

South Dakota Department of Social Services

Medicaid P&T Committee Meeting

June 10, 2016





DEPARTMENT OF SOCIAL SERVICES

MEDICAL SERVICES

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

Friday, June 10, 2016

1:00 – 3:00 PM

Ramada Sioux Falls Airport Hotel

1301 West Russell

Sioux Falls, SD

Call to order

Approval of minutes of previous meeting

Prior authorization update

Review of top 15 therapeutic categories/top 50 drugs

Review of drug spend

Old business

Review of Tivorbex PA form

Review of Nucala PA form

Review of Varubi and Emend utilization

Update on Narcan nasal spray

New business

Review of Zurampic

Review of Livalo

Review of gabapentin

Review of NSAID/anti-ulcer agents (Arthrotec, Duexis, Vimovo)

Review of miscellaneous antiprotozoal agents (Alinia, Mepron, Tindamax)

Review of lipotropics: omega-3 fatty acids (Lovaza, Vascepa)

Review of miscellaneous insulin agents (Tresiba, Toujeo, and Afrezza)

Review of Xenazine

Oral presentations and comments by manufacturers' representatives

Next meeting date/adjournment

**Minutes of the April 1, 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; Deb Farver; Mikel Holland

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 December 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 January 2016. There were a total of 2,829 PAs processed in the month of January, with 100% of those requests responded to in less than eight hours. There were 2,262 requests (80%) received electronically and 567 requests (20%) received by fax.

Analysis of the top 15 therapeutic classes

The committee reviewed the top 15 therapeutic classes by total cost of claims from 10/1/2015 – 12/31/2015. The top five classes were antipsychotics, respiratory and CNS stimulants, amphetamines, insulins, and anticonvulsants, misc. The top 15 therapeutic classes make up 37.06% 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 19.27% of total claims.

Hydrocodone review

At the December meeting, the committee asked for a review of patients taking hydrocodone. Hydrocodone utilization and the top 50 patients were reviewed. R. Holm made a motion to place all hydrocodone combination products on prior authorization except for the following strengths: 5/325, 7.5/325, and 10/325. D. Farver seconded the motion. The motion was approved unanimously. The prior authorization form and criteria will be developed.

PCSK9 second review

The committee reviewed the prior authorization form provided for PCSK9 inhibitors. There was no public comment. R. Holm made a motion to approve the form. B. Ladwig seconded the motion. The motion was approved unanimously.

Lyrice second review

The committee reviewed the prior authorization form provided for Lyrice. There was no public comment. K. Oehlke made a motion to approve the form. B. Ladwig seconded the motion. The motion was approved unanimously.

Otrexup second review

The committee reviewed the prior authorization form provided for Otrexup. There was no public comment. R. Holm made a motion to approve the form. D. Farver seconded the motion. The motion was approved unanimously.

Durlaza second review

The committee reviewed the prior authorization form provided for Durlaza. There was no public comment. D. Farver made a motion to approve the form. K. Oehlke seconded the motion. The motion was approved unanimously.

Prior authorization forms and criteria annual review

The committee reviewed current prior authorization forms and criteria.

Changes made include:

1. Antidepressants form: add Lexapro to list of medications that do not require PA
2. ARB form: add bullet for generic ARB
3. Harvoni form: add genotypes 4, 5, and 6

A motion was made by D. Farver to accept these changes and to approve all other forms as is. R. Holm seconded the motion. The motion was approved unanimously.

Narcan review

The committee reviewed Narcan nasal spray clinical information. There was no public comment. The committee requested that Narcan nasal spray be reviewed quarterly. The topic was tabled.

Tivorbex review

The committee reviewed Tivorbex clinical information. There was no public comment. A form will be brought to the next meeting for review.

Nucala review

The committee reviewed Nucala clinical information. Ted Sheedy from GSK spoke regarding Nucala. A form will be brought to the next meeting for review.

Varubi review

The committee reviewed Varubi clinical information. There was no public comment. The committee requested that more information be brought to the June meeting, including Emend utilization.

Zurampic review

The committee tabled the review of Zurampic until the June meeting.

The next meeting is scheduled for June 10, 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
April 1, 2016 – April 30, 2016**

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
3,380	3,379	1	99.97%	0.03%

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	164	269
AFX	Amrix and Fexmid	1	2
AMB	Ambien CR	7	22
ANF	Anti-Infectives(anti-biotic)	0	1
ANT	Antihistamines	9	34
APS	Antipsychotic	276	326
ARB	ARBS	3	12
COA	Oral Anticoagulants	23	40
DAW	Dispense As Written	9	5
GRH	Growth Hormone	2	3
GSM	Genitourinary SMR	5	56
HEP	Hepatitis Meds	2	4
HLM	Head Lice Medication	39	14
LID	Lidoderm	1	51
MAX	Max Units Override	172	1464
NAR	Name Brand Narcotics	6	3
NUC	Opioids	7	16
ONF	Onfi	8	3
OPH	Ophthalmic Antihistamines	0	14
PPI	Proton Pump Inhibitors	29	53
SMR	Skeletal Muscle Relaxants	1	0
STE	Nasal Steroids	7	50
STI	Stimulants	5	8
SUB	Suboxone/Subutex	7	10
TIM	Targeted Immune Modulators	8	12
TOP	Topical Acne Agents	13	62
TRP	Triptans	12	17
ULT	Ultram ER	0	5
XIF	Xifaxan	0	5
XOL	Xolair	3	0
Totals		819	2561

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

By Request Type

04/01/16 - 04/30/16	# of Requests	Electronic Requests		Faxed Requests	
		#	%	#	%
Prior Authorizations					
Antidepressant	433	340	79%	93	21%
Amrix and Fexmid	3	2	67%	1	33%
Ambien CR	29	24	83%	5	17%
Anti-Infectives(anti-biotic)	1	0	0%	1	100%
Antihistamines	43	37	86%	6	14%
Antipsychotic	602	383	64%	219	36%
ARBS	15	13	87%	2	13%
Oral Anticoagulants	63	45	71%	18	29%
Dispense As Written	14	0	0%	14	100%
Growth Hormone	5	2	40%	3	60%
Genitourinary SMR	61	54	89%	7	11%
Hepatitis Meds	6	0	0%	6	100%
Head Lice Medication	53	0	0%	53	100%
Lidoderm	52	44	85%	8	15%
Max Units Override	1636	1416	86%	220	14%
Name Brand Narcotics	9	0	0%	9	100%
Opioids	23	19	83%	4	17%
Onfi	11	0	0%	11	100%
Ophthalmic Antihistamines	14	13	93%	1	7%
Proton Pump Inhibitors	82	50	61%	32	39%
Skeletal Muscle Relaxants	1	0	0%	1	100%
Nasal Steroids	57	49	86%	8	14%
Stimulants	13	10	77%	3	23%
Suboxone/Subutex	17	10	59%	7	41%
Targeted Immune Modulators	20	8	40%	12	60%
Topical Acne Agents	75	44	59%	31	41%
Triptans	29	20	69%	9	31%
Ultram ER	5	4	80%	1	20%
Xifaxan	5	3	60%	2	40%
Xolair	3	0	0%	3	100%
Prior Authorization Totals	3380	2590	77%	790	23%

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

Electronic PAs (unique)

04/01/16 - 04/30/16	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
Antidepressant	116	218	0	334	34.70%	340
Amrix and Fexmid	0	2	0	2	0.00%	2
Ambien CR	5	15	0	20	25.00%	24
Antihistamines	6	31	0	37	16.20%	37
Antipsychotic	103	255	0	358	28.80%	383
ARBS	2	9	0	11	18.20%	13
Oral Anticoagulants	7	32	0	39	17.90%	45
Growth Hormone	0	2	0	2	0.00%	2
Genitourinary SMR	3	32	0	35	8.60%	54
Lidoderm	0	44	0	44	0.00%	44
Max Units Override	23	1301	0	1324	1.73%	1416
Opioids	3	14	0	17	17.60%	19
Ophthalmic Antihistamines	0	13	0	13	0.00%	13
Proton Pump Inhibitors	13	35	0	48	27.10%	50
Nasal Steroids	5	41	0	46	10.90%	49
Stimulants	3	7	0	10	30.00%	10
Suboxone/Subutex	0	10	0	10	0.00%	10
Targeted Immune Modulators	0	8	0	8	0.00%	8
Topical Acne Agents	3	40	0	43	7.00%	44
Triptans	6	13	0	19	31.60%	20
Ultram ER	0	4	0	4	0.00%	4
Xifaxan	0	3	0	3	0.00%	3
TOTALS	298	2129	0	2427	12.30%	2590

**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/2016 - 03/31/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	7,717	\$ 67,651.00	\$ 8.77	4.19%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,724	\$ 111,239.32	\$ 23.55	2.57%
AZITHROMYCIN	MACROLIDES	4,134	\$ 74,869.79	\$ 18.11	2.25%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,533	\$ 38,690.96	\$ 10.95	1.92%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,432	\$ 672,108.12	\$ 195.84	1.86%
FLUOXETINE HCL	ANTIDEPRESSANTS	3,126	\$ 34,091.58	\$ 10.91	1.70%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	3,035	\$ 64,876.91	\$ 21.38	1.65%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	2,890	\$ 20,420.38	\$ 7.07	1.57%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	2,878	\$ 54,362.14	\$ 18.89	1.56%
VYVANSE	AMPHETAMINES	2,851	\$ 663,133.52	\$ 232.60	1.55%
SERTRALINE HCL	ANTIDEPRESSANTS	2,788	\$ 21,177.85	\$ 7.60	1.51%
LEVOTHYROXINE SODIUM	THYROID AGENTS	2,593	\$ 40,294.80	\$ 15.54	1.41%
TRAMADOL HCL	OPIATE AGONISTS	2,421	\$ 19,705.65	\$ 8.14	1.32%
TRAZODONE HCL	ANTIDEPRESSANTS	2,241	\$ 13,981.46	\$ 6.24	1.22%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	2,062	\$ 35,816.92	\$ 17.37	1.12%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2,020	\$ 11,090.81	\$ 5.49	1.10%
CEFIDINIR	CEPHALOSPORINS	1,866	\$ 92,897.31	\$ 49.78	1.01%
AMOXICILLIN-CLAVULANATE POTASS	PENICILLINS	1,843	\$ 48,176.44	\$ 26.14	1.00%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,764	\$ 216,413.94	\$ 122.68	0.96%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,744	\$ 44,375.16	\$ 25.44	0.95%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	1,719	\$ 10,284.08	\$ 5.98	0.93%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,585	\$ 10,655.50	\$ 6.72	0.86%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,584	\$ 90,661.11	\$ 57.24	0.86%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,563	\$ 84,985.81	\$ 54.37	0.85%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,531	\$ 12,205.72	\$ 7.97	0.83%
FLUTICASON PROPIONATE	CORTICOSTEROIDS (EENT)	1,525	\$ 19,433.28	\$ 12.74	0.83%
POLYETHYLENE GLYCOL 3350	CATHARTICS AND LAXATIVES	1,518	\$ 38,079.28	\$ 25.09	0.82%
PREDNISONE	ADRENALS	1,447	\$ 11,009.55	\$ 7.61	0.79%
METFORMIN HCL	BIGUANIDES	1,428	\$ 10,466.83	\$ 7.33	0.78%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,402	\$ 38,946.74	\$ 27.78	0.76%
VITAMIN D2	VITAMIN D	1,349	\$ 8,232.43	\$ 6.10	0.73%
CEPHALEXIN	CEPHALOSPORINS	1,341	\$ 20,887.22	\$ 15.58	0.73%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,327	\$ 9,934.84	\$ 7.49	0.72%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,325	\$ 7,949.90	\$ 6.00	0.72%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	1,256	\$ 8,468.75	\$ 6.74	0.68%
ARIPIRAZOLE	ANTIPSYCHOTIC AGENTS	1,226	\$ 309,255.90	\$ 252.25	0.67%
CYCLOBENZAPRINE HCL	CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	1,216	\$ 8,121.70	\$ 6.68	0.66%
PREDNISOLONE SODIUM PHOSPHATE	ADRENALS	1,172	\$ 11,906.16	\$ 10.16	0.64%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,150	\$ 13,271.19	\$ 11.54	0.62%
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	1,123	\$ 16,065.72	\$ 14.31	0.61%
OXYCODONE-ACETAMINOPHEN	OPIATE AGONISTS	1,105	\$ 34,285.27	\$ 31.03	0.60%
TRIAMCINOLONE ACETONIDE	ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	1,101	\$ 14,594.57	\$ 13.26	0.60%
ONDANSETRON ODT	5-HT3 RECEPTOR ANTAGONISTS	1,090	\$ 14,008.82	\$ 12.85	0.59%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,076	\$ 17,702.22	\$ 16.45	0.58%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,025	\$ 211,724.28	\$ 206.56	0.56%
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	992	\$ 9,633.21	\$ 9.71	0.54%
VENLAFAXINE HCL ER	ANTIDEPRESSANTS	980	\$ 24,053.34	\$ 24.54	0.53%
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	965	\$ 24,537.00	\$ 25.43	0.52%
TOPIRAMATE	ANTICONVULSANTS, MISCELLANEOUS	950	\$ 11,242.88	\$ 11.83	0.52%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	933	\$ 8,267.24	\$ 8.86	0.51%
TOTAL TOP 50		97,666	\$ 3,456,244.60	\$ 35.39	53.06%

Total Rx Claims From 01/01/2016 - 03/31/2016	184,062
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**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/01/2016 - 03/31/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,432	\$ 672,108.12	\$ 195.84	1.86%
VYVANSE	AMPHETAMINES	2,851	\$ 663,133.52	\$ 232.60	1.55%
ADVATE	HEMOSTATICS	7	\$ 398,172.93	\$ 56,881.85	0.00%
LATUDA	ANTIPSYCHOTIC AGENTS	360	\$ 334,973.46	\$ 930.48	0.20%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	855	\$ 311,120.63	\$ 363.88	0.46%
ARIPIRAZOLE	ANTIPSYCHOTIC AGENTS	1,226	\$ 309,255.90	\$ 252.25	0.67%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	689	\$ 281,960.25	\$ 409.23	0.37%
HUMIRA PEN	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	56	\$ 239,512.79	\$ 4,277.01	0.03%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	135	\$ 221,148.66	\$ 1,638.14	0.07%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,764	\$ 216,413.94	\$ 122.68	0.96%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,025	\$ 211,724.28	\$ 206.56	0.56%
LANTUS SOLOSTAR	INSULINS	462	\$ 198,011.25	\$ 428.60	0.25%
NOVOLOG FLEXPEN	INSULINS	370	\$ 189,883.11	\$ 513.20	0.20%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	501	\$ 168,821.66	\$ 336.97	0.27%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	770	\$ 159,735.53	\$ 207.45	0.42%
NOVOLOG	INSULINS	366	\$ 157,894.88	\$ 431.41	0.20%
PULMOZYME	MUCOLYTIC AGENTS	55	\$ 152,862.00	\$ 2,779.31	0.03%
PREVACID	PROTON-PUMP INHIBITORS	342	\$ 150,029.09	\$ 438.68	0.19%
ONFI	BENZODIAZEPINES (ANTICONVULSANTS)	176	\$ 145,766.02	\$ 828.22	0.10%
ORKAMBI	CYSTIC FIBROSIS (CFTR) POTENTIATORS	7	\$ 145,625.33	\$ 20,803.62	0.00%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	38	\$ 134,821.46	\$ 3,547.93	0.02%
LEVEMIR FLEXTOUCH	INSULINS	270	\$ 132,335.10	\$ 490.13	0.15%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	406	\$ 127,208.13	\$ 313.32	0.22%
SOVALDI	HCV ANTIVIRALS	4	\$ 116,932.40	\$ 29,233.10	0.00%
COPAXONE	IMMUNOMODULATORY AGENTS	21	\$ 116,318.88	\$ 5,538.99	0.01%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,724	\$ 111,239.32	\$ 23.55	2.57%
TAMIFLU	NEURAMINIDASE INHIBITORS	592	\$ 102,676.07	\$ 173.44	0.32%
OXYCONTIN	OPIATE AGONISTS	303	\$ 101,935.69	\$ 336.42	0.16%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	149	\$ 99,281.78	\$ 666.32	0.08%
CEFDIRIN	CEPHALOSPORINS	1,866	\$ 92,897.31	\$ 49.78	1.01%
AFINITOR	ANTINEOPLASTIC AGENTS	8	\$ 92,575.78	\$ 11,571.97	0.00%
NORDITROPIN FLEXPEN	PITUITARY	35	\$ 91,795.77	\$ 2,622.74	0.02%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,584	\$ 90,661.11	\$ 57.24	0.86%
RECOMBINATE	HEMOSTATICS	4	\$ 89,870.00	\$ 22,467.50	0.00%
LANTUS	INSULINS	210	\$ 89,623.37	\$ 426.78	0.11%
TECFIDERA	IMMUNOMODULATORY AGENTS	14	\$ 86,159.94	\$ 6,154.28	0.01%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,563	\$ 84,985.81	\$ 54.37	0.85%
TETRABENAZINE	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	9	\$ 78,386.01	\$ 8,709.56	0.00%
GENOTROPIN	PITUITARY	21	\$ 75,912.38	\$ 3,614.88	0.01%
AZITHROMYCIN	MACROLIDES	4,134	\$ 74,869.79	\$ 18.11	2.25%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	119	\$ 74,795.65	\$ 628.53	0.06%
ADVAIR HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	218	\$ 74,426.71	\$ 341.41	0.12%
JANUVIA	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	206	\$ 74,006.46	\$ 359.25	0.11%
TRIUMEQ	ANTIRETROVIRALS	28	\$ 69,261.86	\$ 2,473.64	0.02%
AMOXICILLIN	PENICILLINS	7,717	\$ 67,651.00	\$ 8.77	4.19%
XIFAXAN	ANTIBACTERIALS, MISCELLANEOUS	37	\$ 65,311.57	\$ 1,765.18	0.02%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	3,035	\$ 64,876.91	\$ 21.38	1.65%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	16	\$ 64,557.57	\$ 4,034.85	0.01%
ATRIPLA	ANTIRETROVIRALS	26	\$ 62,568.30	\$ 2,406.47	0.01%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	191	\$ 62,183.45	\$ 325.57	0.10%
TOTAL TOP 50		42,997	\$ 7,998,278.93	\$ 186.02	23.36%

Total Rx Claims From 01/01/2016 - 03/31/2016	184,062
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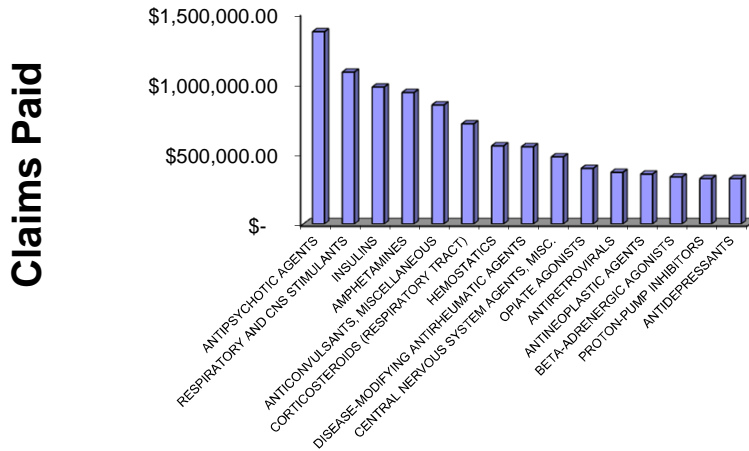
**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/01/2016 - 03/31/2016

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	5,761	\$ 1,366,903.61	\$ 237.27	3.13%
RESPIRATORY AND CNS STIMULANTS	6,181	\$ 1,080,632.62	\$ 174.83	3.36%
INSULINS	2,146	\$ 974,376.06	\$ 454.04	1.17%
AMPHETAMINES	5,435	\$ 935,812.14	\$ 172.18	2.95%
ANTICONVULSANTS, MISCELLANEOUS	8,353	\$ 847,680.90	\$ 101.48	4.54%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,656	\$ 713,432.50	\$ 268.61	1.44%
HEMOSTATICS	29	\$ 556,619.06	\$ 19,193.76	0.02%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	152	\$ 550,585.64	\$ 3,622.27	0.08%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,686	\$ 478,298.86	\$ 178.07	1.46%
OPIATE AGONISTS	10,823	\$ 396,175.17	\$ 36.60	5.88%
ANTIRETROVIRALS	247	\$ 367,704.43	\$ 1,488.68	0.13%
ANTINEOPLASTIC AGENTS	410	\$ 355,343.65	\$ 866.69	0.22%
BETA-ADRENERGIC AGONISTS	6,963	\$ 335,284.36	\$ 48.15	3.78%
PROTON-PUMP INHIBITORS	5,440	\$ 323,177.61	\$ 59.41	2.96%
ANTIDEPRESSANTS	16,608	\$ 323,141.94	\$ 19.46	9.02%
TOTAL TOP 15	73,890	\$ 9,605,168.55	\$ 129.99	40.14%

Total Rx Claims From 01/01/2016 - 03/31/2016	184,062
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**



SD Medicaid Drug Spend 2013 - 2016

Drug Spend 2013

Total	201301	201302	201303	201304	201305	201306	201307	201308	201309	201310	201311	201312	Row SubTotal
Rx_Dollars	\$5,098,169.75	\$4,387,497.68	\$3,483,772.72	\$4,587,727.94	\$4,954,424.54	\$4,080,139.76	\$4,746,330.61	\$4,785,381.28	\$4,365,123.88	\$5,013,735.15	\$4,581,524.61	\$4,062,575.21	\$54,146,403.13
Rx_Count	75,726	68,046	54,790	68,602	68,081	57,928	65,533	66,327	62,205	72,336	65,859	56,582	782,015
Average_Rx_Cost	\$67.32	\$64.48	\$63.58	\$66.87	\$72.77	\$70.43	\$72.43	\$72.15	\$70.17	\$69.31	\$69.57	\$71.80	\$69.24
Recip_Count	27,719	25,992	22,293	24,675	24,016	21,412	22,581	23,564	23,754	25,749	24,485	21,798	
Recip_Average_Rx_Cost	\$183.92	\$168.80	\$156.27	\$185.93	\$206.30	\$190.55	\$210.19	\$203.08	\$183.76	\$194.72	\$187.12	\$186.37	\$187.98

Drug Spend 2014

Total	201401	201402	201403	201404	201405	201406	201407	201408	201409	201410	201411	201412	Row SubTotal
Rx_Dollars	\$5,147,300.76	\$5,032,624.29	\$5,434,147.99	\$5,247,611.60	\$5,248,010.35	\$4,405,071.19	\$4,931,375.07	\$4,738,777.48	\$4,538,235.88	\$5,773,974.96	\$5,036,186.43	\$5,931,145.84	\$61,464,461.84
Rx_Count	68,519	68,225	71,659	71,966	67,552	54,782	61,854	61,147	54,408	73,097	63,572	72,538	789,319
Average_Rx_Cost	\$75.12	\$73.77	\$75.83	\$72.92	\$77.69	\$80.41	\$79.73	\$77.50	\$83.41	\$78.99	\$79.22	\$81.77	\$77.87
Recip_Count	25,131	25,541	26,527	25,767	24,324	20,669	22,363	22,719	21,996	25,738	23,583	25,398	
Recip_Average_Rx_Cost	\$204.82	\$197.04	\$204.85	\$203.66	\$215.75	\$213.12	\$220.51	\$208.58	\$206.32	\$224.34	\$213.55	\$233.53	\$212.12

Drug Spend 2015

Total	201501	201502	201503	201504	201505	201506	201507	201508	201509	201510	201511	201512	Row SubTotal
Rx_Dollars	\$6,059,791.74	\$5,587,449.66	\$6,232,977.81	\$5,875,279.77	\$5,539,116.33	\$4,841,891.40	\$5,549,603.04	\$5,584,169.85	\$4,976,709.14	\$7,205,743.49	\$4,653,953.06	\$5,774,352.70	\$67,881,037.99
Rx_Count	75,399	70,152	77,447	74,551	67,728	57,996	68,226	66,831	58,134	89,491	54,356	72,062	832,373
Average_Rx_Cost	\$80.37	\$79.65	\$80.48	\$78.81	\$81.78	\$83.49	\$81.34	\$83.56	\$85.61	\$80.52	\$85.62	\$80.13	\$81.55
Recip_Count	27,982	26,551	28,053	26,841	24,517	21,228	23,103	23,523	22,331	25,775	21,492	25,092	
Recip_Average_Rx_Cost	\$216.56	\$210.44	\$222.19	\$218.89	\$225.93	\$228.09	\$240.21	\$237.39	\$222.86	\$279.56	\$216.54	\$230.13	\$228.95

Drug Spend 2016

Total	201601	201602	201603	201604	201605	201606	201607	201608	201609	201610	201611	201612	Row SubTotal
Rx_Dollars	\$5,878,474.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,878,474.58
Rx_Count	70,470	0	0	0	0	0	0	0	0	0	0	0	70,470
Average_Rx_Cost	\$83.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.42
Recip_Count	25,605	0	0	0	0	0	0	0	0	0	0	0	
Recip_Average_Rx_Cost	\$229.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$229.58



**TIVORBEX
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 Tivorbex must meet the following criteria:

- Patient must have treatment failure of an adequate trial of two generic prescription strength non-steroidal anti-inflammatory drugs (NSAID).

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:	Trial:	Start Date:	End Date:
		Trial:	Start Date:	End Date:
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)	



NUCALA
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 Nucala must meet the following criteria:

- Patient must be 12 years of age or older.
- Patient must have a diagnosis of severe asthma with an eosinophilic phenotype.
- Patient must have inadequate control of asthmatic symptoms after a minimum of 3 months of high-dose corticosteroids plus an additional controller medication.
- Patient has had at least 2 asthma exacerbations requiring medical intervention within the past 12 months.

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:	SPECIALIST INVOLVED IN THERAPY:
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	Blood eosinophil level: _____ Will the patient be taking Xolair in combination with Nucala? <input type="checkbox"/> YES <input type="checkbox"/> NO
Inhaled Corticosteroid: Controller Medication:	Medical Interventions required in the past 12 months:	
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: _____
Effective dates of PA: From: / /	To: / /
Denied: (Reasons)	

PRODUCT DETAILS OF NK₁ RECEPTOR ANTAGONISTS AND COMBINATION PRODUCTS

INDICATIONS AND USE:

Akynzeo (netupitant/palonosetron)

- Capsules – fixed combination of an NK₁ receptor antagonist and a 5-HT₃ receptor antagonist indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including but not limited to highly emetogenic chemotherapy. Oral palonosetron prevents nausea and vomiting during the acute phase and netupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy.

Emend (aprepitant)

- Oral suspension – in combination with other antiemetic agents, in patients 6 months of age and older for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC), including cisplatin AND nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).
- Capsules – in combination with other antiemetic agents, in patients 12 years of age and older for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC), including cisplatin, AND nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). Also can be used for prevention of postoperative nausea and vomiting (PONV) in adults.

Varubi (rolapitant)

- In combination with other antiemetic agents in adults for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.

ADMINISTRATION:

Akynzeo

- The recommended dose is 1 capsule administered approximately 1 hour prior to the start of chemotherapy.

Emend

- Recommended dose for prevention of chemotherapy induced nausea and vomiting (CINV): In adults and pediatric patients 12 years of age and older, take 125 mg capsule on day 1 and 80 mg capsule on days 2 and 3. Administer Emend 1 hour prior to chemotherapy on days 1, 2, and 3. If no chemotherapy is given on days 2 and 3, administer Emend in the morning.
- Recommended dose for PONV: Adults take 40 mg capsule within 3 hours prior to induction of anesthesia.

Varubi

- The recommended dosage is 180 mg rolapitant administered approximately 1 to 2 hours prior to the start of chemotherapy.
- Administer in combination with dexamethasone and a 5-HT₃ receptor antagonist.

DOSAGE FORMS

Akynzeo

- Capsules: 300 mg netupitant/0.5 mg palonosetron

Emend

- Capsules: 40 mg, 80 mg, and 125 mg
- Oral suspension: 125 mg

Varubi

- Tablets: 90 mg of rolapitant

Utilization

SD Medicaid NK1 Receptor Antagonist Utilization			
04/01/15 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
EMEND 40 MG CAPSULE	5	\$406.49	\$81.30
5 recipients	5	\$406.49	
	Avg price per pill		
Akynzeo	592.92		
Varubi	286.20		
Emend 80 mg	179.47		
Emend 40 mg	96.82		

References:

1. Facts & Comparisons eAnswers. Accessed online May 17, 2016.
2. Akynzeo [package insert]. Woodcliff Lake, NJ. Eisai, Inc.; April 2015.
3. Emend [package insert]. Whitehouse Station, NJ. Merck & Co., Inc.; December 2015.
4. Varubi [package insert]. Waltham, MA. Tesaro, Inc.; September 2015.

PRODUCT DETAILS OF NARCAN NASAL SPRAY

INDICATIONS AND USE:

Narcan nasal spray is indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Narcan nasal spray is intended for immediate administration as emergency therapy in settings where opioids may be present.

ADMINISTRATION:

- Administer Narcan nasal spray as quickly as possible to prevent prolonged respiratory depression.
- Additional doses may be required until emergency medical assistance becomes available.
- Each Narcan nasal spray contains a single dose of naloxone and cannot be reused.
- Re-administer with a new nasal spray every 2-3 minutes if the patient does not respond or responds and then relapses.
- Administer in alternate nostrils with each dose.
- Recommended initial dose is one spray by intranasal administration delivering 4 mg of naloxone hydrochloride.

DOSAGE FORM AND STRENGTH:

Nasal spray: 4 mg of naloxone hydrochloride in 0.1 mL

WARNINGS AND PRECAUTIONS:

- Risk of recurrent respiratory and CNS depression
- Risk of limited efficacy with partial agonists or mixed agonists/antagonists
- Precipitation of severe opioid withdrawal
- Risk of cardiovascular effects

ADVERSE REACTIONS:

The following adverse reactions were observed in a clinical study: increased blood pressure, musculoskeletal pain, headache, nasal dryness, nasal edema, nasal congestion, and nasal inflammation.

References:

1. Narcan nasal spray [package insert]. Radnor, PA: Adapt Pharma, Inc.; November 2015.

PRODUCT DETAILS OF ZURAMPIC

INDICATIONS AND USE:

Zurampic is a URAT1 inhibitor indicated in combination with a xanthine oxidase inhibitor for the treatment of hyperuricemia associated with gout in patients who have not achieved target serum uric acid levels with a xanthine oxidase inhibitor alone. Zurampic is not recommended for the treatment of asymptomatic hyperuricemia and should not be used as monotherapy.

DOSAGE AND ADMINISTRATION:

- The dosage is 200 mg once daily in combination with a xanthine oxidase inhibitor, including allopurinol or febuxostat. The maximum daily dose is 200 mg.
- Failure to take Zurampic with a xanthine oxidase inhibitor may increase the risk of renal adverse reactions.
- Zurampic tablets should be taken in the morning with food and water.
- Patients should be instructed to stay well hydrated.
- Assess renal function before initiating Zurampic.

DOSAGE FORM AND STRENGTH:

Tablets: 200 mg

CONTRAINDICATIONS:

- Severe renal impairment, end stage renal disease, kidney transplant recipients, or patients on dialysis.
- Tumor lysis syndrome or Lesch-Nyhan syndrome.

WARNINGS AND PRECAUTIONS:

- Renal events – Adverse reactions related to renal function have occurred after initiating Zurampic. A higher incidence was observed at the 400 mg dose, with the highest incidence occurring with monotherapy use. Monitor renal function at initiation and during therapy, particularly in patients with eCLcr below 60 mL/min, and evaluate for signs and symptoms of acute uric acid nephropathy.
- Cardiovascular events – Major adverse cardiovascular events were observed with Zurampic; a causal relationship has not been established.

ADVERSE REACTIONS:

Most common adverse reactions in 12-month controlled clinical trials (occurring in greater than or equal to 2% of patients treated with Zurampic in combination with a xanthine oxidase inhibitor and more frequently than on a xanthine oxidase inhibitor alone) were headache, influenza, blood creatinine increased, and gastroesophageal reflux diseases.

DRUG INTERACTIONS:

- Moderate CYP2C9 inhibitors – use with caution.
- Sensitive CYP3A substrates – monitor for efficacy of the CYP3A substrate.

References:

1. Zurampic [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals, LP.; December 2015.

PRODUCT DETAILS OF LIVALO (PITAVASTATIN)

INDICATIONS AND USE:

Livalo is an HMG-CoA reductase inhibitor indicated for patients with primary hyperlipidemia or mixed dyslipidemia as an adjunctive therapy to diet to reduce elevated total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), apolipoprotein B (Apo B), and triglycerides (TG), and to increase high-density lipoprotein cholesterol (HDL-C).

DOSAGE AND ADMINISTRATION:

1 to 4 mg once daily

DOSAGE FORM AND STRENGTHS:

Tablets: 1 mg, 2 mg, and 4 mg

CONTRAINDICATIONS:

- Active liver disease
- Women who are pregnant or may become pregnant
- Nursing mothers
- Co-administration with cyclosporine

WARNINGS AND PRECAUTIONS:

- Skeletal muscle effects
- Liver enzyme abnormalities

ADVERSE REACTIONS:

The most frequent adverse reactions were myalgia, back pain, diarrhea, constipation, and pain in extremity.

DRUG INTERACTIONS:

- Erythromycin
- Rifampin
- Concomitant lipid-lowering therapies

STATIN UTILIZATION:

SD Medicaid Statin Utilization			
04/01/15 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ATORVASTATIN 10 MG TABLET	432	\$5,070.73	\$11.74
ATORVASTATIN 20 MG TABLET	1022	\$12,552.12	\$12.28
ATORVASTATIN 40 MG TABLET	1161	\$12,381.05	\$10.66
ATORVASTATIN 80 MG TABLET	1039	\$10,699.24	\$10.30
CRESTOR 10 MG TABLET	241	\$42,958.98	\$178.25
CRESTOR 20 MG TABLET	351	\$55,926.67	\$159.34
CRESTOR 40 MG TABLET	580	\$97,782.77	\$168.59
CRESTOR 5 MG TABLET	20	\$4,713.92	\$235.70
LIPITOR 80 MG TABLET	3	\$19.38	\$6.46
LOVASTATIN 10 MG TABLET	60	\$370.32	\$6.17
LOVASTATIN 20 MG TABLET	196	\$1,567.24	\$8.00
LOVASTATIN 40 MG TABLET	141	\$1,195.80	\$8.48
PRAVASTATIN SODIUM 10 MG TAB	102	\$1,034.24	\$10.14
PRAVASTATIN SODIUM 20 MG TAB	342	\$4,836.35	\$14.14
PRAVASTATIN SODIUM 40 MG TAB	403	\$7,534.85	\$18.70
PRAVASTATIN SODIUM 80 MG TAB	75	\$1,030.66	\$13.74
SIMVASTATIN 10 MG TABLET	662	\$4,313.61	\$6.52
SIMVASTATIN 20 MG TABLET	1600	\$10,196.03	\$6.37
SIMVASTATIN 40 MG TABLET	1218	\$9,337.39	\$7.67
SIMVASTATIN 5 MG TABLET	36	\$272.59	\$7.57
SIMVASTATIN 80 MG TABLET	188	\$1,367.65	\$7.27
TOTAL 1512 recipients	9872	\$285,161.59	

References:

1. Livalo [package insert]. Montgomery, AL: Kowa Pharmaceuticals, Inc.; October 2013.

PRODUCT DETAILS OF GABAPENTIN

INDICATIONS AND USE:

Gabapentin is approved for postherpetic neuralgia and epilepsy. Off-label uses include chronic cough, diabetic neuropathy, episodic migraine prevention, fibromyalgia, hiccups, hot flashes, postoperative pain, prevention of spinal opioid-related pruritus, pruritus (brachioradial and uremic), restless legs syndrome, and social anxiety disorder.

DOSAGE AND ADMINISTRATION:

Postherpetic neuralgia – 1800 mg to 3600 mg/day in divided doses; daily doses more than 1800 mg do not generally show greater benefit.

Seizures – 900 to 1800 mg/day in divided doses.

DOSAGE FORMS AND STRENGTHS:

Tablets: 300 mg, 600 mg, 800 mg

Capsules: 100 mg, 300 mg, 400 mg

Solution: 250 mg/5 mL

WARNINGS AND PRECAUTIONS:

- Suicidal behavior and ideation
- Neuropsychiatric effects
- Withdrawal precipitated seizure
- Tumorigenic potential
- Sudden and unexplained deaths
- Hypersensitivity reactions
- Renal function impairment
- Caution doing hazardous tasks

ADVERSE REACTIONS:

The most frequent adverse reactions were ataxia, dizziness, fatigue, nystagmus, and somnolence.

UTILIZATION:

SD Medicaid Gabapentin Utilization			
04/01/15 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
GABAPENTIN 100 MG CAPSULE	1241	\$14,696.23	\$11.84
GABAPENTIN 250 MG/5 ML	173	\$5,546.92	\$32.06
GABAPENTIN 300 MG CAPSULE	4686	\$71,940.27	\$15.35
GABAPENTIN 400 MG CAPSULE	494	\$9,470.57	\$19.17
GABAPENTIN 600 MG TABLET	1643	\$43,946.28	\$26.75
GABAPENTIN 800 MG TABLET	469	\$11,814.65	\$25.19
GRALISE ER 300 MG TABLET	3	\$511.62	\$170.54
GRALISE ER 600 MG TABLET	10	\$6,753.36	\$675.34
NEURONTIN 300 MG CAPSULE	4	\$884.00	\$221.00
1702 recipients	8724	\$165,563.90	

Age	Recip Count
1-10	15
11-20	67
21-30	218
31-40	429
41-50	382
51+	591

73% of recipients taking gabapentin are also taking narcotics
155 recipients are taking gabapentin and pregabalin concurrently

CONCLUSION:

Based on postmarketing reports, there is potential for abuse, dependency, and withdrawal associated with gabapentin utilization. Watch for development of tolerance, escalating dose, and requests for early refills.

References:

1. Facts & Comparisons eAnswers. Available at <http://online.factsandcomparisons.com>. Accessed on May 17, 2016.

Top 30 Gabapentin Recipients by Script Count					
Recipient	Age	Rx Count	Diagnoses	mg/day	Taking narcotics concurrently
1	16	35	Traumatic brain injury; Oth gen epilepsy	1200	No
2	53	31	Other chronic pain	2700	Hydrocodone
3	38	31	Other chronic pain; other mixed/unspecified drug abuse; amphetamine/related drug abuse	3200	No
4	49	30	Other chronic pain; encounter long term use other drugs	2700	No
5	38	28	Low back pain; quadriplegia	3600	Oxycodone; tramadol
6	43	27	Other chronic pain; low back pain; other psychoactive substance abuse uncomplicated	3000	Hydrocodone
7	45	26	Other unspecified alcohol dependence; depressive disorder	2100	No
8	62	26	Major depressive disorder; borderline personality disorder; pain in right knee	2700	Oxycodone; fentanyl
9	45	25	Type 2 diabetes; personality disorder; bipolar disorder	2700	Butrans; tramadol
10	65	25	Pain in left knee; type 2 diabetes	1200	Fentanyl; tramadol
11	61	25	Abnormal weight gain; type 2 diabetes; epilepsy	3000	No
12	65	22	Multiple sclerosis	500	No
13	57	22	Pain, unspecified; osteoarthritis of the knee; chronic pain syndrome	2700	Morphine; fentanyl
14	20	21	Autistic disorder	800	No
15	14	21	Unspecified epilepsy	2400	Oxycodone
16	47	20	COPD; dorsalgia	1500	No
17	57	20	COPD; lumbago	2000	Oxycodone
18	57	20	Impulse disorder; major depressive disorder	2700	Fentanyl; hydrocodone
19	38	19	Carpal tunnel syndrome; contusion of left lower leg; other chronic pain	1200	No
20	54	19	Type 2 diabetes; personality disorder	300	No
21	56	19	Amputation; type 2 diabetes	600	Fentanyl
22	62	19	Other convulsions	4500	No
23	60	19	Other chronic pain; type 2 diabetes	3600	Hydrocodone
24	35	18	PTST; nonallopathic lesion pelvic	600	No
25	29	18	Long term use of opiate analgesice; opioid dependence	6000	Suboxone
26	38	18	Osteoarthrosis; pain in limb	900	Tramadol
27	52	17	Type 2 diabetes	1800	No
28	32	17	Quadriplegia	2700	Fentanyl; hydrocodone
29	40	17	Primary osteoarthritis; pain in right hip	1800	No
30	30	17	Disc degeneration; lumbago	3600	Tramadol

PRODUCT DETAILS OF NSAID/ANTI-ULCER AGENTS

INDICATIONS AND USE:

Arthrotec (diclofenac/misoprostol) – for treatment of the signs and symptoms of osteoarthritis or rheumatoid arthritis in patients at high risk of developing NSAID-induced gastric and duodenal ulcers and their complications.

Duexis (ibuprofen/famotidine) – for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications.

Vimovo (naproxen/esomeprazole) – for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis and to decrease the risk of developing gastric ulcers in patients at risk of developing NSAID-associated gastric ulcers.

DOSAGE AND ADMINISTRATION:

Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals.

- Arthrotec: Osteoarthritis – one tablet (50 mg/200 mcg) 3 times per day.
Rheumatoid arthritis – one tablet (50 mg/200 mcg) 3 or 4 times per day.
- Duexis: One tablet 3 times per day.
- Vimovo: One tablet twice daily.

DOSAGE FORM AND STRENGTHS:

- Arthrotec: Tablets – 200 mcg misoprostol/50 mg or 75 mg diclofenac
- Duexis: Tablets – 26.6 mg famotidine/800 mg ibuprofen
- Vimovo: Tablets – 20 mg esomeprazole/375 or 500 mg naproxen

CONTRAINDICATIONS:

- Patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs
- Perioperative pain in the setting of CABG surgery
- Pregnancy
- GI bleeding

WARNINGS AND PRECAUTIONS:

- Cardiovascular risks
- GI risks
- Pregnancy (misoprostol)
- Hepatotoxicity
- Active bleeding
- Renal toxicity
- Anaphylactic reactions
- Exacerbation of asthma related to aspirin sensitivity
- Serious skin reactions
- Hematologic toxicity
- Masking of inflammation and fever
- Gastric malignancy
- Cyanocobalamin deficiency
- Clostridium difficile associated diarrhea
- Interaction with clopidogrel
- Bone fracture
- Hypomagnesemia

ADVERSE REACTIONS:

- Arthrotec – abdominal pain, diarrhea, dyspepsia, nausea, and flatulence.
- Duexis – nausea, diarrhea, constipation, upper abdominal pain, and headache.
- Vimovo – gastritis and diarrhea.

UTILIZATION:

SD Medicaid NSAID/Anti-Ulcer Agents			
04/01/15 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
DICLOFENAC-MISOPROST 50-0.2 TB	8	\$950.65	\$118.83
DICLOFENAC-MISOPROST 75-0.2 TB	23	\$3,315.71	\$144.16
12 recipients	31	\$4,266.36	
Diclofenac-misoprostol avg cost per tablet	2.90		
Duexis avg cost per tablet	19.59		
Vimovo avg cost per tablet	29.39		

References:

1. Facts & Comparisons eAnswers. Accessed online May 18, 2016.
2. Duexis [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc.; May 2016.
3. Vimovo [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc.; May 2016.

PRODUCT DETAILS OF MISCELLANEOUS ANTIPROTOZOAL AGENTS

INDICATIONS AND USE:

Alinia (nitazoxanide) – Indicated for the treatment of diarrhea caused by *Giardia lamblia* or *Cryptosporidium parvum*.

Mepron (atovaquone) – Prevention of *Pneumocystis jiroveci* pneumonia (PCP) in patients who are intolerant to trimethoprim-sulfamethoxazole (TMP-SMZ); treatment of mild-to-moderate PCP in patients who cannot tolerate TMP-SMX.

Tindamax (tinidazole) – Indicated for the treatment of amebiasis, bacterial vaginosis, giardiasis, and trichomoniasis.

DOSAGE AND ADMINISTRATION:

- Alinia – 1 tablet every 12 hours with food.
- Mepron – Prevention: 1,500 mg once daily with food. Treatment: 750 mg twice daily with food for 21 days.
- Tindamax – Amebiasis: 2 g once daily for 3 days. Bacterial vaginosis: 2 g once daily for 2 days or 1 g once daily for 5 days. Giardiasis: 2 g (single dose). Trichomoniasis: 2 g (single dose) and treat sexual partners.

DOSAGE FORMS AND STRENGTHS:

- Alinia – Tablets: 500 mg; Suspension: 100 mg/5 mL
- Mepron – Suspension: 750 mg/5 mL
- Tindamax – Tablets: 250 mg and 500 mg

WARNINGS AND PRECAUTIONS:

- Administer Alinia with caution in patients with hepatic and biliary disease, patients with renal disease, and patients with combined renal and hepatic disease.
- Failure to administer Mepron with food may result in lower plasma concentration and limited response to therapy. Patients with gastrointestinal disorders may have limited absorption.
- Elevated liver chemistry and cases of hepatitis and fatal liver failure have been reported in patients taking Mepron.

- Tindamax – convulsive seizures and peripheral neuropathy, vaginal candidiasis, drug resistance, hematologic effects, renal function impairment, and hepatic function impairment.

ADVERSE REACTIONS:

- Most common adverse effects in patients taking Alinia include abdominal pain, diarrhea, headache, and nausea.
- Most frequent adverse reactions in patients taking Mepron include rash, vomiting, diarrhea, headache, nausea, and fever.
- Most frequent adverse reactions in patients taking Tindamax include dizziness, headache, weakness/fatigue, anorexia, dyspepsia, metallic/bitter taste, nausea, and vomiting.

DRUG INTERACTIONS:

- Caution should be used when administering Alinia concurrently with highly plasma protein-bound drugs with narrow therapeutic indices.
- Concurrent administration of rifampin, rifabutin, tetracycline, and metoclopramide reduces Mepron concentrations. Concomitant administration of indinavir reduces indinavir trough concentrations.

UTILIZATION:

SD Medicaid Miscellaneous Antiprotozoal Agents			
04/01/15 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ALINIA 500 MG TABLET	14	\$2,917.51	\$208.39
ALINIA 100 MG/5 ML SUSPENSION	35	\$7,445.89	\$212.74
TINIDAZOLE 500 MG TABLET	12	\$452.58	\$37.72
50 recipients	61	\$10,815.98	

References:

1. Alinia [package insert]. Tampa, FL. Romark Laboratories, L.C.; August 2013
2. Mepron [package insert]. Research Triangle Park, NC. GlaxoSmithKline; June 2015.
3. Facts & Comparisons eAnswers. Available at <http://online.factsandcomparisons.com>
Accessed on May 18, 2016.

PRODUCT DETAILS OF LIPOTROPICS: OMEGA-3 FATTY ACIDS

INDICATIONS AND USE:

Lovaza (omega-3-acid ethyl esters) – indicated as an adjunct to diet to reduce triglyceride levels with severe (≥ 500 mg/dL) hypertriglyceridemia.

Vascepa (icosapent ethyl) – indicated as an adjunct to diet to reduce triglyceride levels in patients with severe (≥ 500 mg/dL) hypertriglyceridemia.

DOSAGE AND ADMINISTRATION:

- Lovaza – 4 g per day taken as a single dose or as 2 capsules twice daily.
- Vascepa – 4 g per day taken as 2 capsules twice daily with food.

DOSAGE FORMS AND STRENGTHS:

- Lovaza – capsules 1 g
- Vascepa – capsules 1 g

WARNINGS AND PRECAUTIONS:

- In patients with hepatic impairment, monitor ALT and AST levels periodically during therapy.
- Use with caution in patients with known hypersensitivity to fish and/or shellfish.
- Lovaza may increase levels of LDL. Monitor LDL levels periodically during therapy.
- There is a possible association between Lovaza and more frequent recurrences of symptomatic atrial fibrillation or flutter in patients with paroxysmal or persistent atrial fibrillation, particularly within the first months of initiating therapy.

ADVERSE REACTIONS:

- The most common adverse reactions with Lovaza include eructation, dyspepsia, and taste perversion.
- The most common adverse reaction with Vascepa was arthralgia.

DRUG INTERACTIONS:

- Omega-3 acids may prolong bleeding time. Patients receiving treatment with other drugs affecting coagulation should be monitored periodically.

UTILIZATION:

SD Medicaid Omega-3 Fatty Acid Utilization		
04/01/15 - 03/31/16		
Label Name	Rx Num	Total Reimb Amt
LOVAZA 1 GM CAPSULE	5	\$1,508.38
OMEGA-3 ETHYL ESTERS 1 GM CAP	356	\$59,683.25
56 recipients	361	\$61,191.63

References:

1. Lovaza [package insert]. Research Triangle Park, NC. GlaxoSmithKline; May 2014
2. Vascepa [package insert]. Bedminster, NY. Amarin Pharma Inc.; June 2015.
3. Facts & Comparisons eAnswers. Available at <http://online.factsandcomparisons.com>; Accessed on May 18, 2016.

PRODUCT DETAILS OF MISCELLANEOUS INSULIN AGENTS

INDICATIONS AND USE:

Afrezza (insulin human) – rapid-acting inhaled insulin indicated to improve glycemic control in adult patients with diabetes mellitus.

Toujeo (insulin glargine) – long-acting human insulin analog indicated to improve glycemic control in adults with diabetes mellitus.

Tresiba (insulin degludec) – long-acting human insulin analog indicated to improve glycemic control in adults with diabetes mellitus.

DOSAGE AND ADMINISTRATION:

- Afrezza – administer using a single inhalation per cartridge at the beginning of a meal.
- Toujeo – administer subcutaneously once daily at any time during the day, at the same time every day. Rotate injection sites.
- Tresiba – administer subcutaneously once daily at any time of day.

DOSAGE FORMS AND STRENGTHS:

- Afrezza: single use cartridges of 4 units, 8 units, 12 units
- Toujeo: 300 units/mL insulin glargine in 1.5 mL disposable prefilled pen
- Tresiba: 100 units/mL (3 mL) and 200 units/mL (3 mL)

CONTRAINDICATIONS:

- Afrezza – Do not use during episodes of hypoglycemia or in patients with chronic lung disease
- Toujeo – Do not use during episodes of hypoglycemia
- Tresiba – Do not use during episodes of hypoglycemia

WARNINGS AND PRECAUTIONS:

Afrezza

- Acute bronchospasm
- Change in insulin regimen
- Hypoglycemia
- Decline in pulmonary function
- Lung cancer
- Diabetic ketoacidosis
- Hypersensitivity reactions
- Hypokalemia
- Fluid retention and heart failure with concomitant use thiazolidinediones (TZDs)

Toujeo

- Never share a prefilled pen between patients
- Hyper or hypoglycemia with changes in insulin regimen
- Medication errors causing hypoglycemia
- Hypersensitivity reactions
- Hypokalemia
- Fluid retention and heart failure with concomitant use of TZDs

Tresiba

- Never share a pen between patients
- Hyper- or hypoglycemia with changes in insulin regimen
- Medication errors causing hypoglycemia
- Hypersensitivity reactions
- Hypokalemia
- Fluid retention and heart failure with concomitant use of TZDs

ADVERSE REACTIONS:

Afrezza – the most common adverse reactions are hypoglycemia, cough, and throat pain or irritation.

Toujeo – The most common adverse reactions are hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, rash, edema, and weight gain.

Tresiba – The most common adverse reactions are hypoglycemia, allergic reactions, lipodystrophy, pruritus, rash, edema, and weight gain.

UTILIZATION:

SD Medicaid Insulin Utilization			
4/1/2015 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
APIDRA 100 UNITS/ML VIAL	14	\$7,669.18	\$547.80
APIDRA SOLOSTAR 100 UNITS/ML	32	\$16,946.55	\$529.58
HUMALOG 100 UNITS/ML CARTRIDGE	81	\$33,715.84	\$416.24
HUMALOG 100 UNITS/ML KWIKPEN	357	\$164,650.45	\$461.21
HUMALOG 100 UNITS/ML VIAL	445	\$179,852.41	\$404.16
HUMALOG MIX 50-50 KWIKPEN	1	\$409.83	\$409.83
HUMALOG MIX 75-25 KWIKPEN	8	\$4,557.03	\$569.63
HUMULIN 70/30 KWIKPEN	82	\$41,601.28	\$507.33
HUMULIN 70-30 VIAL	50	\$7,887.59	\$157.75
HUMULIN N 100 UNITS/ML KWIKPEN	156	\$60,379.68	\$387.05

SD Medicaid Insulin Utilization			
4/1/2015 - 03/31/16			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
HUMULIN N 100 UNITS/ML PEN	1	\$305.07	\$305.07
HUMULIN N 100 UNITS/ML VIAL	36	\$6,631.75	\$184.22
HUMULIN R 100 UNITS/ML VIAL	80	\$11,920.48	\$149.01
HUMULIN R 500 UNITS/ML VIAL	32	\$40,187.81	\$1,255.87
LANTUS 100 UNITS/ML VIAL	1047	\$427,512.56	\$408.32
LANTUS SOLOSTAR 100 UNITS/ML	2162	\$899,845.10	\$416.21
LEVEMIR 100 UNITS/ML VIAL	198	\$84,375.32	\$426.14
LEVEMIR FLEXPEN 100 UNITS/ML	7	\$2,395.70	\$342.24
LEVEMIR FLEXTOUCH 100 UNITS/ML	1078	\$489,147.15	\$453.75
NOVOLIN 70-30 100 UNIT/ML VIAL	47	\$8,443.97	\$179.66
NOVOLIN N 100 UNITS/ML VIAL	71	\$11,689.11	\$164.64
NOVOLIN R 100 UNITS/ML VIAL	126	\$25,334.39	\$201.07
NOVOLOG 100 UNIT/ML CARTRIDGE	529	\$209,748.68	\$396.50
NOVOLOG 100 UNIT/ML VIAL	1064	\$397,474.83	\$373.57
NOVOLOG 100 UNITS/ML FLEXPEN	1633	\$775,374.72	\$474.82
NOVOLOG MIX 70-30 FLEXPEN SYRN	54	\$31,447.49	\$582.36
NOVOLOG MIX 70-30 VIAL	22	\$16,358.18	\$743.55
RELION NOVOLIN 70-30 VIAL	12	\$718.97	\$59.91
RELION NOVOLIN N 100 UNIT/ML	46	\$3,027.49	\$65.82
RELION NOVOLIN R 100 UNIT/ML	40	\$1,865.13	\$46.63
TOUJEO SOLOSTAR 300 UNITS/ML	61	\$29,226.93	\$479.13
TRESIBA FLEXTOUCH 200 UNITS/ML	5	\$2,789.10	\$557.82
1107 recipients	9577	\$3,993,489.77	

References:

1. Afrezza [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S., LLC; January 2016.
2. Toujeo [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S., September 2015.
3. Tresiba [package insert]. Plainsboro, NJ: Novo Nordisk Inc. LLC; September 2015.

PRODUCT DETAILS OF XENAZINE (TETRABENAZINE)

INDICATIONS AND USE:

Xenazine is a vesicular monoamine transporter 2 (VMAT) inhibitor indicated for the treatment of chorea associated with Huntington's disease.

DOSAGE AND ADMINISTRATION:

Individualization of dose and careful titration is required. The first week's starting dose is 12.5 mg daily; second week, 12.5 mg twice daily; then slowly titrate at weekly intervals by 12.5 mg to a tolerated dose that reduces chorea. Doses of 37.5 mg and up to 50 mg per day should be administered in three divided doses per day with a maximum recommended single dose not to exceed 25 mg.

DOSAGE FORM AND STRENGTHS:

Tablets: 12.5 mg and 25 mg

CONTRAINDICATIONS:

- Patients who are suicidal or who have depression that is untreated/undertreated.
- Patients with hepatic impairment.
- Patients taking MAOIs or reserpine.

WARNINGS AND PRECAUTIONS:

- Re-evaluate the benefit and potential for adverse effects such as worsening mood, cognition, rigidity, and functional capacity.
- Do not exceed 50 mg/day, and the maximum single dose should not exceed 25 mg if administered in conjunction with a strong CYP2D6 inhibitor (e.g., fluoxetine, paroxetine).
- Neuroleptic malignant syndrome (NMS): Discontinue if this occurs.
- Restlessness, agitation, akathisia, and Parkinsonism: Reduce dose or discontinue if occurs.
- Monitor for dysphagia.
- May impair patient's ability to drive or operate complex machinery.
- Not recommended in combination with other drugs that cause QT_c prolongation.
- Exaggerates extrapyramidal disorders when used with drugs that reduce or antagonize dopamine. Discontinue if this occurs.

ADVERSE REACTIONS:

Most common adverse reactions were sedation/somnolence, fatigue, insomnia, depression, akathisia, anxiety, and nausea.

DRUG INTERACTIONS:

- Strong CYP2D6 inhibitors
- Reserpine
- MAOIs
- Alcohol
- Drugs that cause QT_c prolongation
- Neuroleptic drugs

UTILIZATION:

SD Medicaid Xenazine Utilization		
04/01/15 - 03/31/16		
Label Name	Rx Num	Total Reimb Amt
TETRABENAZINE 12.5 MG TABLET	12	\$47,825.87
TETRABENAZINE 25 MG TABLET	6	\$66,711.17
XENAZINE 12.5 MG TABLET	28	\$176,047.86
XENAZINE 25 MG TABLET	9	\$136,883.75
8 recipients	55	\$427,468.65

Diagnosis	
Huntington's Chorea	2
Other Chorea	3
Cerebral Palsy	2
Dystonia	1

References:

1. Xenazine [package insert]. Deerfield, IL: Lundbeck; June 2015.