mr. Petersen discussed an asthma seminar he had been to that highlighted the inappropriate use of albuterol MDI's. The committee asked that HID look at how many patients are using more than one inhaler monthly. Mr. Petersen discussed the quantity limits that are in place for the inhalers. The committee decided that this issue would be moved to the DUR Board so that educational interventions can be performed.

### **Other Business**

In response to a motion made at the last meeting, Ms. Wellhouse told the committee that it would not be possible to put prior authorization requirements on all new drugs because drug manufacturers must be given prior notice and an opportunity to present comments

on the proposed prior authorization requirement. The committee discussed this and asked that new drugs be put on the agenda to be discussed at each meeting.

After deliberation, the next meeting date was set for Friday, September 21, 2007.

There were no further comments or questions and Dr. Holm made a motion to adjourn, with a second by Dr. Sutliff. The meeting was adjourned at 2:30pm.

Respectfully submitted,

*Christina Daniels, PharmD*

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