

South Dakota Department of Social Services

Medicaid P&T Committee Meeting

June 22, 2012





DEPARTMENT OF SOCIAL SERVICES

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

**Friday, June 22, 2012
1:00 – 3:00 PM**

**Sioux Falls
Sheraton Convention Center
Fontanelle A
1211 West Avenue North**

Call to Order

Approval of Minutes of Previous Meeting

Prior Authorization Update

Review of Top 15 Therapeutic Categories/Top 25 Drugs

**Old Business
Antipsychotics
Lidoderm
Brilinta**

**New Business
Early refill
Onfi
Review of Topical Steroids
Review of Actinic Keratosis Treatments**

Oral Presentations and Comments by Manufacturers' Representatives

Next Meeting Date/Adjournment

**Minutes of the March 2, 2012
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division**

Members present

Debra Farver, PharmD; Dana Darger, RPh; Timothy Soundy, MD; Bill Ladwig, RPh; James Engelbrecht, MD; Michelle Baack, MD; Mikel Holland, MD; Kelly Oehlke, PharmD; Lenny Petrick, PharmD

Members absent

Rick Holm, MD

DSS staff present

Mike Jockheck, RPh

HID staff present

Candace Rieth, PharmD

Administrative Business

The P&T meeting was called to order by D. Darger at approximately 1:00pm. The minutes of the December 9, 2011 meeting were presented. D. Farver made a motion to approve. K. Oehlke seconded the motion. The motion was approved unanimously.

Prior Authorization Update and Statistics

C. Rieth presented an overview of the prior authorization (PA) activity for October 2011. There were a total of 2,088 PAs processed in the month of January, with 98.04% of those requests responded to in less than 8 hours. There were 1,758 (84%) requests received electronically and 330 (16%) requests received by fax.

Analysis of the Top 15 Therapeutic Classes

C. Rieth reviewed the Top 15 Therapeutic Classes by total cost of claims from 10/01/2011 – 12/31/2011. The top five classes were antipsychotics, cerebral stimulants, amphetamines, corticosteroids (respiratory tract), and leukotriene modifiers. The top 15 therapeutic classes make up 38.43% of total claims. C. Rieth also reviewed the top 25 drugs based on total claims cost and number of claims. The top 25 drugs by claims cost make up 15.64% of total claims.

Review of PA Forms

The committee reviewed all prior authorization forms and criteria. Suggested changes include:

1. Remove Cozaar from ARB form and remove other brand ARBs when their generic equivalent becomes available
2. Add Actemra, Stelara, Rituxan and add 'specialist involved in therapy' to TIM form
3. Add 'or intolerance to allopurinol' to Uloric algorithm
4. Remove Protonix from the PPI form
5. Add 'specialist involved in therapy' to Xolair form

Oral Anticoagulants Review

At the December meeting, the committee asked that a draft PA form for oral anticoagulants be brought to the March meeting. B. Ward, representing Boehringer Ingelheim, had a question for the committee. After review, a motion was made by J. Engelbrecht to amend the form to include the FDA approved indications for each drug as bullet points. D. Farver seconded the motion. The motion was approved unanimously. A motion was made by D. Farver to approve the amended form. T. Soundy seconded the motion. The motion was approved

unanimously. The committee requested that recipients currently taking these medications be grandfathered in the PA process.

ODT Review

C. Rieth presented information for orally disintegrating tablets currently available. There was no public comment. A motion was made by M. Baack to amend the form to include 'severe nausea or vomiting'. B. Ladwig seconded the motion. The motion was approved unanimously. A motion was made by J. Engelbrecht to approve the amended form. D. Farver seconded the motion. The motion was approved unanimously.

Antipsychotics used as Antidepressants Review

C. Rieth reviewed data for antipsychotics used as antidepressants. P. Arends, representing NAMI, had a question for the committee. D. Sproat, representing BMS, had a question for the committee. After review, the committee requested that data, including all of the antipsychotics that could be used in depression, be brought to the June meeting; that all prior recommendations related to antipsychotics be reviewed at the June meeting; and that Dr. Farver and Dr. Soundy draft a proposal for prior authorization of antipsychotics.

Low-dose Seroquel Review

Low-dose Seroquel will be reviewed with antipsychotics in June.

Lidoderm Review

C. Rieth reviewed Lidoderm clinical and utilization information. There was no public comment. The committee requested that diagnoses information for recipients receiving Lidoderm be brought to the June meeting.

Brilinta Review

C. Rieth reviewed Brilinta clinical and utilization information. There was no public comment. The committee requested that updated utilization information be provided at the June meeting.

Lorzone Review

C. Rieth reviewed Lorzone clinical and utilization information. There was no public comment. The committee requested that a Skeletal Muscle Relaxant class review be brought back to the June meeting.

The next meeting date is scheduled for June 22, 2012. The location will be the Sheraton Convention Center. A motion was made by M. Baack at 3:00pm to adjourn the SD Medicaid P&T meeting. K. Oehlke seconded the motion. Motion passed unanimously and the meeting was adjourned.



**South Dakota Medicaid
Monthly Prior Authorization Report
April 1, 2012 – April 30, 2012**

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
2,738	2,707	31	98.87%	1.13%

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	122	211
ALT	Altabax	1	3
AMB	Ambien CR	6	11
ANF	Anti-Infectives (antibiotic)	0	2
ANT	Antihistamines	11	61
APS	Antipsychotic	25	37
ARB	ARBS	6	4
DAW	Dispense As Written	22	62
FUN	Antifungals	0	4
GIA	Gastrointestinal Agents	0	1
GRA	Gralise	0	6
GRH	Growth Hormone	10	13
HLM	Head Lice Medication	25	53
HOR	Horizant	0	1
MAX	Max Units Override	81	871
NAR	Name Brand Narcotics	1	3
NUC	Opioids	8	31
OPH	Ophthalmic Antihistamines	3	122
PPI	Proton Pump Inhibitors	54	130
STI	Stimulants	7	21
SUB	Suboxone/Subutex	2	11
TIM	Targeted Immune Modulators	13	25
TOP	Topical Acne Agents	73	489
TRP	Triptans	10	65
ULT	Ultram ER	2	17
VUS	Vusion	0	1
XOL	Xolair	0	1
Totals		482	2256

**South Dakota Medicaid
Monthly Prior Authorization Report
April 1, 2012 – April 30, 2012**

By Request Type

04/01/12 - 04/30/12	# of Requests	Electronic Requests		Faxed Requests	
		#	%	#	%
Prior Authorizations:					
Antidepressant	333	265	80%	68	20%
Altabax	4	3	75%	1	25%
Ambien CR	17	14	82%	3	18%
Anti-Infectives(anti-biotic)	2	2	100%	0	0%
Antihistamines	72	59	82%	13	18%
Antipsychotic	62	39	63%	23	37%
ARBS	10	6	60%	4	40%
Dispense As Written	84	56	67%	28	33%
Antifungals	4	4	100%	0	0%
Gastrointestinal Agents	1	1	100%	0	0%
Gralise	6	4	67%	2	33%
Growth Hormone	23	4	17%	19	83%
Head Lice Medication	78	46	59%	32	41%
Horizant	1	1	100%	0	0%
Max Units Override	952	873	92%	79	8%
Name Brand Narcotics	4	2	50%	2	50%
Opioids	39	27	69%	12	31%
Ophthalmic Antihistamines	125	107	86%	18	14%
Proton Pump Inhibitors	184	152	83%	32	17%
Stimulants	28	21	75%	7	25%
Suboxone/Subutex	13	8	62%	5	38%
Targeted Immune Modulators	38	31	82%	7	18%
Topical Acne Agents	562	441	78%	121	22%
Triptans	75	63	84%	12	16%
Ultram ER	19	17	89%	2	11%
Vusion	1	1	100%	0	0%
Xolair	1	0	0%	1	100%
Prior Authorization Totals	2,738	2,247	82%	491	18%



**South Dakota Medicaid
Monthly Prior Authorization Report
April 1, 2012 – April 30, 2012**

Electronic PAs (Unique)

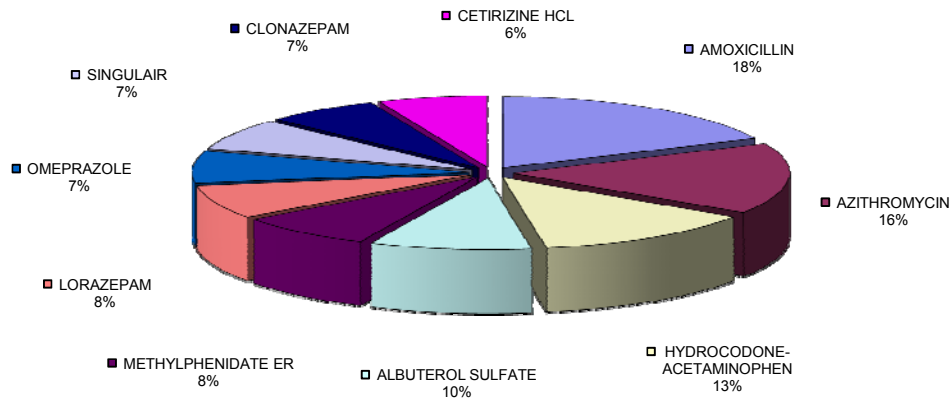
04/01/12 - 04/30/12	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
ADP	68	186	0	254	26.80%	265
ALT	0	3	0	3	0.00%	3
AMB	3	11	0	14	21.40%	14
ANF	0	2	0	2	0.00%	2
ANT	4	55	0	59	6.80%	59
APS	4	35	0	39	10.30%	39
ARB	2	4	0	6	33.30%	6
DAW	0	52	0	52	0.00%	55
FUN	0	4	0	4	0.00%	4
GIA	0	1	0	1	0.00%	1
GRA	0	4	0	4	0.00%	4
GRH	0	4	0	4	0.00%	4
HLM	0	44	0	44	0.00%	46
HOR	0	1	0	1	0.00%	1
MAXU	23	820	0	843	2.70%	873
NAR	0	2	0	2	0.00%	2
NUC	3	23	0	26	11.50%	27
OPH	0	103	0	103	0.00%	107
PPI	28	105	0	133	21.10%	152
STI	2	18	0	20	10.00%	21
SUB	0	8	0	8	0.00%	8
TIM	7	18	0	25	28.00%	31
TOP	12	415	0	427	2.80%	442
TRP	4	55	0	59	6.80%	63
ULT	1	16	0	17	5.90%	17
VUS	0	1	0	1	0.00%	1
Prior Authorization Totals:	161	1990	0	2151	7.50%	2247

TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/2012 - 03/31/2012

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	9,229	\$ 89,732.27	\$ 9.72	4.07%
AZITHROMYCIN	MACROLIDES	8,194	\$ 132,155.91	\$ 16.13	3.61%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	6,674	\$ 79,551.00	\$ 11.92	2.94%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	4,783	\$ 88,007.90	\$ 18.40	2.11%
METHYLPHENIDATE ER	ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC	4,053	\$ 634,418.08	\$ 156.53	1.79%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	3,874	\$ 28,831.55	\$ 7.44	1.71%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,696	\$ 49,878.17	\$ 13.50	1.63%
SINGULAIR	LEUKOTRIENE MODIFIERS	3,631	\$ 529,638.55	\$ 145.87	1.60%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	3,379	\$ 26,013.48	\$ 7.70	1.49%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	3,232	\$ 56,545.43	\$ 17.50	1.43%
CEFDINIR	CEPHALOSPORINS	2,966	\$ 117,182.03	\$ 39.51	1.31%
TRAMADOL HCL	OPIATE AGONISTS	2,849	\$ 33,897.14	\$ 11.90	1.26%
FLUOXETINE HCL	ANTIDEPRESSANTS	2,724	\$ 22,501.97	\$ 8.26	1.20%
AMOX TR-POTASSIUM CLAVULANATE	PENICILLINS	2,694	\$ 74,412.38	\$ 27.62	1.19%
VYVANSE	AMPHETAMINES	2,634	\$ 393,340.28	\$ 149.33	1.16%
LEVOTHYROXINE SODIUM	THYROID AGENTS	2,423	\$ 20,950.25	\$ 8.65	1.07%
SERTRALINE HCL	ANTIDEPRESSANTS	2,367	\$ 20,697.12	\$ 8.74	1.04%
TRAZODONE HCL	ANTIDEPRESSANTS	2,251	\$ 14,853.05	\$ 6.60	0.99%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	2,097	\$ 18,407.66	\$ 8.78	0.92%
DEXTRAMPHETAMINE-AMPHETAMINE	AMPHETAMINES	2,068	\$ 343,405.90	\$ 166.06	0.91%
CEPHALEXIN	CEPHALOSPORINS	2,036	\$ 23,495.51	\$ 11.54	0.90%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,029	\$ 13,030.61	\$ 6.42	0.89%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	1,990	\$ 12,402.52	\$ 6.23	0.88%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,978	\$ 79,324.15	\$ 40.10	0.87%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,926	\$ 12,516.46	\$ 6.50	0.85%
TOTAL TOP 25		85,777	\$ 2,915,189.37	\$ 33.99	37.83%

Total Rx Claims From 01/01/2012 - 03/31/2012	226,762
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Top 10 Drugs
Based on Number of Claims

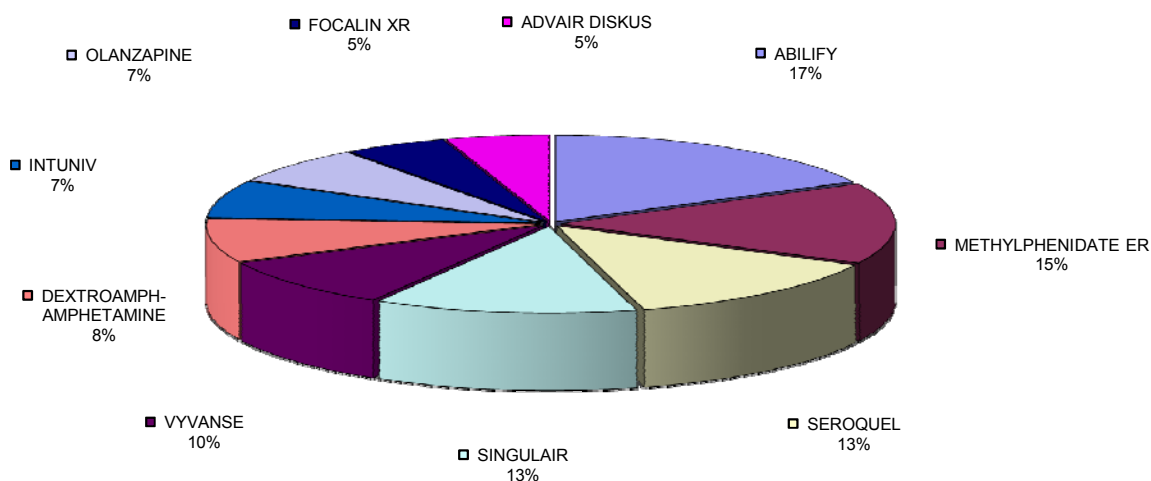


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/01/2012 - 03/31/2012

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ABILIFY	ANTIPSYCHOTIC AGENTS	1,457	\$ 727,947.70	\$ 499.62	0.64%
METHYLPHENIDATE ER	ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	4,053	\$ 634,418.08	\$ 156.53	1.79%
SEROQUEL	ANTIPSYCHOTIC AGENTS	1,517	\$ 557,906.54	\$ 367.77	0.67%
SINGULAIR	LEUKOTRIENE MODIFIERS	3,631	\$ 529,638.55	\$ 145.87	1.60%
VYVANSE	AMPHETAMINES	2,634	\$ 393,340.28	\$ 149.33	1.16%
DEXTROAMPH-AMPHETAMIN	AMPHETAMINES	2,068	\$ 343,405.90	\$ 166.06	0.91%
INTUNIV	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,790	\$ 292,519.65	\$ 163.42	0.79%
OLANZAPINE	ANTIPSYCHOTIC AGENTS	447	\$ 292,390.42	\$ 654.12	0.20%
FOCALIN XR	ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	1,172	\$ 209,758.88	\$ 178.98	0.52%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	934	\$ 209,510.68	\$ 224.32	0.41%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,030	\$ 191,379.87	\$ 185.81	0.45%
XOPENEX	BETA-ADRENERGIC AGONISTS	938	\$ 173,124.22	\$ 184.57	0.41%
CYMBALTA	ANTIDEPRESSANTS	866	\$ 170,032.21	\$ 196.34	0.38%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	119	\$ 148,923.31	\$ 1,251.46	0.05%
PULMOZYME	ENZYMES	54	\$ 146,079.24	\$ 2,705.17	0.02%
NOVOLOG	INSULINS	628	\$ 144,848.15	\$ 230.65	0.28%
OXYCONTIN	OPIATE AGONISTS	426	\$ 139,117.82	\$ 326.57	0.19%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	608	\$ 138,294.95	\$ 227.46	0.27%
AZITHROMYCIN	MACROLIDES	8,194	\$ 132,155.91	\$ 16.13	3.61%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	58	\$ 131,369.52	\$ 2,264.99	0.03%
GENOTROPIN	PITUITARY	66	\$ 121,817.84	\$ 1,845.72	0.03%
TAMIFLU	NEURAMINIDASE INHIBITORS	1,003	\$ 119,588.49	\$ 119.23	0.44%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	299	\$ 118,477.71	\$ 396.25	0.13%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	896	\$ 117,259.49	\$ 130.87	0.40%
CEFdinIR	CEPHALOSPORINS	2,966	\$ 117,182.03	\$ 39.51	1.31%
TOTAL TOP 25		37,854	\$6,300,487.44	\$ 166.44	16.69%

Total Rx Claims From 01/01/2012 - 03/31/2012	226,762
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**Top 10 Drugs
Based on Total Claims Cost**



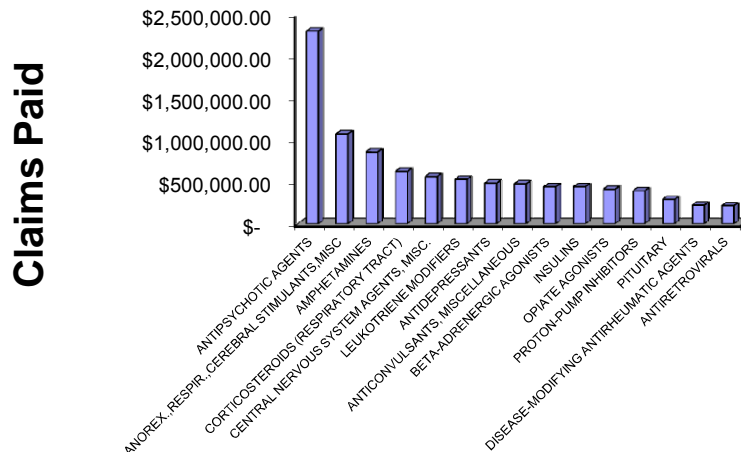
**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/01/2012 - 03/31/2012

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	7,139	\$ 2,303,004.77	\$ 322.59	3.15%
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	6,834	\$ 1,074,460.46	\$ 157.22	3.01%
AMPHETAMINES	5,824	\$ 856,854.42	\$ 147.12	2.57%
CORTICOSTEROIDS (RESPIRATORY TRACT)	3,306	\$ 626,797.85	\$ 189.59	1.46%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,873	\$ 563,208.93	\$ 196.04	1.27%
LEUKOTRIENE MODIFIERS	3,640	\$ 530,333.34	\$ 145.70	1.61%
ANTIDEPRESSANTS	15,937	\$ 485,977.42	\$ 30.49	7.03%
ANTICONVULSANTS, MISCELLANEOUS	7,652	\$ 478,404.63	\$ 62.52	3.37%
BETA-ADRENERGIC AGONISTS	9,665	\$ 443,494.88	\$ 45.89	4.26%
INSULINS	2,071	\$ 443,396.14	\$ 214.10	0.91%
OPIATE AGONISTS	14,802	\$ 412,489.90	\$ 27.87	6.53%
PROTON-PUMP INHIBITORS	6,150	\$ 394,591.33	\$ 64.16	2.71%
PITUITARY	581	\$ 290,162.16	\$ 499.42	0.26%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	126	\$ 222,815.60	\$ 1,768.38	0.06%
ANTIRETROVIRALS	248	\$ 217,360.87	\$ 876.46	0.11%
TOTAL TOP 15	86,848	\$ 9,343,352.70	\$ 107.58	38.30%

Total Rx Claims From 01/01/2012 - 03/31/2012	226,762
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**



South Dakota Medicaid P&T Committee
Proposal for Antipsychotic Use

First Tier of Antipsychotics

Aripiprazole (Abilify)
Clozapine (generic, Clozaril)
Olanzapine (Zyprexa)
Quetiapine (Seroquel)
Risperidone (generic, Risperdal)
Ziprasidone (Geodon)

Second Tier of Antipsychotics

Asenapine (Saphris)
Iloperidone (Fanapt)
Paliperidone (Invega): unless documented hepatic problems
Any quick dissolving tablet or liquid
Long acting injectables such as Risperidone (Risperdal Consta) and Paliperidone (Sustena) must be initially prescribed by a psychiatrist.
If more than one atypical antipsychotic, for greater than 90 days, than the antipsychotics must be initially prescribed by a psychiatrist.

T. Soundy, MD, D. Farver, Pharm.D

November 1, 2009



**ATYPICAL ANTIPSYCHOTICS (Second Generation)
PRIOR AUTHORIZATION FORM**

SD DEPARTMENT OF SOCIAL SERVICES MEDICAL SERVICES DIVISION

<p align="center">Fax Completed Form to: 866-254-0761 For questions regarding this Prior authorization, call 866-705-5391</p>

SD Medicaid requires that patients receiving a new prescription for an atypical antipsychotic (second generation) considered to be an alternate dosage form (e.g., rapid dissolve tablets, injectables) or an isomer/metabolite of a covered agent must first try and fail one of the agents listed below.

- Traditional antipsychotics (first generation) do not require a prior authorization.
- Abilify (aripiprazole), Zyprexa (olanzapine), Seroquel (quetiapine), Geodon (ziprasidone), clozapine, and risperidone do not require a prior authorization when written for their standard tablet/capsule dosage form.
- Patients currently stabilized on an atypical antipsychotic (second generation) will not be asked to change medication.

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

RECIPIENT NAME:	RECIPIENT 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 and Dosage: (must be completed)
Diagnosis for this request:
Qualifications for coverage:
<input type="checkbox"/> Unable to swallow the standard tablet/capsule dosage form <input type="checkbox"/> Currently being discharged from an inpatient mental health facility
Adverse Reaction (attach FDA MedWatch form) or contraindication: (provide description below):
Medical Justification for use of alternate dosage forms or isomers/metabolites of a covered agent without trial of a tier one agent:
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)	

South Dakota Medicaid P&T Committee Proposed Atypical Antipsychotic Prior Authorization

Traditional (first generation) antipsychotics do not require prior authorization (PA).

Atypical (second generation) antipsychotics will require PA unless prescribed for the following:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Psychotic disorder NOS
- Mood disorder NOS
- Dementia
- Conduct disorder
- Autism, Asperger's, pervasive developmental disorders
- Impulse control disorder
- If written by psychiatrist or associated mid-level practitioner

Atypical antipsychotics prescribed for children less than 6 years of age must involve psychiatrist or associated mid-level practitioner consult.

Two atypical antipsychotics must involve psychiatrist or associated mid-level practitioner consult. A 90 day transition period will be allowed. After 90 days, the second agent will require PA.

If the antipsychotic is prescribed for depression the recipient must try and fail two antidepressant classes.

Alternate dosage forms/isomers/metabolites will be subject to the above criteria in addition to the following criteria:

- Unable to swallow the standard tablet/capsule dosage form.
- Being discharged from an inpatient mental health facility.
- Medical justification for use of alternate dosage form/isomer/metabolite.
- 30 day failure of the standard product.

Patient's current therapy will not require PA. Any changes to therapy will subject the prescription to prior authorization.



ATYPICAL ANTIPSYCHOTICS (Second Generation) PRIOR AUTHORIZATION FORM

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 an atypical antipsychotic (second generation) must have an FDA approved indication.

- Traditional antipsychotics (first generation) do not require a prior authorization.
- Children less than 6 years of age must have a psychiatrist or associated mid-level practitioner involved in therapy.
- Two atypical antipsychotics must involve psychiatrist or associated mid-level practitioner consult.
- If the antipsychotic is prescribed for depression, the recipient must try and fail two antidepressant classes.
- Patients currently stabilized on an atypical antipsychotic (second generation) will not be asked to change medication.

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

RECIPIENT NAME:	RECIPIENT 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: ()
Recipient under the care of psychiatrist or associated mid-level practitioner?		
<input type="checkbox"/> Yes (please include prescriber's information) <input type="checkbox"/> No		

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug and Dosage: (must be completed)	
Diagnosis for this request:	Depression-list two antidepressant class failures
Qualifications for coverage of alternate dosage forms/isomers/metabolites:	
<input type="checkbox"/> Unable to swallow the standard tablet/capsule dosage form	<input type="checkbox"/> Currently being discharged from an inpatient mental health facility
Adverse Reaction (attach FDA MedWatch form) or contraindication: (provide description below):	
Medical Justification for use of alternate dosage forms or isomers/metabolites of a covered agent without trial of a tier one agent:	
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)	

Atypical Antipsychotic Indication Chart

Drug	FDA-Approved Indication							
	Schizophrenia	Acute depressive episodes in bipolar disorder	Acute manic episodes in bipolar disorder alone or with lithium or divalproex	Treatment of bipolar disorder with lithium or divalproex	Manic or mixed episodes associated with bipolar I disorder	Add-on treatment to antidepressant for patients with major depressive disorder (MDD)	Irritability associated with autistic disorder in pediatric patients	Acute treatment of agitation in schizophrenic patients
aripiprazole (Abilify)	ages 10 and older	—	—	—	ages 10 and older	adults	ages 6-17	—
asenapine (Saphris)	adults	—	—	—	adults	—	—	—
clozapine (Clozaril)	adults, treatment-resistant schizophrenia. Reduction in the risk of recurrent suicidal behavior in schizophrenia or schizoaffective disorders.	—	—	—	—	—	—	—
iloperidone (Fanapt)	adults	—	—	—	—	—	—	—
lurasidone (Latuda)	adults	—	—	—	—	—	—	—
olanzapine (Zyprexa)	ages 13 and older	—	—	adults	ages 13 and older	—	—	IM only
paliperidone (Invega)	ages 12 and older	—	—	—	—	—	—	—
quetiapine (Seroquel)	ages 13 and older	adults	ages 10 and older	adults	—	—	—	—
quetiapine ext rel (Seroquel XR)	adults	adults	adults	adults	—	adults	—	—
risperidone (Risperdal)	ages 13 and older	—	—	adults	ages 10 and older	—	ages 5-16	—
ziprasidone (Geodon)	adults	—	—	adults	adults	—	—	IM only

SD Medicaid Atypical Antipsychotic Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb	Average Cost per Script
ABILIFY 1 MG/ML SOLUTION	33	\$2,796.36	\$84.74
ABILIFY 10 MG TABLET	1144	\$536,289.25	\$468.78
ABILIFY 15 MG TABLET	758	\$284,134.29	\$374.85
ABILIFY 2 MG TABLET	652	\$345,024.79	\$529.18
ABILIFY 20 MG TABLET	470	\$308,194.70	\$655.73
ABILIFY 30 MG TABLET	240	\$169,988.86	\$708.29
ABILIFY 5 MG TABLET	2477	\$1,065,409.50	\$430.12
ABILIFY DISCMELT 10 MG TABLET	16	\$9,563.28	\$597.71
CLOZAPINE 100 MG TABLET	1152	\$73,649.99	\$63.93
CLOZAPINE 200 MG TABLET	399	\$56,527.94	\$141.67
CLOZAPINE 25 MG TABLET	251	\$8,842.77	\$35.23
CLOZAPINE 50 MG TABLET	187	\$7,813.70	\$41.78
CLOZARIL 100 MG TABLET	27	\$18,576.28	\$688.01
CLOZARIL 25 MG TABLET	13	\$2,330.18	\$179.24
FANAPT 2 MG TABLET	4	\$114.69	\$28.67
FANAPT 4 MG TABLET	2	\$1,179.64	\$589.82
FANAPT 6 MG TABLET	8	\$3,746.70	\$468.34
FANAPT 8 MG TABLET	1	\$589.82	\$589.82
FAZACLO 100 MG ODT	151	\$39,844.90	\$263.87
FAZACLO 150 MG ODT	14	\$6,357.15	\$454.08
FAZACLO 200 MG ODT	1	\$77.58	\$77.58
FAZACLO 25 MG ODT	80	\$7,060.41	\$88.26
GEODON 20 MG CAPSULE	124	\$27,543.91	\$222.13
GEODON 40 MG CAPSULE	307	\$89,392.17	\$291.18
GEODON 60 MG CAPSULE	249	\$119,021.15	\$478.00
GEODON 80 MG CAPSULE	500	\$262,572.42	\$525.14
INVEGA ER 3 MG TABLET	113	\$52,654.05	\$465.97
INVEGA ER 6 MG TABLET	136	\$67,304.47	\$494.89
INVEGA ER 9 MG TABLET	82	\$57,708.90	\$703.77
INVEGA SUSTENNA 117 MG PREF SY	143	\$119,251.84	\$833.93
INVEGA SUSTENNA 156 MG PREF SY	82	\$88,713.04	\$1,081.87
INVEGA SUSTENNA 234 MG PREF SY	195	\$315,377.86	\$1,617.32
INVEGA SUSTENNA 39 MG PREF SYR	8	\$2,186.60	\$273.33
LATUDA 20 MG TABLET	1	\$475.23	\$475.23
LATUDA 40 MG TABLET	334	\$141,221.85	\$422.82
LATUDA 80 MG TABLET	64	\$28,578.47	\$446.54
OLANZAPINE 10 MG TABLET	151	\$83,984.80	\$556.19
OLANZAPINE 15 MG TABLET	115	\$109,136.02	\$949.01
OLANZAPINE 2.5 MG TABLET	40	\$9,934.61	\$248.37
OLANZAPINE 20 MG TABLET	136	\$158,150.00	\$1,162.87
OLANZAPINE 5 MG TABLET	211	\$77,119.39	\$365.49
OLANZAPINE 7.5 MG TABLET	36	\$13,990.07	\$388.61
OLANZAPINE ODT 10 MG TABLET	35	\$16,323.80	\$466.39
OLANZAPINE ODT 15 MG TABLET	20	\$13,712.14	\$685.61

SD Medicaid Atypical Antipsychotic Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb	Average Cost per Script
OLANZAPINE ODT 20 MG TABLET	28	\$32,346.40	\$1,155.23
OLANZAPINE ODT 5 MG TABLET	16	\$5,167.67	\$322.98
RISPERDAL 0.5 MG TABLET	3	\$35.78	\$11.93
RISPERDAL 1 MG TABLET	49	\$9,472.85	\$193.32
RISPERDAL 1 MG/ML SOLUTION	4	\$90.58	\$22.65
RISPERDAL 3 MG TABLET	11	\$3,675.59	\$334.14
RISPERDAL CONSTA 12.5 MG SYR	1	\$270.41	\$270.41
RISPERDAL CONSTA 25 MG SYR	61	\$22,828.39	\$374.24
RISPERDAL CONSTA 37.5 MG SYR	112	\$84,373.05	\$753.33
RISPERDAL CONSTA 50 MG SYR	213	\$193,817.15	\$909.94
RISPERDAL M-TAB 4 MG ODT	1	\$501.43	\$501.43
RISPERIDONE 0.25 MG TABLET	1032	\$15,362.05	\$14.89
RISPERIDONE 0.5 MG ODT	19	\$1,226.02	\$64.53
RISPERIDONE 0.5 MG TABLET	1773	\$25,599.80	\$14.44
RISPERIDONE 1 MG ODT	32	\$3,426.65	\$107.08
RISPERIDONE 1 MG TABLET	2239	\$33,839.29	\$15.11
RISPERIDONE 1 MG/ML SOLUTION	280	\$9,023.96	\$32.23
RISPERIDONE 2 MG ODT	25	\$2,223.83	\$88.95
RISPERIDONE 2 MG TABLET	1055	\$18,583.67	\$17.61
RISPERIDONE 3 MG ODT	1	\$225.10	\$225.10
RISPERIDONE 3 MG TABLET	544	\$8,786.46	\$16.15
RISPERIDONE 4 MG ODT	5	\$1,528.64	\$305.73
RISPERIDONE 4 MG TABLET	249	\$4,562.92	\$18.32
RISPERIDONE M-TAB 0.5 MG ODT	33	\$3,023.40	\$91.62
RISPERIDONE M-TAB 2 MG ODT	4	\$335.06	\$83.77
RISPERIDONE M-TAB 3 MG ODT	17	\$8,904.05	\$523.77
SAPHRIS 10 MG TAB SUBLINGUAL	12	\$1,392.18	\$116.02
SUBLINGUAL	28	\$8,652.06	\$309.00
SEROQUEL 100 MG TABLET	1547	\$320,636.37	\$207.26
SEROQUEL 200 MG TABLET	993	\$385,586.30	\$388.30
SEROQUEL 25 MG TABLET	842	\$124,473.49	\$147.83
SEROQUEL 300 MG TABLET	966	\$589,415.17	\$610.16
SEROQUEL 400 MG TABLET	500	\$346,389.42	\$692.78
SEROQUEL 50 MG TABLET	1178	\$250,637.82	\$212.77
SEROQUEL XR 150 MG TABLET	179	\$60,068.15	\$335.58
SEROQUEL XR 200 MG TABLET	187	\$56,575.32	\$302.54
SEROQUEL XR 300 MG TABLET	313	\$136,283.52	\$435.41
SEROQUEL XR 400 MG TABLET	215	\$129,191.33	\$600.89
SEROQUEL XR 50 MG TABLET	252	\$49,731.81	\$197.35
ZIPRASIDONE HCL 20 MG CAPSULE	4	\$550.62	\$137.66
ZIPRASIDONE HCL 40 MG CAPSULE	5	\$1,054.16	\$210.83
ZIPRASIDONE HCL 60 MG CAPSULE	11	\$4,287.01	\$389.73
ZIPRASIDONE HCL 80 MG CAPSULE	15	\$6,632.12	\$442.14
ZYPREXA 10 MG TABLET	292	\$173,642.30	\$594.67

SD Medicaid Atypical Antipsychotic Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb	Average Cost per Script
ZYPREXA 10 MG VIAL	3	\$132.42	\$44.14
ZYPREXA 15 MG TABLET	197	\$200,629.49	\$1,018.42
ZYPREXA 2.5 MG TABLET	67	\$19,476.88	\$290.70
ZYPREXA 20 MG TABLET	193	\$248,535.78	\$1,287.75
ZYPREXA 5 MG TABLET	282	\$116,942.67	\$414.69
ZYPREXA 7.5 MG TABLET	46	\$21,191.18	\$460.68
ZYPREXA ZYDIS 10 MG TABLET	72	\$45,455.07	\$631.32
ZYPREXA ZYDIS 15 MG TABLET	53	\$45,599.16	\$860.36
ZYPREXA ZYDIS 20 MG TABLET	61	\$73,317.57	\$1,201.93
ZYPREXA ZYDIS 5 MG TABLET	32	\$13,017.48	\$406.80
3,106 recipients	27,514	\$8,721,192.62	

Top 20 Prescribers of Antipsychotics

South Dakota Medicaid Atypical Antipsychotic Top 20 Prescribers	
04/01/11 - 03/31/12	
Prescriber	Antipsychotic Script Count
Psychiatrist	1947
Psychiatrist	1537
Psychiatrist	1343
Psychiatrist	1249
Psychiatrist	906
NP-Psych	765
Psychiatrist	640
Psychiatrist	597
Psychiatrist	583
Psychiatrist	572
Psychiatrist	515
Psychiatrist	486
Psychiatrist	459
Psychiatrist	451
Psychiatrist	383
Psychiatrist	357
Psychiatrist	338
Psychiatrist	331
Psychiatrist	290
Psychiatrist	280
Total	14,029
Top 20 prescribers of antipsychotics make up 51% of the antipsychotic claims	

South Dakota Medicaid Top 10 Prescribers

South Dakota Medicaid Top 10 Prescribers	
04/01/11 - 03/31/12	
Prescriber	Claims Count
Psychiatrist	9,224
Psychiatrist	8,784
Psychiatrist	6,737
Family Practice	5,195
Family Practice	5,066
Family Practice	4,998
Pediatrician	4,405
Psychiatrist	4,385
Pediatrician	3,948
PA-Family Practice	3,930
Total	56,672
6.5% Overall Claims Count	

South Dakota Medicaid Top 10 Prescribers	
04/01/11 - 03/31/12	
Prescriber	Claims Cost
Psychiatrist	\$1,200,555.15
Psychiatrist	\$1,063,551.81
Psychiatrist	\$724,243.82
Psychiatrist	\$659,210.09
Pediatrician	\$568,992.80
Pediatrician	\$540,365.30
Psychiatrist	\$513,402.80
NP-Psych	\$500,473.04
Psychiatrist	\$460,977.71
Pediatrician	\$447,734.23
Total	6,679,507
12% Overall Claims Cost	

Antipsychotic (Alternate Dosage Form/Isomers/Metabolites) PA Requests

South Dakota Medicaid PA Requests			
04/01/11 - 03/31/12			
Description	# Approved	#Denied	Totals
Antipsychotics	238	421	659

Antipsychotic Duplicate Therapy

South Dakota Medicaid Antipsychotic Duplicate Therapy					
04/01/11 - 03/31/12					
Description	# Patients	# Prescribers	Approximate # Psych	# Claims	# Claims by Psych
Patients with at least 2 antipsychotics	320	196	21	6,640	2,645

Antipsychotic Pediatric Patients

South Dakota Medicaid Pediatric Antipsychotic Utilization			
04/01/11 - 03/31/12			
Description	# Patients	# Scripts	Total Reimb Amount
< 6	45	246	\$48,415.15
6-17	1234	10,049	\$2,288,860.31

Diagnosis Evaluation

South Dakota Medicaid Antipsychotic Utilization	
04/01/11 - 03/31/12	
Description	# Patients
Diagnosis Code* on Record	1770
No Diagnosis Code* on Record	1336

*290, 294, 295, 296, 299, 312

Antipsychotics Used As Antidepressants

04/01/11 - 03/31/12	
Description	# Patients
All atypical antipsychotic recipients	3,106
Atypical antipsychotic recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	439
All Abilify recipients	1,018
Abilify recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296), schizophrenia (295) or autism (299)	96
All Seroquel recipients	964
Seroquel recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	127
All Clozapine recipients	119
Clozapine recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	3
All Latuda recipients	107
Latuda recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	7
All Zyprexa recipients	293
Zyprexa recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	34
All Invega recipients	97
Invega recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	6
All Risperdal recipients	1,017
Risperdal recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	79
All Geodon recipients	1,175
Geodon recipients with a diagnosis of depression (311) but no diagnosis of bipolar (296) or schizophrenia (295)	87

**South Dakota Medicaid
P&T Committee
Low Dose Quetiapine
May 27, 2012**

In 1st quarter 2012, quetiapine was the 3rd leading drug based on claims cost. There were 1,517 prescriptions reported at a cost of \$557,906.54. This averages out to approximately \$368 per prescription.

Quetiapine is indicated for use in the treatment of schizophrenia and bipolar disorder; however, it is commonly used off-label as a treatment for insomnia. When using quetiapine for patients with schizophrenia or bipolar disorder, the doses range from 300-800mg/day. In patients being treated for insomnia, providers generally use a much lower dose, no more than 100mg/day.

At the December 2011 meeting, the P&T Committee requested information about the number of patients using low-dose quetiapine. This report includes quetiapine 25mg and 50mg, in which patients were given 60 tablets per month or less, thereby keeping the total dose to 100mg/day or less.

Low Dose Quetiapine 04/01/11 – 03/31/12			
Description	Number of Prescriptions	Total Paid Amount	Unique Number of Recipients
All Seroquel IR utilization	6,026	\$2,017,138.57	857
All patients with 60 tablets or less	1,786	\$288,877.70	423
Patients without a bipolar (296) or schizophrenia (295) diagnosis with 60 tablets or less	702	\$112,504.35	149

Summary by Age of the 149 recipients taking 60 tablets or less of quetiapine without a bipolar or schizophrenia diagnosis:

3-10	22
11-20	57
21-30	21
31-40	15
41-50	11
51-60	17
60 and above	6

**Top diagnoses for recipients without a bipolar (296) or schizophrenia
(295) diagnosis taking fewer than 60 tablets per month
01/01/2010-12/31/2011**

DX Code	DX Description	Count
31401	ATTENTION DEFICIT DIS W HYPERACT	891
31381	OPPOSITIONAL DEFIANT DISORDER	419
311	DEPRESSIVE DISORDER OTHER	396
V5869	ENCOUNTER LONG TERM USE OTH DRUGS	281
4019	UNSPECIFIED ESSENTIAL HYPERTENSION	258
30000	ANXIETY STATE UNSPECIFIED	221
83920	DISLOCATION LUMBAR VERT CLOSED	221
78900	ABDOMINAL PAIN UNS SITE	212
3671	MYOPIA	204
25000	DIABETES UNCOMPL TYPE II	194
7242	LUMBAGO	190
462	ACUTE PHARYNGITIS	187
3004	DYSTHYMIC DISORDER	181
30002	GENERALIZED ANXIETY DISORDER	177
78039	OTHER CONVULSIONS	166
83921	DISLOCATION THORACIC VERT CLOSED	164
486	PNEUMONIA ORGANISM UNSPECIFIED	164
30981	POSTTRAUMATIC STRESS DISORDER	164
3129	UNS DISTURBANCE CONDUCT	154
7999	OTH UNKNOWN/UNS MORBIDITY/MORTALITY	150
83908	DISLOCATION MULT CERV VERT CLOSED	136
51881	RESPIRATORY FAILURE	127
7840	HEADACHE	124
7295	PAIN IN LIMB	124
V0481	VACCINE FOR INFLUENZA	122
29900	AUTISTIC DISORDER CURR/ACTIVE	121
3149	UNSPEC HYPERKINETIC SYNDROME	118
78079	OTHER MALAISE AND FATIGUE	117
79902	HYPOXEMIA	116
V5883	ENCTR THERAP DRUG MONITORING	114
7100	SYSTEMIC LUPUS ERYTHEMATOSUS	111
31282	CONDUCT DISORDER ADOLESCENT ONSET	110
7245	BACKACHE UNSPECIFIED	108
7140	RHEUMATOID ARTHRITIS	101
4321	SUBDURAL HEMORRHAGE	99
31389	OTH EMOTIONAL DISTURBANCE CHILDHOOD	96
3051	TOBACCO USE DISORDER	95
V700	ROUTINE MEDICAL EXAM HEALTH FACIL	92
7862	COUGH	91
2724	OTH/UNS HYPERLIPIDEMIA	91
30500	ALCOHOL ABUSE UNSPEC	90

**South Dakota Department of Social Services
P&T Meeting
Lidoderm® Review**

I. Overview

Lidocaine is an amide-type local anesthetic agent and is suggested to stabilize neuronal membranes by inhibiting the ionic fluxes required for the initiation and conduction of impulses. The penetration of lidocaine into intact skin after application is sufficient to produce an analgesic effect, but less than the amount necessary to produce a complete sensory block.

II. Indication

Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to intact skin.

III. Warnings

- Even a used Lidoderm patch contains a large amount of lidocaine (at least 665mg). The potential exists for a small child or pet to suffer serious adverse effects from chewing or ingesting a new or used patch. It is important for patients to store and dispose of Lidoderm out of the reach of children, pets and others.
- Excessive dosing by applying Lidoderm to larger areas or for longer than the recommended wearing time should result in increased absorption of lidocaine and high blood concentrations, leading to serious adverse effects. Lidocaine toxicity could be expected at lidocaine blood concentrations above 5 $\mu\text{g}/\text{mL}$. The blood concentration of lidocaine is determined by the rate of systemic absorption and elimination. Longer duration of application, application of more than the recommended number of patches, smaller patients, or impaired elimination may all contribute to increasing the blood concentration of lidocaine.

IV. Precautions

- Patients with severe hepatic disease are at greater risk of developing toxic blood concentrations of lidocaine, because of their inability to metabolize lidocaine normally.
- Lidoderm should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.
- Application to broken or inflamed skin, although not tested, may result in higher blood concentrations of lidocaine from increased absorption. Lidoderm is only recommended for use on intact skin.
- Placement of external heat sources, such as heating pads or electric blankets, over Lidoderm patches is not recommended as this has not been evaluated and may increase plasma lidocaine levels.

- The contact of Lidoderm with eyes, although not studied, should be avoided based on the findings of severe eye irritation with the use of similar products in animals. If eye contact occurs, immediately wash out the eye with water or saline and protect the eye until sensation returns.

V. Drug Interactions

- Lidoderm should be used with caution in patients receiving Class I antiarrhythmic drugs (such as tocainide and mexiletine) since the toxic effects are additive and potentially synergistic.
- When Lidoderm is used concomitantly with other products containing local anesthetic agents, the amount absorbed from all formulations must be considered.

VI. Adverse Reactions

- During or immediately after treatment with Lidoderm, the skin at the site of application may develop blisters, bruising, burning sensation, depigmentation, dermatitis, discoloration, edema, erythema, exfoliation, irritation, papules, petechiae, pruritus, vesicles, or may be the locus of abnormal sensation. These reactions are generally mild and transient, resolving spontaneously within a few minutes to hours.
- Allergic and anaphylactoid reactions associated with lidocaine, although rare, can occur. They are characterized by angioedema, bronchospasm, dermatitis, dyspnea, hypersensitivity, laryngospasm, pruritus, shock, and urticaria.
- Systemic adverse reactions following appropriate use of Lidoderm are unlikely, due to the small dose absorbed.

VII. Dosage and Administration

- Apply Lidoderm to intact skin to cover the most painful area. Apply up to three patches, only once for up to 12 hours within a 24-hour period. Patches may be cut into smaller sizes with scissors prior to removal of the release liner. Clothing may be worn over the area of application. Smaller areas of treatment are recommended in a debilitated patient, or a patient with impaired elimination.

VIII. Utilization

Lidoderm Utilization 04/01/11 – 03/31/11			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
Lidoderm (310 recip)	830	\$255,757.56	\$308.14

References

1. Lidoderm[®] [prescribing information]. Chadds Ford, PA. Endo Pharmaceuticals., Inc.; March 2010.

**Top 25 Diagnosis Codes for Lidoderm Recipients
04/01/11 – 03/31/12**

Diagnosis Code	Diagnosis Description	Count
7242	LUMBAGO	1,372
7231	CERVICALGIA	950
25000	DIABETES UNCOMPL TYPE II	944
78900	ABDOMINAL PAIN UNS SITE	624
7840	HEADACHE	597
4019	UNSPECIFIED ESSENTIAL HYPERTENSION	541
33829	OTHER CHRONIC PAIN	500
7245	BACKACHE UNSPECIFIED	497
71941	PAIN IN JOINT SHOULDER	482
7241	PAIN IN THORACIC SPINE	464
V5869	ENCOUNTER LONG TERM USE OTH DRUGS	461
496	CHRONIC AIRWAY OBSTRUCTION OTHER	405
311	DEPRESSIVE DISORDER OTHER	387
5990	URINARY TRACT INFECTION UNSPEC	385
7291	UNS MYALGIA/MYOSITIS	385
71946	PAIN IN JOINT LOWER LEG	370
7295	PAIN IN LIMB	361
78650	UNSPEC CHEST PAIN	320
3051	TOBACCO USE DISORDER	292
29680	BIPOLAR DISORDER UNSPECIFIED	275
486	PNEUMONIA ORGANISM UNSPECIFIED	264
78079	OTHER MALAISE AND FATIGUE	260
2449	UNS HYPOTHYROIDISM	251
30000	ANXIETY STATE UNSPECIFIED	250
2859	ANEMIA UNSPECIFIED	238

**South Dakota Department of Social Services
P&T Meeting
Brilinta[®] Review**

I. Overview

Brilinta (ticagrelor) is a P2Y₁₂ platelet inhibitor indicated to reduce the rate of thrombotic cardiovascular events in patients with acute coronary syndrome (ACS).

II. Dosage and Administration

- Initiate treatment with 180mg (two 90mg tablets) oral loading dose.
- Continue treatment with 90mg twice daily.
- After the initial loading dose of aspirin (usually 325mg), use Brilinta with a daily maintenance dose of aspirin of 75-100mg.

III. Contraindications

- History of intracranial hemorrhage.
- Active pathological bleeding.
- Severe hepatic impairment.

IV. Warnings and Precautions

- Like other antiplatelet agents, Brilinta increases the risk of bleeding.
- In PLATO, use of Brilinta with maintenance doses of aspirin above 100mg decreased the effectiveness of Brilinta.
- Moderate Hepatic Impairment-consider the risks and benefits of treatment, noting the probable increase in exposure to ticagrelor.
- Dyspnea was reported more frequently with Brilinta than with clopidogrel. Dyspnea resulting from Brilinta is self-limiting. Rule out other causes.
- Premature discontinuation increases the risk of myocardial infarction, stent thrombosis, and death.

V. Adverse Reactions

Most common adverse reactions are bleeding 12% and dyspnea 14%.

VI. Drug Interactions

- Avoid use with strong CYP3A inhibitors or CYP3A inducers.
- Patients receiving more than 40mg per day of simvastatin or lovastatin may be at increased risk of statin-related adverse effects.
- Monitor digoxin levels with initiation of or any change in Brilinta.

VII. Utilization

Platelet Aggregation Inhibitors Utilization			
04/01/11 – 03/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
Brilinta 90mg	1	\$222.96	\$222.96
Cilostazol 100mg	30	\$386.56	\$12.89
Cilostazol 50mg	13	\$235.07	\$18.08
Effient 10mg	48	\$8,541.97	\$177.96
Effient 5mg	1	\$185.74	\$185.74
Plavix 75mg	1,323	\$239,506.06	\$181.03
225 recipients	1,416	\$249,078.36	

References

1. Brilinta[®] [prescribing information]. Wilmington, DE. AstraZeneca LP; July 2011.

Early Refill Edit

The Point-of-Sale system is currently set to deny for early refill before 70% of the previous prescription has been consumed.

Example: For a 30 day prescription ($30 * 0.7=21$), the prescription can be refilled on day 22. If a recipient fills the prescription every 22 days for one year they will have filled 17 prescriptions, all for a 30 day supply. This equates to 510 tabs in one year for a quantity 30 prescription.

Adjusting the early refill percentage to 80% would allow the recipient to refill on day 25.

Based on available data for 20 states, five are at 75%; the remaining 15 are between 80%-90%.

<u>Edit %</u>	<u>Fill date</u>
70%	22 days
73.3%	23 days
76.6%	24 days
80%	25 days
83.3%	26 days
86.6%	27 days
90%	28 days
93.3%	29 days

**South Dakota Medicaid
P&T Meeting
Onfi[®] Review**

I. Indication

Onfi (clobazam) is a benzodiazepine indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.

II. Dosage and Administration

- Patients ≤ 30 kg body weight: Initiate therapy at 5mg daily and titrate as tolerated up to 20mg daily.
- Patients >30 kg body weight: Initiate therapy at 10mg daily and titrate as tolerated up to 40mg daily.
- Doses above 5mg/day should be administered in two divided doses.

III. Pharmacology

The exact mechanism of action for clobazam, a 1,5-benzodiazepine, is not fully understood but is thought to involve potentiation of GABAergic neurotransmission resulting from binding at the benzodiazepine site of the GABA_A receptor.

IV. Warnings/Precautions

- Somnolence or Sedation: Monitor for central nervous system (CNS) depression. Risk may be increased with concomitant use of other CNS depressants.
- Withdrawal: Symptoms may occur with rapid dose reduction or discontinuation. Discontinue Onfi gradually.
- Physical and psychological dependence: Patients with a history of substance should be monitored for signs of habituation and dependence.
- Suicidal behavior and ideation: Monitor for suicidal thoughts or behaviors.

V. Adverse Reactions

Adverse reactions that occurred in at least 5% of Onfi-treated patients and more frequently than placebo included somnolence or sedation, drooling, constipation, cough, urinary tract infection, aggression, insomnia, dysarthria, and fatigue.

VI. Drug Interactions

- Lower doses of some drugs metabolized by CYP2D6 may be required when used concomitantly with Onfi.
- Dosage adjustment of Onfi may be necessary when coadministered with strong or moderate CYP2C19 inhibitors.
- Alcohol increases the blood levels of clobazam by approximately 50%.

VII. Utilization

Onfi Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ONFI 5 MG TABLET	6	\$478.13	\$79.69
ONFI 10 MG TABLET	3	\$1,542.90	\$514.30
5 recipients	9	\$2,021.03	

DIAGNOSIS PER RECIPIENT
GRAND MAL W INTRACT EPILEPSY
UNS EPILEPSY W INTRACT EPILEPSY
UNS EPILEPSY WO INTRACT EPILEPSY
UNS EPILEPSY W INTRACT EPILEPSY
NONE ON FILE

References

1. Onfi [prescribing information]. Deerfield, IL: Lundbeck Inc; October 2011.

**South Dakota Medicaid
P&T Meeting
Topical Corticosteroids® Review**

I. Overview

Topical corticosteroids are anti-inflammatory agents approved for the treatment of inflammatory and pruritic manifestations of corticosteroid dermatoses. In an effort to minimize systemic adverse events, topical treatment is preferred in most cases.

The topical corticosteroids are classified based on their relative potency: super high potency (Class I), high potency (Classes II-III), medium potency (Classes IV-V) and low potency (Classes VI-VII). The super high potency agents are used to treat severe dermatoses over non-facial and non-intertriginous areas. Medium to high potency agents are often used for the treatment of mild to moderate non-facial and non-intertriginous dermatoses. Low to medium potency agents are used when large areas need to be treated due to the potential for systemic absorption. Only low potency agents should be used on the eyelids and genital areas.

Comparison of topical corticosteroid preparations

Drug	Formulation	Strength
Low Potency		
alclometasone dipropionate (Aclovate)	Ointment Cream	0.05%
betamethasone valerate (Beta-Val)	Lotion	0.1%
desonide (Desonate, Desowen, Lokara, Verdeso)	Cream Lotion Foam	0.05%
fluocinolone acetonide (Capex Shampoo, Derma-Smoother/FS)	Cream Solution Shampoo Oil (Scalp) Oil (Body)	0.01%
hydrocortisone (Ala-Cort, Ala-Scalp, Nuzon, Scalacort, Scalacort-DK Kit, Texacort, Pediderm HC, Pramosone, Analpram, Epifoam, Cortaid, Cortizone-10, Noble, Scalp Relief)	Ointment Cream Lotion Solution Aerosol foam Spray	Ointment: 0.5%, 1%, or 2.5% Cream: 0.5%, 1%, or 2.5% Lotion: 1% or 2.5% Solution: 1% or 2.5% Aerosol foam: 1% Spray: 1%
triamcinolone acetonide (Kenalog)	Cream Lotion	0.025%

Medium Potency		
betamethasone dipropionate (Diprosone)	Lotion	0.05%
betamethasone valerate (Beta-Val, Valisone)	Cream	0.1%
clocortolone pivalate (Cloderm)	Cream	0.1%
desonide	Ointment Gel	0.05%
fluocinolone acetonide (Synalar)	Ointment Cream	0.025%
flurandrenolide (Cordran)	Ointment Cream Lotion	Cream/Lotion: 0.05% Ointment: 0.05%
fluticasone propionate (Cutivate)	Cream Lotion	0.05%
hydrocortisone butyrate (Locoid/Lipocream, Cortizone 10)	Ointment Cream Lotion, spray Lotion Solution	0.1%
hydrocortisone probutate (Pandel)	Cream	0.1%
hydrocortisone valerate (Westcort)	Ointment Cream	0.2%
mometasone furoate (Elocon, Momexin)	Cream Lotion Solution	0.1%
prednicarbate (Dermatop)	Cream, emollient Ointment	0.1%
triamcinolone acetonide (Kenalog)	Lotion Ointment Cream Aerosol spray	Lotion: 0.1% Ointment: 0.025% Cream: 0.1% Aerosol spray: 0.2mg per 2 second spray
High Potency		
amcinonide (Cyclocort)	Ointment Cream	0.1%
betamethasone dipropionate (Diprosone, Diprolene AF)	Ointment Cream, augmented formulation Cream, hydrophilic emollient Lotion	0.05%
betamethasone valerate (Valisone, Luxiq)	Ointment Foam	Ointment: 0.1% Foam: 0.12%
desoximetasone (Topicort, Topicort LP)	Ointment Cream Gel	Ointment: 0.25% Cream: 0.25% or 0.05% Gel: 0.05%
diflorasone diacetate (ApexiCon/E, Florone)	Ointment, emollient Cream, emollient Cream	0.05%

High Potency (cont'd)		
fluocinonide (Lidex/E)	Ointment Gel Cream anhydrous Cream aqueous emollient Solution	0.05%
fluticasone propionate (Cutivate)	Ointment	0.005%
halcinonide (Halog)	Ointment Cream	0.1%
mometasone furoate (Elocon)	Ointment	0.1%
triamcinolone acetonide (Kenalog, Triderm)	Ointment Cream	0.5%
Very High Potency		
betamethasone dipropionate augmented (Diprolene)	Ointment, optimized Lotion Gel	0.05%
clobetasol propionate (Clobex, Cormax, Temovate/E, Olux/E)	Lotion Shampoo Spray Cream Cream, emollient base Gel Ointment Solution Foam	0.05%
diflorasone diacetate (Apexicon)	Ointment (petrolatum)	0.05
fluocinonide (Vanos)	Cream	0.1%
flurandrenolide (Cordran)	Tape	4mcg/cm ²
halobetasol propionate (Ultravate)	Ointment Cream	0.05%

II. Pharmacology

Topical corticosteroids share anti-inflammatory, antipruritic, and vasoconstrictive actions that make them effective treatments in dermatological conditions. The exact mechanisms of action for the topical corticosteroids are not completely understood.

III. Contraindications/Warnings

HPA axis suppression, manifestations of Cushing's syndrome, hyperglycemia, glucosuria, and growth retardation in children can result from the systemic absorption of topical corticosteroids. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. If these effects are seen, the medications should be discontinued.

IV. Adverse Reactions

Local:

Burning; itching; irritation; erythema; dryness; folliculitis; hypertrichosis; pruritus; acneiform eruptions; hypopigmentation; perioral dermatitis; allergic contact dermatitis; numbness of fingers; stinging and cracking/tightening of skin; maceration of the skin; secondary infection; skin atrophy; striae; miliaria; telangiectasia. These may occur more frequently with occlusive dressings.

Systemic:

Systemic absorption of topical corticosteroids has produced reversible HPA axis suppression, manifestations of Cushing's syndrome, hyperglycemia and glycosuria. This is more likely to occur with occlusive dressings and with the more potent steroids. Patients with liver failure or children may be at a higher risk.

The risk of adverse reactions may be minimized by changing to a less potent agent, reducing the dosage or using intermittent therapy.

References

1. Goldstein BG, Goldstein AO. General principles of dermatologic therapy and topical corticosteroid use. Accessed online April, 2012.
2. Wolters Kluwer Health, Inc. Drug Facts and Comparisons. St. Louis, MO. 2012.

SD Medicaid Topical Steroid Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ALCLOMETASONE DIPR 0.05% OINT	69	\$2,198.98	\$31.87
AMCINONIDE 0.1% CREAM	2	\$94.53	\$47.27
BETAMETHASONE DP 0.05% CRM	102	\$5,065.87	\$49.67
BETAMETHASONE DP 0.05% LOT	8	\$85.70	\$10.71
BETAMETHASONE DP 0.05% OINT	50	\$2,566.23	\$51.32
BETAMETHASONE DP AUG 0.05%	47	\$1,325.88	\$28.21
BETAMETHASONE DP AUG 0.05%	3	\$138.10	\$46.03
BETAMETHASONE DP AUG 0.05%	19	\$1,223.31	\$64.38
BETAMETHASONE VA 0.1% CREAM	46	\$414.34	\$9.01
BETAMETHASONE VA 0.1% LOTION	11	\$132.35	\$12.03
BETAMETHASONE VALER 0.1%	22	\$225.10	\$10.23
BETA-VAL 0.1% LOTION	1	\$10.31	\$10.31
CAPEX SHAMPOO	7	\$1,574.30	\$224.90
CLOBETASOL 0.05% CREAM	188	\$2,496.39	\$13.28
CLOBETASOL 0.05% GEL	6	\$170.31	\$28.39
CLOBETASOL 0.05% OINTMENT	151	\$4,204.52	\$27.84
CLOBETASOL 0.05% SHAMPOO	4	\$1,122.81	\$280.70
CLOBETASOL 0.05% SOLUTION	106	\$1,871.28	\$17.65
CLOBETASOL 0.05% TOPICAL LOTN	1	\$236.52	\$236.52
CLOBETASOL EMOLLIENT 0.05%	3	\$60.90	\$20.30
CLOBETASOL PROP 0.05% FOAM	15	\$2,345.29	\$156.35
CLOBEX 0.05% SHAMPOO	10	\$2,682.28	\$268.23
CLOBEX 0.05% SPRAY	23	\$6,057.73	\$263.38
CLOBEX 0.05% TOPICAL LOTION	19	\$8,712.55	\$458.56
CLODERM 0.1% CREAM	23	\$3,431.92	\$149.21
CORDRAN 4 MCG/SQ CM TAPE	7	\$478.03	\$68.29
CUTIVATE 0.05% LOTION	1	\$464.75	\$464.75
DERMA-SMOOTH-FS BODY OIL	18	\$691.61	\$38.42
DERMA-SMOOTH-FS SCALP OIL	65	\$2,632.92	\$40.51
DESONATE 0.05% GEL	21	\$6,671.70	\$317.70
DESONIDE 0.05% CREAM	520	\$14,901.39	\$28.66
DESONIDE 0.05% LOTION	67	\$3,735.42	\$55.75
DESONIDE 0.05% OINTMENT	209	\$3,304.30	\$15.81
DESOXIMETASONE 0.05% CREAM	12	\$759.53	\$63.29
DESOXIMETASONE 0.05% GEL	1	\$149.99	\$149.99
DESOXIMETASONE 0.25% CREAM	32	\$2,399.70	\$74.99
DESOXIMETASONE 0.25%	11	\$1,587.10	\$144.28
DIFLORASONE 0.05% CREAM	1	\$77.50	\$77.50
DIFLORASONE 0.05% OINTMENT	1	\$28.90	\$28.90
EPIFOAM FOAM	1	\$35.30	\$35.30
FLUOCINOLONE 0.01% BODY OIL	6	\$175.51	\$29.25
FLUOCINOLONE 0.01% CREAM	5	\$51.20	\$10.24
FLUOCINOLONE 0.01% SCALP OIL	14	\$461.56	\$32.97
FLUOCINOLONE 0.01% SOLUTION	21	\$585.49	\$27.88
FLUOCINOLONE 0.025% CREAM	3	\$27.45	\$9.15

SD Medicaid Topical Steroid Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
FLUOCINOLONE 0.025% OINT	11	\$86.60	\$7.87
FLUOCINONIDE 0.05% CREAM	156	\$1,116.35	\$7.16
FLUOCINONIDE 0.05% GEL	12	\$202.60	\$16.88
FLUOCINONIDE 0.05% OINTMENT	128	\$2,503.05	\$19.56
FLUOCINONIDE 0.05% SOLUTION	59	\$1,376.87	\$23.34
FLUOCINONIDE-E 0.05% CREAM	1	\$19.02	\$19.02
FLUTICASONE PROP 0.005% OINT	33	\$902.60	\$27.35
FLUTICASONE PROP 0.05% CREAM	61	\$1,012.09	\$16.59
HALOBETASOL PROP 0.05% CREAM	23	\$892.40	\$38.80
HALOBETASOL PROP 0.05%	11	\$370.78	\$33.71
HALOG 0.1% CREAM	1	\$176.90	\$176.90
HYDROCORTISONE 0.1% SOLN	8	\$108.47	\$13.56
HYDROCORTISONE 1% CREAM	4	\$23.52	\$5.88
HYDROCORTISONE 1% LOTION	2	\$19.59	\$9.80
HYDROCORTISONE 2.5% CREAM	646	\$4,960.93	\$7.68
HYDROCORTISONE 2.5% LOTION	31	\$890.10	\$28.71
HYDROCORTISONE 2.5% OINTMENT	117	\$1,020.11	\$8.72
HYDROCORTISONE BUTY 0.1%	34	\$1,173.02	\$34.50
HYDROCORTISONE VAL 0.2%	137	\$1,765.14	\$12.88
HYDROCORTISONE VAL 0.2%	50	\$1,658.03	\$33.16
KENALOG AEROSOL SPRAY	4	\$636.69	\$159.17
LUXIQ 0.12% FOAM	9	\$1,995.90	\$221.77
MOMETASONE FUROATE 0.1%	350	\$5,159.82	\$14.74
MOMETASONE FUROATE 0.1% OINT	144	\$3,164.25	\$21.97
MOMETASONE FUROATE 0.1% SOLN	8	\$166.80	\$20.85
OLUX-E 0.05% FOAM	7	\$1,377.14	\$196.73
PREDNICARBATE 0.1% CREAM	55	\$2,057.73	\$37.41
PROCTOFOAM-HC FOAM	22	\$1,510.88	\$68.68
PROCTOSOL-HC 2.5% CREAM	65	\$694.89	\$10.69
PROCTOZONE-HC 2.5% CREAM	82	\$916.37	\$11.18
PV HYDROCORTISONE 1% CREAM	1	\$5.15	\$5.15
RIMSO-50 SOLUTION	1	\$169.56	\$169.56
TOPICORT 0.05% OINTMENT	1	\$58.95	\$58.95
TRIAMCINOLONE 0.025% CREAM	503	\$5,099.05	\$10.14
TRIAMCINOLONE 0.025% LOTION	31	\$839.57	\$27.08
TRIAMCINOLONE 0.025% OINT	219	\$2,285.35	\$10.44
TRIAMCINOLONE 0.05% OINT	4	\$30.49	\$7.62
TRIAMCINOLONE 0.1% CREAM	3105	\$23,456.43	\$7.55
TRIAMCINOLONE 0.1% LOTION	68	\$2,334.54	\$34.33
TRIAMCINOLONE 0.1% OINTMENT	875	\$7,189.55	\$8.22
TRIAMCINOLONE 0.5% CREAM	264	\$2,444.24	\$9.26
TRIAMCINOLONE 0.5% OINTMENT	77	\$1,583.71	\$20.57
VERDESO 0.05% FOAM	4	\$900.65	\$225.16
6,026 recipients	9376	\$172,022.73	

**South Dakota Medicaid
P&T Meeting
Actinic Keratoses**

Actinic keratoses (AK) are small, rough, raised areas found on sun-damaged skin. Lesions are usually found on the face, scalp, back of hands, chest, or other sun-exposed areas. Symptoms begin as flat scaly areas that may be gray, pink, or red. Often, there is a white or yellow crusty ‘scale’ on top. Over time, the area develops a hard and wart-like or gritty surface that is sometimes easier to feel than see. In some cases, lesions can potentially progress to squamous cell carcinoma. Ablative therapies (e.g., laser ablation, curettage, cryosurgery, surgery) are generally used in patients with individual or single lesions whereas topical therapies are generally preferred in patients with multiple lesions. Several topical therapies are available for the treatment of AK and a new agent, Picato, was recently approved. A comparison of the agents used to treat AK is included in the table below.

Product/Cost	Indication/Dosage	Mechanism of Action
Diclofenac Sodium 3% gel (Solaraze) \$590/100 gm	<u>Topical treatment of actinic keratoses:</u> Apply to lesion areas twice daily for 60-90 days.	The exact mechanism of action is unknown.
Fluorouracil 0.5% cream (Carac) \$339/30 gm	<u>Topical treatment of multiple actinic or solar keratoses of the face and anterior scalp:</u> Apply once daily for up to 4 weeks as tolerated. Do not apply near the eyes, nostrils or mouth.	Blocks the methylation reaction of deoxyuridylic acid to thymidylic acid, which interferes with the synthesis of DNA and to a lesser extent, inhibits the formation of RNA. The effect of fluorouracil may be to create a thymine deficiency that provokes unbalanced growth and death of the cell.
Fluorouracil 5% cream and solution and 2% solution (Efudex)-generic available 5% cream: \$239/40 gm 5% solution: \$83/10 ml 2% solution: \$56.10/10 ml	<u>Treatment of actinic keratoses:</u> Apply cream or solution in an amount sufficient to cover the lesions twice daily. Discontinue when inflammatory response reaches the erosion stage. The usual duration of therapy is from 2 to 4 weeks.	
Fluorouracil 1% cream (Fluoroplex) \$351/30 gm	<u>Treatment of multiple actinic keratoses:</u> Cover entire face or other affected areas twice daily for 2 to 6 weeks. Discontinue use when inflammatory reaction reaches the erosion, ulceration, and necrosis stages.	
Imiquimod 5% cream (Aldara)-generic available \$553/24 packets *treatment requires 32 packets for 16 weeks	<u>Treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratoses on the face or scalp in immunocompetent adults:</u> Apply up to one packet to the defined treatment area (i.e., 5 cm x 5 cm) of the face or scalp (but not both concurrently) two days per week at bedtime (e.g., Mon. and Thurs. or Tue. and Fri.) for 16 weeks. Wash off after 8 hours.	Exact mechanism of action is unknown. Imiquimod is an immune response modifier that stimulates local cytokine induction, which may result in indirect antineoplastic potency.

Product/Cost	Indication/Dosage	Mechanism of Action
Imiquimod 3.75% cream (Zyclara) 3.75% cream: \$646/28 packets 3.75% pump: \$707/7.5 gm	<u>Treatment of clinically typical, visible, or palpable actinic keratoses of the face or balding scalp in immunocompetent adults:</u> Once daily to the skin of the affected area for two 2-week treatment cycles separated by a 2-week no treatment period. <u>Treatment of external genital and perianal warts/condyloma acuminata (EGW) in patients 12 years or older:</u> Once daily to the external genital/perianal warts until total clearance or up to 8 weeks.	Exact mechanism of action is unknown. Imiquimod is an immune response modifier that stimulates local cytokine induction, which may result in indirect antineoplastic potency.
Ingenol Mebutate 0.015% and 0.05% gel (Picato) \$637/3 unit dose tubes of 0.015% gel \$637/2 unit dose tubes of 0.05% gel **Keep refrigerated at 36-45 degrees.	<u>Treatment of actinic keratoses:</u> Apply 0.015% gel to the affected area (face and scalp) once daily for 3 consecutive days. Apply 0.05% gel to the affected area (trunk and extremities) once daily for 3 consecutive days.	The mechanism of action of action by which ingenol mebutate induces cell death in treating AK lesions is unknown.

SD Medicaid Agents used to treat Actinic Keratosis Utilization			
04/01/11 - 03/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ALDARA 5% CREAM	1	\$389.86	\$389.86
CARAC CREAM	5	\$905.51	\$181.10
FLUOROURACIL 2% TOPICAL SOLN	6	\$382.51	\$63.75
FLUOROURACIL 5% CREAM	16	\$2,393.53	\$149.60
FLUOROURACIL 5% TOP SOLUTION	4	\$335.16	\$83.79
IMIQUIMOD 5% CREAM PACKET	168	\$63,703.73	\$379.19
SOLARAZE 3% GEL	1	\$508.95	\$508.95
ZYCLARA 3.75% CREAM	4	\$2,152.30	\$538.08
153 recipients	205	\$70,771.55	
Picato gel 0.015% - \$637.20 per script			
Picato gel 0.05% - \$637.20 per script			

References

1. PL Detail-Document, Actinic Keratosis Treatments. Pharmacist's Letter/Prescriber's Letter. March 2012.
2. Stockfleth E, et al. Guidelines for the management of actinic keratoses-update 2011. <http://www.euroderm.org>. (accessed May 30, 2012).
3. Solaraze[®] [prescribing information]. Melville, NY: PharmaDerm; April 2010.
4. Carac[®] [prescribing information]. Bridgewater, NJ: Dermik Laboratories; August 2009.
5. Efudex[®] [prescribing information]. Costa Mesa, CA: Valeant; November 2005.
6. Fluoroplex[®] [prescribing information]. Irvine, CA: Allergan, Inc. November 2004.
7. Zyclara[®] [prescribing information]. Scottsdale, AZ: Medicis; February 2012.
8. Picato[®] [prescribing information]. Parsippany, NY: LEO Pharma Inc.; January 2012.