

South Dakota Department of Social Services

Medicaid P&T Committee Meeting

December 9, 2016





DEPARTMENT OF SOCIAL SERVICES

MEDICAL SERVICES

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**SOUTH DAKOTA
MEDICAID P&T COMMITTEE MEETING
AGENDA**

December 9, 2016

1:00 – 3:00 PM

DDN Locations:

Sioux Falls

University Center

Room FADM253

4801 North Career Avenue

Pierre

Capitol Building

DDN Room A

500 E Capitol

Rapid City

SDSMT

University Relations Building

Public DDN Room

501 E Joseph St.

Call to order

Approval of minutes of previous meeting

Prior authorization update

Review of top 15 therapeutic categories/top 50 drugs

Patent expiration

Old business

Opioid utilization and strategies for management

Review of methadone

Review of Zinbryta

Review of Byvalson

New business

OTC iron

Review of Onfi

Specialty drug definition and strategies for management

Orfadin

Xiidra

Nuplazid

Oral presentations and comments by manufacturers' representatives

Next meeting date/adjournment

**Minutes of the September 2, 2016
Pharmacy & Therapeutics (P&T) Committee Meeting
South Dakota Department of Social Services, Division of Medical
Services**

Members present

Bill Ladwig; Richard Holm; Dana Darger; Lenny Petrik; Kelley Oehlke; James Engelbrecht; Mikel Holland; Timothy Soundy

DSS staff present

Mike Jockheck, RPh

Administrative business

The P&T meeting was called to order by D. Darger at 1:00 p.m. The minutes of the June meeting were presented. R. Holm made a motion to approve. B. Ladwig seconded the motion. The motion was approved unanimously.

Prior authorization update and statistics

The committee reviewed the prior authorization (PA) activity for July 2016. There were a total of 3,200 PAs processed in the month of July, with 99.94% of those requests responded to in less than eight hours. There were 2,599 requests (81%) received electronically and 601 requests (19%) received by fax.

Analysis of the top 15 therapeutic classes and drug spend

The committee reviewed the top 15 therapeutic classes by total cost of claims from 04/01/2016 – 06/30/2016. The top five classes were antipsychotics, respiratory and CNS stimulants, amphetamines, insulins, and anticonvulsants, misc. The top 15 therapeutic classes make up 38.10% of total claims. The committee also reviewed the top 50 drugs based on total claims cost and number of claims. The top 50 drugs by claims cost make up 14.56% of total claims. The committee also reviewed SD Medicaid drug spend for 2013 – 2016.

Evzio/Narcan second review

Narcan nasal spray was reviewed at the June meeting. At that time, the committee asked that the Evzio PA form be brought back to the September meeting for review. Tommy Begres, representing Adapt Pharmaceuticals, spoke regarding Narcan nasal spray. A motion was made by T. Soundy to monitor utilization and to leave Evzio on prior authorization. R. Holm seconded the motion. The motion was approved unanimously.

Opioid utilization and strategies for management

The state has asked the committee to provide insight on ways to manage opioid utilization. Best practices guidelines, developed by CMS, were provided to committee members for review. Opioid utilization data showing overall utilization,

top recipients by script count, top prescribers, and top counties were provided to the committee for review. Options discussed by the committee included: physician lettering, methadone PA, early refill edits, PDMP, proDUR edits, and lock-in.

Gabapentin and pregabalin second review

The committee reviewed utilization information for gabapentin and pregabalin. There was no public comment. J. Engelbrecht made a motion to place pregabalin on prior authorization. R. Holm seconded the motion. The motion was approved unanimously.

Xenazine second review

A prior authorization was placed on Xenazine at the June meeting and the PA form was developed and brought to the committee for review. There was no public comment. J. Englebrecht made a motion to approve the PA form. T. Soundy seconded the motion. The motion was approved unanimously.

Onfi review

The committee reviewed Onfi clinical information. There was no public comment. The topic was tabled until the December meeting.

Benzodiazepine review

The committee reviewed benzodiazepine utilization. There was no public comment. The topic was tabled.

Zinbryta review

The committee reviewed Zinbryta clinical information. M. Olmon, representing Abbvie spoke. J. Englebrecht made a motion to place Zinbryta on prior authorization. L. Petrik seconded the motion. The motion was approved unanimously. A form will be developed and brought to the December meeting.

Byvalson review

The committee reviewed Byvalson clinical information. There was no public comment. R. Holm made a motion to place Byvalson on prior authorization. T. Soundy seconded the motion. The motion was approved unanimously. A form will be developed and brought to the December meeting.

The next meeting is scheduled for December 9, 2016. B. Ladwig made a motion to adjourn the P&T Committee meeting. R. Holm seconded the motion. The motion passed unanimously and the meeting was adjourned.

**South Dakota Medicaid
Monthly Prior Authorization Report
September 1, 2016 – September 30, 2016**

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
3,129	3,121	8	99.74%	0.26

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	153	184
AFX	Amrix and Fexmid	1	1
AMB	Ambien CR	2	4
ANF	Anti-Infectives	1	1
ANT	Antihistamines	7	25
APS	Antipsychotic	280	243
ARB	ARBS	1	0
COA	Oral Anticoagulants	26	53
CON	Chronic Constipation Medication	11	6
DAW	Dispense As Written	2	4
GLP	GLP-1 Agonists	18	2
GRH	Growth Hormone	2	8
GSM	Genitourinary SMR	11	28
HEM	Hemangeol	0	1
HLM	Head Lice Medication	58	9
LID	Lidoderm	1	93
MAX	Max Units Override	56	1385
NAR	Name Brand Narcotics	2	0
NUC	Opioids	5	8
ONF	Onfi	6	0
OPH	Ophthalmic Antihistamines	1	18
PPI	Proton Pump Inhibitors	34	59
REL	Relistor	0	3
SMR	Skeletal Muscle Relaxants	0	9
STE	Nasal Steroids	8	33
STI	Stimulants	12	13
SUB	Suboxone/Subutex	7	10
TIM	Targeted Immune Modulators	16	12
TOP	Topical Acne Agents	17	84
TRP	Triptans	16	48
ULT	Ultram ER	1	3
VIB	Viberzi	0	1
XEN	Xenical	0	1
XIF	Xifaxan	2	19
XOL	Xolair	2	2
Totals		759	2370

**South Dakota Medicaid
Monthly Prior Authorization Report
September 1, 2016 – September 30, 2016**

By Request Type

09/01/16 - 09/30/16	# of Requests	Electronic Requests		Faxed Requests	
		#	%	#	%
Prior Authorizations					
Antidepressant	337	226	67%	111	33%
Amrix and Fexmid	2	2	100%	0	0%
Ambien CR	6	4	67%	2	33%
Anti-Infectives(anti-biotic)	2	2	100%	0	0%
Antihistamines	32	27	84%	5	16%
Antipsychotic	523	314	60%	209	40%
ARBS	1	0	0%	1	100%
Oral Anticoagulants	79	66	84%	13	16%
Chronic Constipation Medications	17	0	0%	17	100%
Dispense As Written	6	0	0%	6	100%
GLP-1 Agonists	20	0	0%	20	100%
Growth Hormone	10	6	60%	4	40%
Genitourinary SMR	39	26	67%	13	33%
Hemangeol	1	0	0%	1	100%
Head Lice Medication	67	0	0%	67	100%
Lidoderm	94	77	82%	17	18%
Max Units Override	1441	1365	95%	76	5%
Name Brand Narcotics	2	0	0%	2	100%
Opioids	13	8	62%	5	38%
Onfi	6	0	0%	6	100%
Ophthalmic Antihistamines	19	17	89%	2	11%
Proton Pump Inhibitors	93	61	66%	32	34%
Relistor	3	3	100%	0	0%
Skeletal Muscle Relaxants	9	9	100%	0	0%
Nasal Steroids	41	26	63%	15	37%
Stimulants	25	10	40%	15	60%
Suboxone/Subutex	17	8	0.47	9	53%
Targeted Immune Modulators	28	15	0.54	13	46%
Topical Acne Agents	101	78	0.77	23	23%
Triptans	64	51	80%	13	20%
Ultram ER	4	3	75%	1	25%
Viberzi	1	0	0%	1	100%
Xenical	1	0	0%	1	100%
Xifaxan	21	18	86%	3	14%
Xolair	4	0	0%	4	100%
Prior Authorization Totals	3129	2422	77%	707	23%

**South Dakota Medicaid
Monthly Prior Authorization Report
September 1, 2016 – September 30, 2016**

Electronic PAs (unique)

09/01/16 - 09/30/16	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
Antidepressant	63	154	0	217	29.00%	226
Amrix and Fexmid	1	1	0	2	50.00%	2
Ambien CR	1	3	0	4	25.00%	4
Anti-Infectives(anti-biotic)	1	1	0	2	50.00%	2
Antihistamines	4	21	0	25	16.00%	27
Antipsychotic	122	179	0	301	40.50%	314
Oral Anticoagulants	14	51	0	65	21.50%	66
Growth Hormone	0	4	0	4	0.00%	6
Genitourinary SMR	3	17	0	20	15.00%	26
Lidoderm	0	71	0	71	0.00%	77
Max Units Override	16	1282	0	1298	1.20%	1365
Opioids	0	7	0	7	0.00%	8
Ophthalmic Antihistamines	1	16	0	17	5.90%	17
Proton Pump Inhibitors	9	49	0	58	15.50%	61
Relistor	0	3	0	3	0.00%	3
Skeletal Muscle Relaxants	0	5	0	5	0.00%	9
Nasal Steroids	1	24	0	25	4.00%	26
Stimulants	0	10	0	10	0.00%	10
Suboxone/Subutex	0	8	0	8	0.00%	8
Targeted Immune Modulators	6	9	0	15	40.00%	15
Topical Acne Agents	4	74	0	78	5.10%	78
Triptans	7	41	0	48	14.60%	51
Ultram ER	0	3	0	3	0.00%	3
Xifaxan	0	18	0	18	0.00%	18
TOTALS	253	2051	0	2304	11.00%	2422

TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 07/01/2016 - 09/30/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,890	\$ 93,865.98	\$ 19.20	2.50%
AMOXICILLIN	PENICILLINS	4,849	\$ 40,863.64	\$ 8.43	2.48%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	3,780	\$ 25,781.31	\$ 6.82	1.93%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,742	\$ 41,076.15	\$ 10.98	1.91%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,589	\$ 59,721.57	\$ 16.64	1.83%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,470	\$ 666,473.22	\$ 192.07	1.77%
FLUOXETINE HCL	ANTIDEPRESSANTS	3,433	\$ 39,096.55	\$ 11.39	1.75%
LEVOTHYROXINE SODIUM	THYROID AGENTS	3,125	\$ 48,208.22	\$ 15.43	1.60%
SERTRALINE HCL	ANTIDEPRESSANTS	3,096	\$ 22,758.57	\$ 7.35	1.58%
VYVANSE	AMPHETAMINES	3,072	\$ 733,791.29	\$ 238.86	1.57%
TRAZODONE HCL	ANTIDEPRESSANTS	2,642	\$ 16,771.56	\$ 6.35	1.35%
TRAMADOL HCL	OPIATE AGONISTS	2,632	\$ 21,356.54	\$ 8.11	1.35%
AZITHROMYCIN	MACROLIDES	2,544	\$ 42,912.75	\$ 16.87	1.30%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	2,400	\$ 39,928.97	\$ 16.64	1.23%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2,257	\$ 12,391.44	\$ 5.49	1.15%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,194	\$ 12,684.19	\$ 5.78	1.12%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,978	\$ 112,586.65	\$ 56.92	1.01%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,888	\$ 225,444.08	\$ 119.41	0.96%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,887	\$ 14,176.12	\$ 7.51	0.96%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,872	\$ 48,040.62	\$ 25.66	0.96%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,863	\$ 57,061.59	\$ 30.63	0.95%
FLUTICASON PROPRIONATE	CORTICOSTEROIDS (EENT)	1,856	\$ 23,540.78	\$ 12.68	0.95%
CEPHALEXIN	CEPHALOSPORINS	1,853	\$ 29,228.13	\$ 15.77	0.95%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,714	\$ 11,534.16	\$ 6.73	0.88%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,687	\$ 99,612.37	\$ 59.05	0.86%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	1,611	\$ 30,281.04	\$ 18.80	0.82%
METFORMIN HCL	BIGUANIDES	1,574	\$ 11,863.49	\$ 7.54	0.80%
POLYETHYLENE GLYCOL 3350	CATHARTICS AND LAXATIVES	1,543	\$ 40,983.16	\$ 26.56	0.79%
PREDNISON	ADRENALS	1,513	\$ 11,223.03	\$ 7.42	0.77%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,482	\$ 11,061.62	\$ 7.46	0.76%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,469	\$ 8,738.18	\$ 5.95	0.75%
VITAMIN D2	VITAMIN D	1,457	\$ 8,795.98	\$ 6.04	0.74%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	1,394	\$ 8,777.57	\$ 6.30	0.71%
ARIPRAZOLE	ANTIPSYCHOTIC AGENTS	1,379	\$ 184,815.45	\$ 134.02	0.70%
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	1,334	\$ 18,627.20	\$ 13.96	0.68%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,330	\$ 15,625.15	\$ 11.75	0.68%
AMOXICILLIN-CLAVULANATE POTASS	PENICILLINS	1,329	\$ 31,152.25	\$ 23.44	0.68%
CYCLOBENZAPRINE HCL	CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	1,289	\$ 8,154.30	\$ 6.33	0.66%
TRIAMCINOLONE ACETONIDE	ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)	1,278	\$ 17,793.24	\$ 13.92	0.65%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,269	\$ 18,553.67	\$ 14.62	0.65%
MUPIROCIN	ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)	1,233	\$ 57,291.87	\$ 46.47	0.63%
VENLAFAXINE HCL ER	ANTIDEPRESSANTS	1,200	\$ 28,861.04	\$ 24.05	0.61%
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	1,169	\$ 11,177.12	\$ 9.56	0.60%
ATORVASTATIN CALCIUM	HMG-COA REDUCTASE INHIBITORS	1,132	\$ 10,995.81	\$ 9.71	0.58%
OXYCODONE-ACETAMINOPHEN	OPIATE AGONISTS	1,131	\$ 25,223.27	\$ 22.30	0.58%
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	1,123	\$ 27,996.52	\$ 24.93	0.57%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	1,092	\$ 8,933.09	\$ 8.18	0.56%
ONDANSETRON ODT	5-HT3 RECEPTOR ANTAGONISTS	1,091	\$ 15,103.45	\$ 13.84	0.56%
TOPIRAMATE	ANTICONVULSANTS, MISCELLANEOUS	1,085	\$ 12,916.94	\$ 11.91	0.55%
BUPROPION XL	ANTIDEPRESSANTS	1,061	\$ 25,362.71	\$ 23.90	0.54%
TOTAL TOP 50		100,881	\$ 3,189,213.60	\$ 31.61	51.56%

Total Rx Claims From 07/01/2016 - 09/30/2016	195,648
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TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 07/01/2016 - 09/30/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
VYVANSE	AMPHETAMINES	3,072	\$ 733,791.29	\$ 238.86	1.57%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,470	\$ 666,473.22	\$ 192.07	1.77%
LATUDA	ANTIPSYCHOTIC AGENTS	440	\$ 426,187.65	\$ 968.61	0.22%
ADVATE	HEMOSTATICS	10	\$ 406,028.38	\$ 40,602.84	0.01%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	876	\$ 361,841.17	\$ 413.06	0.45%
HUMIRA PEN	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	71	\$ 351,189.72	\$ 4,946.33	0.04%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	832	\$ 340,217.87	\$ 408.92	0.43%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	164	\$ 283,361.77	\$ 1,727.82	0.08%
LANTUS SOLOSTAR	INSULINS	542	\$ 237,035.70	\$ 437.34	0.28%
NOVOLOG FLEXPEN	INSULINS	434	\$ 227,131.28	\$ 523.34	0.22%
ONFI	BENZODIAZEPINES (ANTICONVULSANTS)	209	\$ 226,609.14	\$ 1,084.25	0.11%
DEXTRAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,888	\$ 225,444.08	\$ 119.41	0.96%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,048	\$ 215,264.91	\$ 205.41	0.54%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	589	\$ 205,545.96	\$ 348.97	0.30%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	866	\$ 186,703.33	\$ 215.59	0.44%
ARIPIPRAZOLE	ANTIPSYCHOTIC AGENTS	1,379	\$ 184,815.45	\$ 134.02	0.70%
PREVACID	PROTON-PUMP INHIBITORS	385	\$ 180,159.08	\$ 467.95	0.20%
NOVOLOG	INSULINS	409	\$ 171,075.18	\$ 418.28	0.21%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	47	\$ 160,071.26	\$ 3,405.77	0.02%
LEVEMIR FLEXTOUCH	INSULINS	324	\$ 156,473.33	\$ 482.94	0.17%
RECOMBINATE	HEMOSTATICS	6	\$ 145,322.94	\$ 24,220.49	0.00%
EPIPEN JR 2-PAK	ALPHA- AND BETA-ADRENERGIC AGONISTS	214	\$ 144,809.44	\$ 676.68	0.11%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	33	\$ 141,535.75	\$ 4,288.96	0.02%
PULMOZYME	MUCOLYTIC AGENTS	50	\$ 141,023.35	\$ 2,820.47	0.03%
GATTEX	GI DRUGS, MISCELLANEOUS	4	\$ 135,077.91	\$ 33,769.48	0.00%
TECFIDERA	IMMUNOMODULATORY AGENTS	20	\$ 131,109.30	\$ 6,555.47	0.01%
COPAXONE	IMMUNOMODULATORY AGENTS	21	\$ 120,600.44	\$ 5,742.88	0.01%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	172	\$ 116,818.80	\$ 679.18	0.09%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,978	\$ 112,586.65	\$ 56.92	1.01%
OXYCONTIN	OPIATE AGONISTS	313	\$ 107,811.39	\$ 344.45	0.16%
ORKAMBI	CYSTIC FIBROSIS (CFTR) POTENTIATORS	5	\$ 104,020.45	\$ 20,804.09	0.00%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	297	\$ 102,145.89	\$ 343.93	0.15%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	163	\$ 100,750.49	\$ 618.10	0.08%
KALYDECO	CYSTIC FIBROSIS (CFTR) POTENTIATORS	4	\$ 99,807.84	\$ 24,951.96	0.00%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,687	\$ 99,612.37	\$ 59.05	0.86%
LANTUS	INSULINS	223	\$ 96,041.67	\$ 430.68	0.11%
GENOTROPIN	PITUITARY	28	\$ 95,243.82	\$ 3,401.57	0.01%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,890	\$ 93,865.98	\$ 19.20	2.50%
JANUVIA	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	251	\$ 90,224.33	\$ 359.46	0.13%
NORDITROPIN FLEXPEN	PITUITARY	40	\$ 89,676.32	\$ 2,241.91	0.02%
NUTROPIN AQ NUSPIN	PITUITARY	20	\$ 86,537.68	\$ 4,326.88	0.01%
PROMACTA	HEMATOPOIETIC AGENTS	9	\$ 83,678.54	\$ 9,297.62	0.00%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	233	\$ 83,483.29	\$ 358.30	0.12%
ABILIFY MAINTENA	ANTIPSYCHOTIC AGENTS	46	\$ 78,799.28	\$ 1,713.03	0.02%
PALIPERIDONE ER	ANTIPSYCHOTIC AGENTS	91	\$ 74,775.75	\$ 821.71	0.05%
BANZEL	ANTICONVULSANTS, MISCELLANEOUS	43	\$ 74,114.75	\$ 1,723.60	0.02%
CIPRODEX	ANTIBACTERIALS (EENT)	382	\$ 73,131.15	\$ 191.44	0.20%
ADVAIR HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	211	\$ 72,938.35	\$ 345.68	0.11%
EPIPEN 2-PAK	ALPHA- AND BETA-ADRENERGIC AGONISTS	188	\$ 71,995.32	\$ 382.95	0.10%
DULERA	CORTICOSTEROIDS (RESPIRATORY TRACT)	261	\$ 70,615.92	\$ 270.56	0.13%
TOTAL TOP 50		28,938	\$ 8,983,574.93	\$ 310.44	14.79%
Total Rx Claims From 07/01/2016 - 09/30/2016		195,648			

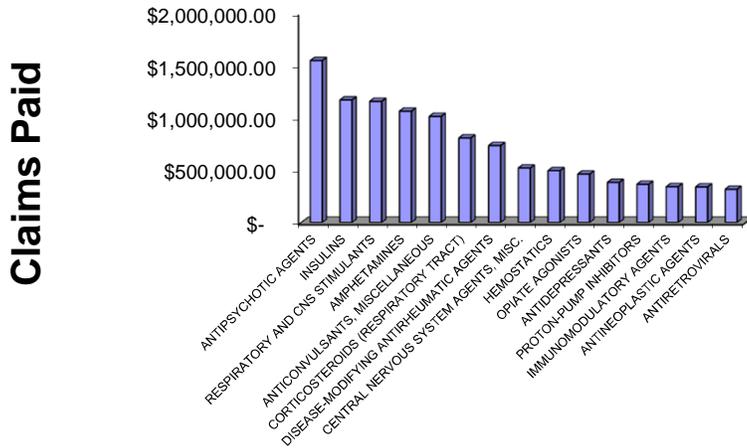
**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 07/01/2016 - 09/30/2016

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	6,833	\$ 1,545,204.38	\$ 226.14	3.49%
INSULINS	2,548	\$ 1,170,882.08	\$ 459.53	1.30%
RESPIRATORY AND CNS STIMULANTS	6,794	\$ 1,157,340.57	\$ 170.35	3.47%
AMPHETAMINES	6,233	\$ 1,064,010.49	\$ 170.71	3.19%
ANTICONVULSANTS, MISCELLANEOUS	9,947	\$ 1,014,054.47	\$ 101.95	5.08%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,926	\$ 808,670.42	\$ 276.37	1.50%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	200	\$ 735,348.95	\$ 3,676.74	0.10%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,994	\$ 521,095.25	\$ 174.05	1.53%
HEMOSTATICS	23	\$ 495,426.41	\$ 21,540.28	0.01%
OPIATE AGONISTS	12,465	\$ 462,891.34	\$ 37.14	6.37%
ANTIDEPRESSANTS	19,528	\$ 383,430.46	\$ 19.63	9.98%
PROTON-PUMP INHIBITORS	6,210	\$ 365,457.92	\$ 58.85	3.17%
IMMUNOMODULATORY AGENTS	57	\$ 342,565.10	\$ 6,009.91	0.03%
ANTINEOPLASTIC AGENTS	473	\$ 341,189.90	\$ 721.33	0.24%
ANTIRETROVIRALS	222	\$ 318,193.06	\$ 1,433.30	0.11%
TOTAL TOP 15	77,453	\$ 10,725,760.80	\$ 138.48	39.59%

Total Rx Claims From 07/01/2016 - 09/30/2016	195,648
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**



Anticipated Availability of First-Time Generics

—To help explain the benefits of generic drugs to your patients, the FDA has patient education materials available at <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/default.htm> —

Brand^a (Manufacturer)	Generic Name	Generic Manufacturer(s)^{b,1}	Anticipated Availability^c
<i>Ammonul</i> (Medicis)	Sodium benzoate/Sodium phenylacetate	Trigen (Ailex)	Generic now available
<i>Asacol HD</i> (Warner Chilcott)	Mesalamine delayed-release tablet	Zydus	Generic now available (authorized generic)
<i>Cordran SP</i> (Aqua)	Flurandrenolide 0.05% cream	Cintex (Teligent)	Generic now available
<i>Crestor</i> (AstraZeneca)	Rosuvastatin calcium	Apotex, Avkare (Par), Citron (Aurobindo), Glenmark, Mylan, Par, Sandoz, Sun, Teva	Generic now available
<i>Delalutin</i> (Bristol-Myers Squibb)	Hydroxyprogesterone caproate injection (brand discontinued)	ANI Pharmaceuticals (McGuff/Aspen)	Generic now available
<i>Diabeta</i> (Sanofi Aventis)	Glyburide	Impax (CorePharma)	Generic now available
<i>Doryx</i> (Mayne)	Doxycycline hyclate delayed-release tablet 50 mg, 200 mg	Mylan	Generic now available
<i>Enablex</i> (Novartis)	Darifenacin	Par (Anchen), Teva	Generic now available
<i>Exelon</i> (Novartis)	Rivastigmine transdermal patch	Alvogen	Generic now available
<i>Fenoglide</i> (Santarus)	Fenofibrate tablet 40 mg, 120 mg	Mylan	Generic now available
<i>Frova</i> (Endo)	Frovatriptan	Glenmark, Mylan, Par	Generic now available
<i>Fusilev</i> (Spectrum)	Levoleucovorin 50 mg/vial	West-Ward (Eurohealth)	Generic now available

More . . .

Brand^a (Manufacturer)	Generic Name	Generic Manufacturer(s)^{b,1}	Anticipated Availability^c
<i>Gleevec</i> (Novartis)	Imatinib	Apotex, Sun, Teva	Generic now available
<i>Glumetza</i> (Santarus)	Metformin extended-release tablet	Lupin	Generic now available
<i>Glyset</i> (Pharmacia & Upjohn)	Miglitol tablets	Sun (Orient)	Generic now available
<i>Imitrex</i> (GlaxoSmithKline)	Sumatriptan nasal spray	Lannett	Generic now available
<i>Integrilin</i> (Schering)	Eptifibatide	AuroMedics (Aurobindo), Teva	Generic now available
<i>Intermezzo</i> (Purdue)	Zolpidem sublingual tablet	Gavis (Novel)	Generic now available
<i>Lodosyn</i> (Aton)	Carbidopa	Alvogen, Avkare (Alvogen), Amerigen, Edenbridge	Generic now available
<i>Naftin</i> (Merz)	Naftifine 2% cream	Taro	Generic now available
<i>Nasonex</i> (Merck)	Mometasone nasal spray	Apotex	Generic now available
<i>Neoprofen</i> (Recordati Rare)	Ibuprofen lysine	X-Gen (Exela)	Generic now available
<i>Nilandron</i> (Concordia)	Nilutamide	ANI Pharmaceuticals	Generic now available
<i>Nuvigil</i> (Teva)	Armodafinil	Mylan	Generic now available
<i>Oxistat</i> (Fougera)	Oxiconazole 1% cream	Taro	Generic now available
<i>Tikosyn</i> (Pfizer)	Dofetilide	Mayne (Tiger)	Generic now available
<i>Trizivir</i> (GlaxoSmithKline)	Abacavir, lamivudine, zidovudine	Lupin	Generic now available
<i>Voltaren</i> (GlaxoSmithKline)	Diclofenac 1% gel	Amneal	Generic now available

Brand^a (Manufacturer)	Generic Name	Generic Manufacturer(s)^{b,1}	Anticipated Availability^c
<i>Zegerid</i> (Santarus)	Omeprazole/Sodium bicarbonate capsule	Ajanta, Dr. Reddy's, Northstar Rx (Ajanta), Par	Generic now available
<i>Zegerid OTC</i> (Bayer)	Omeprazole/Sodium bicarbonate capsule	Perrigo (CVS, Walgreens)	Generic now available
<i>Ziana</i> (Medicis)	Clindamycin phosphate 1.2%/Tretinoin 0.025%	Teva (Actavis)	Generic now available
<i>Cubicin</i> (Cubist)	Daptomycin	Crane, Hospira, Teva	2 nd half of 2016 ¹⁹
<i>Edecrin</i> (Aton)	Ethacrynic acid 25 mg tablet	Edenbridge	2 nd half of 2016 ¹⁵³
<i>Epzicom</i> (GlaxoSmithKline)	Abacavir sulfate/Lamivudine 600 mg/300 mg tablet	Aurobindo, Cipla, Hetero, Matrix, Mylan, Teva	September 2016 ⁹⁰
<i>Zegerid</i> (Santarus)	Omeprazole/Sodium bicarbonate suspension	Ajanta	2 nd half of 2016 ⁴⁷
<i>Remicade</i> (Janssen)	Infliximab	Hospira (biosimilar ¹)	4 th quarter 2016 ¹⁴³
<i>Azor</i> (Daiichi Sankyo)	Olmesartan/Amlodipine	Macleods, Matrix, Teva, Torrent	October 2016
<i>Benicar/Benicar HCT</i> (Daiichi Sankyo)	Olmesartan/Olmesartan HCTZ	<u>Olmesartan</u> : Alembic, Alkem, Amneal, Aurobindo, Glenmark, Jubilant, Macleods, Mylan, Sandoz, Sciegen, Teva, Torrent <u>Olmesartan HCTZ</u> : Aurobindo, Macleods, Mylan, Princeton, Teva	October 2016 ²⁴
<i>Seroquel XR</i> (AstraZeneca)	Quetiapine extended-release tablet	Accord, Handa, Mylan	November 2016 ²
<i>Kaletra</i> (Abbott)	Lopinavir/Ritonavir	<u>Tablet</u> : Aurobindo, Cipla, Hetero, Matrix, Macleods, Mylan <u>Oral solution</u> : Cipla	December 2016 ^{9,36,137}
<i>Lantus</i> (Sanofi-Aventis)	Insulin glargine	Eli Lilly/Boehringer Ingelheim	December 2016 ¹⁰⁹ (This product will be a new brand of insulin glargine [<i>Basaglar</i>], not a generic.)

Brand^a (Manufacturer)	Generic Name	Generic Manufacturer(s)^{b,1}	Anticipated Availability^c
<i>Norvir</i> (Abbvie)	Ritonavir 100 mg tablet	Aurobindo, Cipla, Mylan, Hetero, ^{h,73} Roxane	December 2016 ^{9,137}
<i>ProAir HFA</i> (Teva)	Albuterol	Perrigo ^{f,34}	December 2016 ³⁴
<i>Relpax</i> (Pfizer)	Eletriptan	Ajanta, Apotex, Mylan, Teva	December 2016 ²⁴
<i>Aggrenox</i> (Boehringer Ingelheim)	Aspirin/Dipyridamole	Teva	January 2017 (note: authorized generics now available)
<i>Azilect</i> (Teva)	Rasagiline mesylate tablet	Alkem, Apotex, Mylan, Orchid, Sandoz, ^{f,30}	February 2017 ³⁰
<i>Tamiflu</i> (Genentech)	Oseltamivir capsules	Natco	Before February 2017 ¹³⁹
<i>Minastrin 24 Fe</i> (Warner Chilcott)	Ethinyl estradiol/Norethindrone acetate/Ferrous fumarate	Lupin	March 2017 ¹⁵¹
<i>Pristiq</i> (Wyeth)	Desvenlafaxine succinate extended-release tablet	Actavis, Alembic, Mylan, Lupin, Roxane, Sandoz	March 2017 ³³
<i>Vytorin</i> (Merck)	Ezetimibe/Simvastatin	Impax, Mylan, Teva ^{f,134}	April 2017 ^{28,134}
<i>Zetia</i> (Merck)	Ezetimibe	Actavis, Mylan, Sandoz, Teva	April 2017 ^{12,140}
<i>Strattera</i> (Lilly)	Atomoxetine	Apotex, Aurobindo, Dr. Reddy's, Glenmark, Hetero, Mylan, Sandoz, Sun, Zydus	May 2017
<i>Adcirca</i> (Lilly)	Tadalafil	Aurobindo, Synthron	November 2017 ¹⁸
<i>Prezista</i> (Janssen)	Darunavir tablet	Hetero, Lupin, Mylan, Teva	November 2017 ⁷⁹
<i>Reyataz</i> (Bristol-Myers Squibb)	Atazanavir	Aurobindo, Emcure, Matrix, Teva	December 2017 ⁵²
<i>Sustiva</i> (Bristol-Myers Squibb)	Efavirenz	<u>Tablet</u> : Aurobindo, Cipla, Emcure, Hetero, Macleods, Matrix, Micro Labs, Mylan, Par, Strides <u>Capsule</u> : Aurobindo, Cipla, Micro Labs	December 2017 ²⁴

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Truvada</i> (Gilead)	Emtricitabine/Tenofovir disoproxil fumarate tablet	Aurobindo, Cipla, Hetero, Lupin, ^{f,25} Matrix, Mylan, ^{f,25} Strides Arcolab, Teva	December 2017 ²⁵
<i>Viagra</i> (Pfizer)	Sildenafil	Actavis, Ajanta, Amneal, Apotex, Aurobindo, Dr. Reddy's, Hetero, Macleods, Mylan, Rubicon	December 2017 (or earlier) ^{91,92}
<i>Viread</i> (Gilead)	Tenofovir disoproxil fumarate tablet	Aurobindo, Cipla, InvaGen, Lupin, Macleods, Matrix, Mylan, Strides Arcolab, Teva	December 2017 ⁸
<i>Copaxone</i> (Teva)	Glatiramer 40 mg/mL	Dr. Reddy's, ^{h,94} Mylan, ^{h,146} Momenta/Novartis, ^{h,146} Sandoz ^{h,70}	First half 2018 ¹⁴⁶
<i>Solodyn</i> (Medicis)	Minocycline extended-release tablet 55 mg, 65 mg, 80 mg, 105 mg, 115 mg	Apotex, ^{h,117} Aurobindo, Mylan, Sandoz, Sidmak, Sun, Teva	February 2018 ²⁴
<i>Treximet</i> (Pozen)	Sumatriptan/Naproxen	Alphapharm, ^{f,102} Dr. Reddy's, Mylan, Par, Teva ^{f,102}	February 2018 ¹⁰²
<i>Factive</i> (Cornerstone)	Gemifloxacin tablet	Orchid	March 2018 ²⁹
<i>Sensipar</i> (Amgen)	Cinacalcet tablet	Actavis, Mylan, Teva	March 2018 ⁵¹
<i>Enbrel</i> (Amgen)	Etanercept	Sandoz (biosimilar ¹)	April 2018 or later ¹⁵⁹
<i>Lexiva</i> (Vertex)	Fosamprenavir	Lupin, Mylan	June 2018 ^{d,130}
<i>Remodulin</i> (United Therapeutics)	Treprostinil injection	Sandoz	June 2018 (or earlier) ¹²⁶
<i>Acanya</i> (Valeant)	Benzoyl peroxide 2.5%/Clindamycin phosphate 1.2%	Actavis	July 2018 (or earlier) ⁸⁷
<i>Clolar</i> (Genzyme)	Clofarabine	Abon, ^{h,142} Sun, ^{h,101} Zydus	July 2018 ^d
<i>Emend</i> (Merck)	Aprepitant capsule	Sandoz	July 2018 ^{e,113}
<i>Latuda</i> (Sunovion)	Lurasidone	Amneal, Emcure, InvaGen, ^{h,135} Lupin, MSN, Sun	July 2018 ^d

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Atripla</i> (Gilead)	Efavirenz/Emtricitabine/Tenofovir disoproxil fumarate	Aurobindo, Cipla, Hetero, Macleods, Matrix, Teva	August 2018 ^{e,68}
<i>Aloxi</i> (Eisai)	Palonosetron injection	Akorn, Aurobindo, Dr. Reddy's, Exela, Fresenius Kabi, Sandoz, Teva	September 2018 (or earlier) ⁷⁸
<i>Levitra</i> (GlaxoSmithKline)	Vardenafil tablet	Macleods, Teva	October 2018 ^{e,10}
<i>Vesicare</i> (Astellas)	Solifenacin succinate	Actavis, Teva	October 2018 ²⁰
<i>Finacea</i> (Bayer)	Azelaic acid	Glenmark	November 2018
<i>Fortesta</i> (Endo)	Testosterone gel	Actavis	November 2018 ^{d,65}
<i>Lyrica</i> (Pfizer)	Pregabalin	<u>Capsule:</u> Actavis, Alembic, Apotex, Aurobindo, Lupin, Macleods, Mylan, Sandoz, Teva, Wockhardt <u>Oral solution:</u> Apotex, Lupin, Novel	December 2018 ⁵⁰
<i>Zyclara</i> (Medicis)	Imiquimod cream	Actavis ^{f,17}	January 2019 (or earlier) ¹⁷
<i>Ranexa</i> (Gilead)	Ranolazine	Lupin, Teva	February 2019 ⁸¹
<i>AzaSite</i> (InSite Vision)	Azithromycin 1% ophthalmic solution	Mylan, ^{f,13} Sandoz	March 2019 ^{e,13,43}
<i>Emend</i> (Merck)	Fosaprepitant injection	Accord, ^{h,53} Fresenius Kabi, Sandoz	March 2019 ³⁵
<i>Faslodex</i> (AstraZeneca)	Fulvestrant	Sandoz ^{f,144}	March 2019 ¹⁴⁴
<i>Exjade</i> (Novartis)	Deferasirox tablets for oral suspension	Actavis, Mylan ^{h,11}	April 2019 ^d
<i>Sporanox</i> (Janssen)	Itraconazole solution	Fera ^{h,132}	June 2019 ^d

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Uloric</i> (Takeda)	Febuxostat	Alembic, Dr. Reddy's, ^{h,97} Hetero, ^{h,97} Lupin, ^{h,97} Mylan, Ranbaxy, ^{h,97} Roxane, ^{h,106} Sun ^{h,97}	June 2019 ^{d,16}
<i>Edluar</i> (Orexo)	Zolpidem sublingual tablet	Mylan, Par	September 2019 ^{e,154,155}
<i>Fentora</i> (Cephalon)	Fentanyl citrate buccal/sublingual tablet	Actavis, ^{f,72} Impax, ^{f,57} Mylan ^{f,89}	October 2019 ⁷²
<i>Treanda</i> (Teva)	Bendamustine 25 mg/vial and 100 mg/vial	Accord, Glenmark, Hospira, InnoPharma, Sagent ^{f,107}	November 2019 ¹¹¹
<i>Daliresp</i> (AstraZeneca)	Roflumilast	Strides	January 2020 ¹⁵⁶
<i>Namenda XR</i> (Forest)	Memantine extended-release capsule	Amneal, ^{f,3} Mylan, Sun, ^{h,118} Teva, ^{f,58} Wockhardt ^{h,118}	January 2020 ³
<i>Silenor</i> (Somaxon)	Doxepin	Actavis, Mylan, Par, Zydus	January 2020 (or earlier) ³⁹
<i>Vigamox</i> (Alcon)	Moxifloxacin ophthalmic	Actavis, Akorn, Apotex, Lupin, Teva	March 2020 ^{e,6}
<i>Delzicol</i> (Warner Chilcott)	Mesalamine delayed-release capsule	Mylan ^{h,115}	April 2020 ^d
<i>Safyral</i> (Bayer)	Drospirenone/Ethinyl estradiol/Levomefolate calcium	Actavis	April 2020 ^{d,46}
<i>Chantix</i> (Pfizer)	Varenicline	Apotex, Mylan, Teva	May 2020 ^{d,49}
<i>Dexilant</i> (Takeda)	Dexlansoprazole	Impax, ^{f,104} Par (acquired Handa's ANDA), ¹³² TWI ^{f,93}	June 2020 ¹⁰⁴
<i>Lialda</i> (Shire)	Mesalamine delayed-release tablet	Allergan, ^{f,42,145} Mylan, ^{h,38} Zydus, ^{h,76}	June 2020 ^{42,145}
<i>Absorica</i> (Ranbaxy)	Isotretinoin	Actavis ^{f,88}	December 2020 (or earlier) ⁸⁸
<i>Ofirmev</i> (Mallinckrodt)	Acetaminophen injection	Paddock, Perrigo, ³¹ Sandoz	December 2020 (or earlier) ³¹

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Latisse</i> (Allergan)	Bimatoprost 0.03%	Apotex, Sandoz	January 2021 ⁴⁵
<i>Sutent</i> (Pfizer)	Sunitinib	Mylan	February 2021
<i>Tarceva</i> (OSI)	Erlotinib tablet	Mylan	May 2021 ^{e,141}
<i>Diclegis</i> (Duchesnay)	Doxylamine/Pyridoxine	Actavis	June 2021 ^{e,158}
<i>Perforomist</i> (Mylan)	Formoterol inhalation solution	Teva	June 2021
<i>Bystolic</i> (Forest)	Nebivolol	Actavis, ^{f,67} Alkem, ^{f,67} Amerigen, ^{f,67} Glenmark, ^{f,63,67} Hetero, ^{f,67} Indchemie, ^{f,67} Torrent ^{f,67}	September 2021 (or earlier) ⁶⁷
<i>Emtriva</i> (Gilead)	Emtricitabine capsule	Aurobindo, Cipla, Matrix	September 2021 ^{d,4}
<i>Brovana</i> (Sunovion)	Arformoterol	Teva	November 2021
<i>Revlimid</i> (Celgene)	Lenalidomide	Allergan ^{f,23}	March 2022 ²³
<i>Vimpat</i> (UCB)	Lacosamide	Tablet: Accord, Actavis, Alembic, Amneal, Aurobindo, Glenmark, MSN, Mylan, Sun Oral solution: Amneal, Apotex, Glenmark	March 2022 ⁵
<i>Zipsor</i> (Depomed)	Diclofenac potassium liquid-filled capsule	Actavis, ^{f,95} Biopharma	March 2022 (or earlier) ⁹⁵
<i>Alimta</i> (Lilly)	Pemetrexed	Accord, APP, Emcure, ^{h,69} Heritage, ^{h,69} Hospira, Sandoz, ^{h,56} Teva	May 2022 ^d
<i>Banzel</i> (Eisai)	Rufinamide	Glenmark, Hetero, ^{h,80} Lupin, ^{h,80} Mylan, Roxane	May 2022 (or earlier) ⁴⁸
<i>Viibryd</i> (Forest)	Vilazodone	Teva	June 2022 ^{d,21}

Brand^a (Manufacturer)	Generic Name	Generic Manufacturer(s)^{b,1}	Anticipated Availability^c
<i>Januvia</i> (Merck)	Sitagliptin	Actavis, Apotex, Mylan, Sandoz, Sun, Teva	July 2022 ^{d,21,124}
<i>Toviaz</i> (Pfizer)	Fesoterodine extended-release tablet	Actavis, Accord, ^{h,108} Alembic, Amerigen, Amneal, Aurobindo, Cadila, ^{h,108} Dr. Reddy's, Impax, ^{h,108} Mylan, ^{h,147} Lupin, Sandoz, Sun, Wockhardt, ^{h,82} Zydus ^{h,108}	July 2022 ^{d,82,147}
<i>Folotyn</i> (Spectrum)	Pralatrexate	Teva	November 2022 ¹⁴⁹
<i>Selzentry</i> (Pfizer)	Maraviroc	Hetero	November 2022 ^{d,21}
<i>Xyrem</i> (Jazz)	Sodium oxybate	Amneal, ^{h,7} Par, ^{h,7} Roxane ^{h,7}	December 2022 ^{d,7}
<i>Effient</i> (Eli Lilly)	Prasugrel	Aurobindo, Hec Pharm, ^{h,26} Mylan, Par ^{h,148}	January 2023 ^d
<i>Vimovo</i> (Horizon)	Naproxen/Esomeprazole magnesium delayed-release tablet	Actavis, ^{h,77} Anchen, ^{h,77} Dr. Reddy's, Lupin, ^{h,77} Mylan ^{h,77}	February 2023 ^{d,77}
<i>Vyvanse</i> (Shire)	Lisdexamfetamine	Actavis, Amneal, Mylan, Roxane, Sandoz	February 2023 ⁵⁵
<i>Suprep</i> (Braintree)	Magnesium sulfate anhydrous, potassium sulfate, sodium sulfate	Paddock	March 2023
<i>Edurant</i> (Janssen)	Rilpivirine	Strides Arcolab	April 2023
<i>Gralise</i> (Depomed)	Gabapentin	Actavis, Incepta, ^{f,98} Zydus ^{f,98}	January 2024 (or earlier) ^{62,98}
<i>Livalo</i> (Kowa)	Pitavastatin	Aurobindo, Mylan, ^{h,138} Zydus ^{h,136}	February 2024 ^d
<i>Pataday</i> (Alcon)	Olopatadine 0.2% ophthalmic solution	Actavis, Apotex, Teva, Wockhardt ^{h,100}	May 2024 ^d
<i>Nucynta</i> (Depomed)	Tapentadol tablet	Actavis, Alkem, Roxane	June 2025 ^{d,125}
<i>Sprycel</i> (Bristol-Myers Squibb)	Dasatinib	Apotex	March 2026 ^{e,152}

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Janumet</i> (Merck)	Sitagliptin/Metformin	Actavis, Apotex, Sandoz	April 2026 ^{d,21}
<i>Janumet XR</i> (Merck)	Sitagliptin/Metformin extended-release tablet	Anchen, Teva	April 2026 ^{d,21}
<i>Natazia</i> (Bayer)	Dienogest/estradiol valerate	Actavis, Lupin, ^{h,61} Teva	May 2026 ^{d,61}
<i>Aplenzin</i> (Valeant)	Bupropion hydrobromide extended-release tablet	Actavis, Paddock, ^{h,105} Par ^{f,83}	June 2026 ^{e,83}
<i>Cambia</i> (Depomed)	Diclofenac potassium oral solution 50 mg	Par	June 2026 ^{e,150}
<i>Nuedexta</i> (Avanir)	Dextromethorphan/Quinidine	Impax, ^{f,116} Par, Sandoz, ^{f,103} Wockhardt ^{f,85}	July 2026 (or earlier) ^{85,103}
<i>AndroGel 1.62%</i> (AbbVie)	Testosterone	Actavis, ^{h,44} Perrigo	October 2026 ^d
<i>Ampyra</i> (Acorda)	Dalfampridine extended-release tablet	Accord, Actavis, Allergan, ^{f,96,119} Aurobindo, Roxane, Alkem, Mylan, ^{h,96} Sun, Teva	2027 (or earlier) ^{e,96,119-122}
<i>Lumigan</i> (Allergan)	Bimatoprost ophthalmic solution 0.01%	Actavis, ^{f,123} Apotex, Hi-Tech, ^{f,123} Lupin, ^{f,123} Sandoz	June 2027 ¹²³
<i>Epiduo</i> (Galderma)	Adapalene 0.1%/Benzoyl peroxide 2.5%	Actavis, Glenmark, Par ^{f,131}	July 2027 ^{e,131}
<i>Fanapt</i> (Vanda)	Iloperidone	Inventia, Roxane ^{f,157}	November 2027 ¹⁵⁷
<i>Nexavar</i> (Bayer)	Sorafenib	Mylan	December 2027 ^{d,21}
<i>Oracea</i> (Galderma)	Doxycycline 40 mg capsule	Amneal, Lupin, Mylan	December 2027 ¹¹⁰
<i>Promacta</i> (Novartis)	Eltrombopag	Hetero	February 2028 ^{d,21}
<i>Differin</i> (Galderma)	Adapalene topical solution 0.1%	Call (Rochester)	May 2028

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Canasa</i> (Aptali)	Mesalamine rectal suppository 1 g	Mylan, Sandoz	June 2028 ^{d,133}
<i>Nucynta ER</i> (Depomed)	Tapentadol extended-release tablet	Actavis	September 2028 ^{d,125}
<i>Onglyza</i> (Bristol-Myers Squibb)	Saxagliptin	Actavis, ^{h,99} Amneal, Aurobindo, Par	November 2028 ^d
<i>Staxyn</i> (Bayer)	Vardenafil orally disintegrating tablet	Actavis, Macleods, Par	December 2028 ⁴⁰
<i>Pennsaid</i> (Horizon)	Diclofenac sodium 2% solution	Amneal, Lupin, Paddock, Perrigo, ^{f,66} Taro	January 2029 (or earlier) ⁶⁶
<i>Colcrys</i> (Takeda)	Colchicine	Actavis, Hikma, ^{h,64} Par	February 2029 ^d
<i>Lo Loestrin Fe</i> (Actavis)	Ethinyl estradiol/Norethindrone acetate/Ferrous fumarate	Glenmark, Jai (Mylan)	February 2029 ^{e,32}
<i>Tygacil</i> (Wyeth)	Tigecycline injection	Fresenius Kabi, Sandoz	February 2029 ⁷⁴
<i>Isentress</i> (Merck)	Raltegravir tablet	Hetero	March 2029 ^{d,21}
<i>Quartette</i> (Teva)	Levonorgestrel/Ethinyl estradiol	Lupin	March 2029 ^{d,21}
<i>Moxeza</i> (Alcon)	Moxifloxacin ophthalmic solution	Lupin	May 2029 ^{d,6}
<i>Qsymia</i> (Vivus)	Phentermine/Topiramate extended-release capsule	Actavis ^{h,41}	June 2029 ^d
<i>Savella</i> (Forest)	Milnacipran	Amneal, Apotex, ^{h,14} Glenmark, ^{i,127} Hetero, ^{h,14} Lupin, Mylan, Par, ^{h,14} Ranbaxy ^{h,14}	September 2029 ^{e,127} (may be authorized generic)
<i>Tykerb</i> (Novartis)	Lapatinib	Natco	September 2029 ^{d,21}
<i>Travatan Z</i> (Alcon)	Travoprost 0.004% ophthalmic solution	Apotex, Mylan, Par	October 2029 ^{d,128}
<i>Suboxone</i> (Reckitt Benckiser)	Buprenorphine/Naloxone sublingual film	Actavis ^{h,86}	March 2030 ^d

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Jevtana</i> (Sanofi Aventis)	Cabazitaxel	Breckenridge ^{h,54}	October 2030 ^d
<i>Giazo</i> (Valeant)	Balsalazide 1.1 g tablet	Apotex, ^{h,129} Par, Mylan	June 2031 ^{e,75}
<i>Multaq</i> (Sanofi-Aventis)	Dronedarone	Actavis, Alkem, Glenmark	June 2031
<i>Contrave</i> (Orexigen)	Bupropion/Naltrexone sustained release tablet	Actavis ^{h,114}	January 2032 ^d
<i>Zubsolv</i> (Orexo)	Buprenorphine/Naloxone sublingual tablet	Actavis ^{h,84}	September 2032 ^d
<i>Alocril</i> (Allergan)	Nedocromil ophthalmic	Akorn	Uncertain ^g
<i>Avandamet</i> (SB Pharmco)	Rosiglitazone/Metformin	Teva	Uncertain ²⁷ (brand discontinued)
<i>Avandaryl</i> (SB Pharmco)	Rosiglitazone/Glimepiride	Teva	Uncertain ²⁷ (brand discontinued)
<i>Avandia</i> (SB Pharmco)	Rosiglitazone	Actavis, Dr. Reddy's, Mylan, Roxane, Sandoz, Teva, Hikma	Uncertain ²⁷
<i>Axiron</i> (Eli Lilly)	Testosterone transdermal solution	Actavis, Amneal, ^{h,112} Lupin, ^{h,112} Perrigo	Uncertain (patents invalidated; generic could launch during appeal process) ¹¹²
<i>Bloxiverz</i> (Eclat)	Neostigmine	Eurohealth	Uncertain ^g
<i>CellCept</i> (Roche Palo)	Mycophenolate mofetil hydrochloride injection	Bedford Labs	Uncertain ^g
<i>Exalgo</i> (Mallinckrodt)	Hydromorphone extended-release tablet 32 mg	Actavis, Osmotica	Uncertain ^g
<i>Exelon</i> (Novartis)	Rivastigmine oral solution (brand discontinued)	Ranbaxy	Uncertain ^g (brand discontinued)
<i>Oxytrol</i> (Actavis)	Oxybutynin transdermal patch	Teva	Uncertain ³⁷

Brand ^a (Manufacturer)	Generic Name	Generic Manufacturer(s) ^{b,1}	Anticipated Availability ^c
<i>Prandimet</i> (Novo Nordisk)	Repaglinide/metformin tablet	Lupin	Uncertain ^g
<i>Renagel</i> (Genzyme)	Sevelamer hydrochloride (oral suspension)(brand not available)	Impax ^{f,15}	Uncertain (brand discontinued)
<i>Renvela</i> (Genzyme)	Sevelamer carbonate (oral suspension)	Impax ^{f,15}	Uncertain ^g
<i>Rezira</i> (Hawthorn)	Hydrocodone/pseudoephedrine oral solution	Coastal, Tris Pharma, Paddock (Perrigo)	Uncertain ^g
<i>Sarafem</i> (Apil)	Fluoxetine tablet	Teva	Uncertain ^g
<i>Welchol</i> (Daiichi Sankyo)	Colesevelam tablet and oral suspension	Impax, ^{f,22} Actavis, ^{h,71} Glenmark ^{f,59}	Uncertain ^{22,59}

- a. This list is not all-inclusive.
- b. Current through August 2016. These are manufacturers with either approval or tentative approval to market the generic version of the drug unless otherwise noted. For drugs already available, manufacturers with tentative approval are not listed.
- c. Generic availability is subject to change as a result of litigations and patent exclusivities.
- d. Patent challenged; availability may be sooner than patent expiration date.
- e. Generic manufacturer has settled patent litigation with the brand manufacturer. Generic availability may be sooner than patent expiration date.
- f. Generic manufacturer has not received approval or tentative approval from the FDA, but has settled patent litigation with the brand manufacturer.
- g. Patents have expired; however, generics are not yet available.
- h. Generic manufacturer has not received approval or tentative approval from the FDA, but has filed patent challenge.
- i. A biosimilar is not a generic. Biosimilars and their reference product are complex biologic medicines that originate in living organisms. A biosimilar is not the exact duplicate of the reference biologic, but is very similar and is expected to have the same efficacy and safety for its approved indications.⁶⁰

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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Cite this document as follows: Professional Resource, Anticipated Availability of First-Time Generics. Pharmacist's Letter/Prescriber's Letter. September 2016.

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Methadone Utilization

SD Medicaid Methadone Utilization		
10/13/15 - 10/12/16		
Label Name	Rx Num	Total Reimb Amt
METHADONE 5 MG/5 ML SOLUTION	13	\$97.43
METHADONE 10 MG/5 ML SOLUTION	2	\$98.47
METHADONE HCL 5 MG TABLET	82	\$1,215.09
METHADONE HCL 10 MG TABLET	183	\$3,514.33
42 recipients	280	\$4,925.32

Age	Count
0-5	5
15-30	5
30+	32

Common Diagnoses

Opioid dependence, uncomplicated
 Other chronic pain
 Chronic pain due to trauma
 Opioid dependence, in remission
 Chronic pain syndrome
 Other medical misadventure
 Chronic fatigue, unspecified
 Other long term (current) drug therapy
 Cannabis dependence
 Secondary malignant neoplasm of brain
 Opioid dependence with withdrawal
 Malignant neoplasm of prostate
 Opioid abuse, uncomplicated
 Malignant neoplasm of brain



**METHADONE
PRIOR AUTHORIZATION**
SD DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-705-5391

SD Medicaid requires that patients receiving a new prescription for methadone must meet the following criteria:

- Patient is being prescribed methadone for the treatment of chronic severe pain
- Patient unable to take all other long-acting opioids.
- Methadone must be prescribed on a scheduled basis, not as needed.

Part I: RECIPIENT INFORMATION (To be completed by physician's representative or pharmacy):

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH
-----------------	---------------------	-------------------------

Part II: PHYSICIAN INFORMATION (To be completed by physician's representative or pharmacy):

PHYSICIAN NAME:	PHYSICIAN DEA NUMBER:	
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	
Is patient unable to take all other long-acting opioids?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List all medications tried/failed:		
PHYSICIAN SIGNATURE:	DATE:	

Part IV: PHARMACY INFORMATION

PHARMACY NAME:	SD MEDICAID PROVIDER NUMBER:
PHONE: ():	FAX: ()
DRUG:	NDC#:

Part V: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	



Lock-in programs are designed to help agencies prevent recipients from over-utilizing controlled substances, monitor recipient care more closely, and facilitate appropriate prescribing habits.

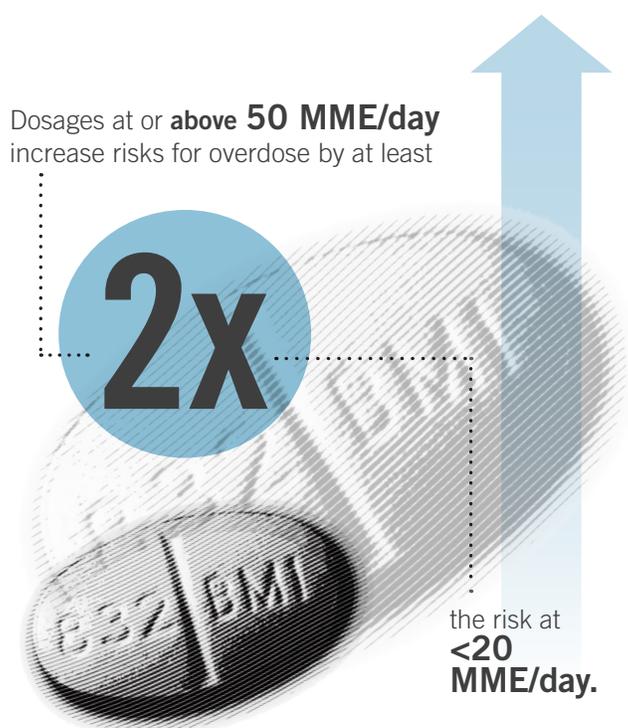
Example Lock-In Plan:

1. Identify recipients who overuse controlled substances by reviewing recipient profiles, based on specific criteria.
2. Committee review of flagged profiles for recommendation of intervention.
3. DUR letters are sent to selected prescribers. Example letters include: multiple prescribers, excessive use/high dose, early refills, chronic use, and/or duplication of therapy.
4. After the initial letter is sent, the lock-in criteria are suppressed.
5. After a designated period of time, the criteria are no longer suppressed. If a recipient's profile generates another hit (indicating no positive change in behavior), a lock-in warning letter is sent to the prescriber and the recipient.
6. After the warning letter is sent, the lock-in criteria are again suppressed.
7. After a designated period of time, the criteria are no longer suppressed. If a recipient's profile generates another hit, the following steps are taken:
 - Selected profiles are reviewed by a subcommittee.
 - Recipients who have duplicate therapy for the same drug(s) from more than one pharmacy are recommended for lock-in.
 - After communication with the prescriber, a pharmacy is selected for the recipient and the recipient is locked-in.

CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

Higher Dosage, Higher Risk.

Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Higher dosages haven't been shown to reduce pain over the long term. One randomized trial found no difference in pain or function between a more liberal opioid dose escalation strategy (with average final dosage 52 MME) and maintenance of current dosage (average final dosage 40 MME).



WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

Patients prescribed higher opioid dosages are at higher risk of overdose death.

In a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioids from 2004–2009, **patients who died** of opioid overdose were prescribed an average of **98 MME/day**, while **other patients** were prescribed an average of **48 MME/day**.

Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.

HOW MUCH IS 50 OR 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS?

50 MME/day:

- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15 mg)
- 12 mg of methadone (<3 tablets of methadone 5 mg)

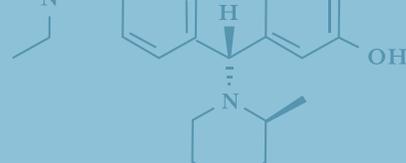
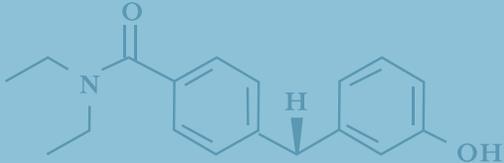
90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html



HOW SHOULD THE TOTAL DAILY DOSE OF OPIOIDS BE CALCULATED?

1

DETERMINE the total daily amount of each opioid the patient takes.

2

CONVERT each to MMEs—multiply the dose for each opioid by the conversion factor. (see table)

3

ADD them together.



Calculating morphine milligram equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

CAUTION:

- Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another—the new opioid should be lower to avoid unintentional overdose caused by incomplete cross-tolerance and individual differences in opioid pharmacokinetics. Consult the medication label.

USE EXTRA CAUTION:

- Methadone:** the conversion factor increases at higher doses
- Fentanyl:** dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors

HOW SHOULD PROVIDERS USE THE TOTAL DAILY OPIOID DOSE IN CLINICAL PRACTICE?

- Use caution when prescribing opioids at any dosage and prescribe the lowest effective dose.
- Use extra precautions when increasing to ≥50 MME per day* such as:
 - Monitor and assess pain and function more frequently.
 - Discuss reducing dose or tapering and discontinuing opioids if benefits do not outweigh harms.
 - Consider offering naloxone.
- Avoid or carefully justify increasing dosage to ≥90 MME/day.*



* These dosage thresholds are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication-assisted treatment for opioid use disorder.



ZINBRYTA
PRIOR AUTHORIZATION
SD DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-705-5391

SD Medicaid requires that patients receiving a new prescription for Zinbryta must meet the following criteria:

- Patient must have a diagnosis of relapsing forms of multiple sclerosis (MS)
- Patient must be 18 years of age or older
- Patient must have had an inadequate response to two or more drugs indicated for the treatment of MS
- Patient must not have pre-existing hepatic disease or hepatic impairment

Part I: RECIPIENT INFORMATION (To be completed by physician's representative or pharmacy):

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH
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Part II: PHYSICIAN INFORMATION (To be completed by physician's representative or pharmacy):

PHYSICIAN NAME:	PHYSICIAN DEA NUMBER:	
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:
Is patient 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have pre-existing hepatic disease or hepatic impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have a history of autoimmune hepatitis or other autoimmune condition involving the liver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all drugs indicated for the treatment of MS that patient has had an inadequate response to:	
PHYSICIAN SIGNATURE:	DATE:

Part IV: PHARMACY INFORMATION

PHARMACY NAME:	SD MEDICAID PROVIDER NUMBER:
PHONE: ():	FAX: ()
DRUG:	NDC#:

Part V: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	



**BYVALSON
PRIOR AUTHORIZATION**
SD DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES DIVISION

**Fax Completed Form to:
866-254-0761**
**For questions regarding this
Prior authorization, call
866-705-5391**

SD Medicaid requires that patients receiving a new prescription for Byvalson must meet the following criteria:

- Patient must have a diagnosis of hypertension
- Patient must have a trial of concurrent use of nebivolol plus generic valsartan for at least 90 days

Part I: RECIPIENT INFORMATION (To be completed by physician's representative or pharmacy):

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH
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Part II: PHYSICIAN INFORMATION (To be completed by physician's representative or pharmacy):

PHYSICIAN NAME:	PHYSICIAN DEA NUMBER:	
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:
Does patient have severe bradycardia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have heart block greater than first degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have cardiogenic shock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have decompensated cardiac failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have sick sinus syndrome without a permanent pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have severe hepatic impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has patient had a concurrent trial of nebivolol plus generic valsartan for at least 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICIAN SIGNATURE:	DATE:

Part IV: PHARMACY INFORMATION

PHARMACY NAME:	SD MEDICAID PROVIDER NUMBER:
PHONE: ():	FAX: ()
DRUG:	NDC#:

Part V: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	



ONFI
PRIOR AUTHORIZATION
SD DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-705-5391

SD Medicaid requires that patients receiving a new prescription for Onfi must meet the following criteria:

- Patient must have a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS).
- Patient must be 2 years of age or older.

Part I: RECIPIENT INFORMATION (To be completed by physician's representative or pharmacy):

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH
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Part II: PHYSICIAN INFORMATION (To be completed by physician's representative or pharmacy):

PHYSICIAN NAME:		PHYSICIAN DEA NUMBER:
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug and Dosage: <input type="checkbox"/> Onfi	Diagnosis for this request:
Dosing Instructions:	
PHYSICIAN SIGNATURE:	DATE:

Part IV: PHARMACY INFORMATION

PHARMACY NAME:	SD MEDICAID PROVIDER NUMBER:
PHONE: ():	FAX: ()
DRUG:	NDC#:

Part V: FOR OFFICIAL USE ONLY

Date: / /	Initials: _____
Approved - Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

SD Medicaid Onfi Utilization			
07/01/15 - 06/30/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ONFI 10 MG TABLET	6	\$3,260.97	\$543.50
ONFI 2.5 MG/ML SUSPENSION	283	\$196,043.30	\$692.73
ONFI 10 MG TABLET	306	\$336,375.12	\$1,099.27
ONFI 20 MG TABLET	90	\$84,354.47	\$937.27
73 recipients	685	\$620,033.86	

Age	Recip Count
0-5	14
6-10	21
11-15	21
16-20	12
20+	5

Diagnoses	Recip Count
OTH GEN EPILEPSY NOT INTRACTABLE W/O STAT EPI	4
EPILEPSY UNSP NOT INTRACTABLE WITHOUT STATUS EPI	22
CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	1
GEN IDIOPATHIC EPILEPSY INTRACTABLE W/O STAT EPI	6
LOC-REL SYM EPI W CM PR SEIZ,X NTRCT,W/O STA EPI	5
SIMPLE FEBRILE CONVULSIONS	1
OTHER CONVULSIONS	2
UNSPECIFIED CONVULSIONS	5
EPILEPSY UNSP NOT INTRACTABLE WITH STATUS EPI	2
LENNOX-GASTAUT SYNDROME NOT INTRACT W/O STAT EPI	10
OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPI	3
UNS EPILEPSY WO INTRACT EPILEPSY	1
JUVENILE MYOCLONIC EPILEPSY INTRACT W/O STAT EPI	1
EPILEPSY UNSP INTRACTABLE WITHOUT STATUS EPI	1
NONE	9

SD Medicaid Medications > \$5,000

Utilization 2015-2016

Description	Dollar Total	Dollar/Rx
ADEMPAS 2.5 MG TABLET	\$27,188.43	\$9,062.81
ADVATE 1,801-2,400 UNITS VIAL	\$1,325,019.59	\$260,825.74
ADVATE 200-400 UNITS VIAL	\$100,104.83	\$18,186.37
ADVATE 401-800 UNITS VIAL	\$210,593.20	\$40,163.39
ADVATE 801-1,200 UNITS VIAL	\$38,647.42	\$38,647.42
AFINITOR 10 MG TABLET	\$157,833.50	\$22,637.90
AFINITOR 2.5 MG TABLET	\$21,043.86	\$10,521.93
AFINITOR 5 MG TABLET	\$44,781.28	\$22,770.18
AFINITOR 7.5 MG TABLET	\$249,169.13	\$22,830.46
ALECENSA 150 MG CAPSULE	\$12,874.21	\$12,874.21
ALPROLIX 1,000 UNIT NOMINAL	\$277,097.47	\$32,355.81
AUBAGIO 14 MG TABLET	\$81,131.81	\$10,762.44
AVONEX PREFILLED SYR 30 MCG KT	\$28,293.72	\$11,360.92
CATHFLO ACTIVASE 2 MG VIAL	\$38,116.07	\$6,352.68
CAYSTON 75 MG INHAL SOLUTION	\$50,391.34	\$5,599.04
CIMZIA 200 MG/ML STARTER KIT	\$30,485.37	\$20,009.04
COPAXONE 20 MG/ML SYRINGE	\$181,257.66	\$12,001.08
COPAXONE 40 MG/ML SYRINGE	\$757,069.89	\$10,739.23
CUPRIMINE 250 MG CAPSULE	\$8,203.38	\$8,203.38
EPCLUSA 400 MG-100 MG TABLET	\$26,017.58	\$26,017.58
EXJADE 500 MG TABLET	\$12,620.54	\$6,310.27
GATTEX 5 MG 30-VIAL KIT	\$301,249.85	\$66,414.62
GENOTROPIN 12 MG CARTRIDGE	\$96,659.42	\$5,087.34
GENOTROPIN MINIQWICK 1.8 MG	\$5,530.79	\$5,530.79
GENOTROPIN MINIQWICK 2 MG	\$114,048.43	\$12,161.11
GILENYA 0.5 MG CAPSULE	\$325,247.11	\$18,101.91
GLATOPA 20 MG/ML SYRINGE	\$5,134.75	\$5,134.75
GLEEVEC 100 MG TABLET	\$240,666.77	\$22,143.82
GLEEVEC 400 MG TABLET	\$215,445.58	\$36,718.34
HARVONI 90-400 MG TABLET	\$758,016.30	\$45,029.50
HELIXATE FS 1,000 UNIT VIAL	\$58,010.54	\$29,005.27
HELIXATE FS 500 UNIT VIAL	\$28,353.07	\$28,353.07
HUMIRA PEN CROHN-UC-HS STARTER	\$102,269.76	\$22,061.10
HUMIRA PEN PSORIASIS-UVEITIS	\$44,821.32	\$15,326.65
HYCAMTIN 1 MG CAPSULE	\$5,934.52	\$5,934.52
IBRANCE 125 MG CAPSULE	\$21,092.08	\$10,546.04
IBRANCE 75 MG CAPSULE	\$20,575.60	\$10,287.80
IMATINIB MESYLATE 400 MG TAB	\$73,974.61	\$10,567.80
IMBRUVICA 140 MG CAPSULE	\$85,554.56	\$10,694.32
INLYTA 5 MG TABLET	\$23,728.10	\$11,864.05
INVEGA TRINZA 819 MG/2.625 ML	\$117,529.72	\$12,974.73
KALYDECO 150 MG TABLET	\$326,157.45	\$76,637.85
KUVAN 100 MG TABLET	\$61,614.51	\$14,376.28
LETAIRIS 10 MG TABLET	\$14,062.18	\$7,031.09

SD Medicaid Medications > \$5,000

Utilization 2015-2016

Description	Dollar Total	Dollar/Rx
LUPRON DEPOT-PED 30 MG 3MO KIT	\$61,324.00	\$12,264.80
LYNPARZA 50 MG CAPSULE	\$9,384.57	\$9,384.57
MEKINIST 2 MG TABLET	\$21,031.16	\$10,515.58
NEUPOGEN 480 MCG/1.6 ML VIAL	\$24,068.06	\$6,017.02
NEXAVAR 200 MG TABLET	\$56,896.28	\$23,406.01
NPLATE 250 MCG VIAL	\$75,882.06	\$12,125.62
NPLATE 500 MCG VIAL	\$219,655.16	\$23,022.08
NUTROPIN AQ 20 MG/2ML PEN CART	\$175,548.06	\$12,498.70
NUTROPIN AQ NUSPIN 20 INJECTOR	\$128,216.11	\$11,997.72
NUTROPIN AQ PEN CARTRIDGE	\$11,057.24	\$5,528.62
OPSUMIT 10 MG TABLET	\$14,657.26	\$7,328.63
ORKAMBI 200 MG-125 MG TABLET	\$436,879.29	\$41,607.77
PROMACTA 25 MG TABLET	\$160,303.10	\$17,735.47
REBIF 44 MCG/0.5 ML SYRINGE	\$58,511.26	\$11,835.90
REBIF REBIDOSE 44 MCG/0.5 ML	\$39,717.16	\$5,673.88
REBIF REBIDOSE TITRATION PACK	\$5,673.88	\$5,673.88
REBIF TITRATION PACK	\$5,673.88	\$5,673.88
RECOMBINATE 1,241-1,800 UNIT V	\$491,763.59	\$75,661.91
RECOMBINATE 220-400 UNIT VIAL	\$10,137.28	\$10,137.28
RECOMBINATE 401-800 UNIT VIAL	\$135,392.88	\$18,086.18
REVLIMID 10 MG CAPSULE	\$16,169.10	\$16,169.10
SABRIL 500 MG POWDER PACKET	\$83,683.65	\$17,471.01
SOVALDI 400 MG TABLET	\$701,595.50	\$57,004.60
SPRYCEL 100 MG TABLET	\$10,817.05	\$10,817.05
STELARA 45 MG/0.5 ML SYRINGE	\$156,104.12	\$17,344.90
STELARA 90 MG/ML SYRINGE	\$55,388.22	\$18,462.74
SUTENT 37.5 MG CAPSULE	\$215,412.86	\$25,248.87
SUTENT 50 MG CAPSULE	\$42,872.85	\$28,816.16
TAFINLAR 50 MG CAPSULE	\$15,311.65	\$7,655.83
TARCEVA 150 MG TABLET	\$28,581.46	\$14,570.90
TARCEVA 25 MG TABLET	\$20,295.40	\$5,073.85
TECFIDERA DR 120 MG CAPSULE	\$5,321.32	\$5,321.32
TECFIDERA DR 240 MG CAPSULE	\$637,483.11	\$12,009.58
TECFIDERA STARTER PACK	\$41,553.43	\$11,764.10
TEMOZOLOMIDE 140 MG CAPSULE	\$7,869.58	\$7,869.58
TETRABENAZINE 12.5 MG TABLET	\$35,288.70	\$11,716.02
TETRABENAZINE 25 MG TABLET	\$204,397.31	\$27,735.42
TOBI 300 MG/5 ML SOLUTION	\$11,496.49	\$5,748.25
TOBI PODHALER 28 MG INHALE CAP	\$87,630.41	\$17,349.14
TOBRAMYCIN 300 MG/5 ML AMPULE	\$185,560.10	\$5,457.65
TRACLEER 125 MG TABLET	\$283,517.21	\$17,978.53
VOTRIENT 200 MG TABLET	\$17,374.36	\$8,687.18
XALKORI 250 MG CAPSULE	\$211,741.69	\$28,555.23
XENAZINE 12.5 MG TABLET	\$261,850.15	\$12,766.43

SD Medicaid Medications > \$5,000**Utilization 2015-2016**

Description	Dollar Total	Dollar/Rx
XENAZINE 25 MG TABLET	\$215,414.73	\$14,360.98
XTANDI 40 MG CAPSULE	\$36,341.04	\$17,864.26
ZENPEP DR 40,000 UNITS CAPSULE	\$26,116.14	\$6,529.04
ZOLINZA 100 MG CAPSULE	\$11,557.93	\$11,557.93
ZYKADIA 150 MG CAPSULE	\$57,892.12	\$11,578.42
ZYTIGA 250 MG TABLET	\$130,806.41	\$15,357.90

PRODUCT DETAILS OF ORFADIN (NITISINONE)

INDICATIONS AND USE:

Orfadin is a 4-hydroxyphenylpyruvate dioxygenase inhibitor indicated for the treatment of hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

DOSAGE AND ADMINISTRATION:

- The recommended initial dose is 0.5 mg/kg orally twice daily
- Titrate the dose based on biochemical and/or clinical response, as described in the full prescribing information.
- The maximum dosage is 1 mg/kg orally twice daily.

DOSAGE FORM AND STRENGTHS:

Capsules: 2 mg, 5 mg, 10 mg, 20 mg

Oral suspension: 4 mg/mL

WARNINGS AND PRECAUTIONS:

- Elevated plasma tyrosine levels, ocular symptoms, developmental delay and hyperkeratotic plaques.
- Leukopenia and severe thrombocytopenia
- Risk of adverse reactions due to glycerol content

ADVERSE REACTIONS:

Most common adverse reactions are elevated tyrosine levels, thrombocytopenia, leukopenia, conjunctivitis, corneal opacity, keratitis, photophobia, eye pain, blepharitis, cataracts, granulocytopenia, epistaxis, pruritus, exfoliative dermatitis, dry skin, maculopapular rash, and alopecia.

DRUG INTERACTIONS:

- CYP2C9 substrates – potential for increased systemic exposure of these coadministered drugs.

References:

1. Orfadin [package insert]. Waltham, MA: Sobi, Inc.; June 2016.

PRODUCT DETAILS OF XIIDRA (LIFITEGRAST OPHTHALMIC SOLUTION)

INDICATIONS AND USE:

Xiidra is a lymphocyte function-associated antigen-1 (LFA-1) antagonist indicated for the treatment of the signs and symptoms of dry eye disease (DED).

DOSAGE AND ADMINISTRATION:

- One drop twice daily in each eye (approximately 12 hours apart).

DOSAGE FORM AND STRENGTHS:

Ophthalmic solution

ADVERSE REACTIONS:

The most common adverse reactions were instillation site irritation, dysgeusia, and decreased visual acuity.

COST:

Approximately \$450 per bottle.

References:

1. Xiidra [package insert]. Lexington, MA: Shire US, Inc.; July 2016.

PRODUCT DETAILS OF NUPLAZID (PIMAVANSERIN)

INDICATIONS AND USE:

Nuplazid is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

DOSAGE AND ADMINISTRATION:

- Recommended dose is 34 mg, taken orally as 17 mg tablets once daily.

DOSAGE FORM AND STRENGTHS:

Tablets: 17 mg

WARNINGS AND PRECAUTIONS:

- QT interval prolongation

ADVERSE REACTIONS:

Most common adverse reactions include peripheral edema and confusional state.

DRUG INTERACTIONS:

- Strong CYP3A4 inhibitors (reduce pimavanserin dose)
- Strong CYP3A4 inducers (increase in pimavanserin dose may be needed).

COST:

Approximately \$35 a pill.

References:

1. Nuplazid [package insert]. San Diego, CA: Acadia Pharmaceuticals, Inc.; April 2016.