South Dakota Department of Social Services

Medicaid P&T Committee Meeting

December 12, 2014

DSS
Strong Families - South Dakota's Foundation and Our Future

DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES
700 Governors Drive
Pierre, South Dakota 57501-2291
(605) 773-3495
FAX (605) 773-5246

SOUTH DAKOTA
MEDICAID P&T COMMITTEE MEETING
AGENDA

Friday, December 12, 2014
1:00 – 3:00 PM

DDN Locations:
Sioux Falls
University Center
Room FADM253
4801 North Career Avenue

Pierre
Capitol Building
DDN Room A
500 E Capitol

Rapid City
SDSMT
Room CB109
501 E Joseph St.

Call to Order

Approval of Minutes of Previous Meeting

Prior Authorization Update

Review of Top 15 Therapeutic Categories/Top 25 Drugs

Review of Drug Spend

Patent Expirations

Old Business
- **Hepatitis C**
- **Stimulant use in adults**
- **Evzio**
- **Otezla**

New Business
- **High cost drugs**
- **GLP-1 receptor agonists**
- **Topical therapies for onychomycosis**

Oral Presentations and Comments by Manufacturers' Representatives

Next Meeting Date/Adjournment

Minutes of the September 26, 2014
Pharmacy & Therapeutics (P&T) Committee Meeting
South Dakota Department of Social Services, Division of Medical Services

Members Present

Richard Holm, MD; Bill Ladwig, RPh; Dana Darger, RPh; Mikel Holland, MD; James Engelbrecht, MD; Lenny Petrik; Michelle Baack, MD; Tim Soundy

DSS Staff Present

Mike Jockheck, RPh; Ann Schwartz, Dep. Director of Medical Services; Kirby Stone, Director of Medical Services

Administrative Business

The P&T meeting was called to order by D. Darger at 1:00 p.m. The minutes of the June 6, 2014 meeting were presented. M. Baack made a motion to approve. R. Holm seconded the motion. The motion was approved unanimously.

Prior Authorization Update and Statistics

The committee reviewed the prior authorization (PA) activity for August 2014. There were a total of 3,026 PAs processed in the month of August, with 99.70% of those requests responded to in less than eight hours. There were 2,344 (77%) requests received electronically and 682 (23%) requests received by fax.

Analysis of the Top 15 Therapeutic Classes

The committee reviewed the top 15 therapeutic classes by total cost of claims from 04/1/2014 – 06/30/2014. The top five classes were antipsychotics, respiratory and CNS stimulants, amphetamines, central nervous system agents, misc., and corticosteroids (respiratory tract). The top 15 therapeutic classes make up 40.41% of total claims. The committee also reviewed the top 25 drugs based on total claims cost and number of claims. The top 25 drugs by claims cost make up 13.48% of total claims.

Treatment for Hepatitis C Review

The committee reviewed utilization information, PA forms, and treatment agreements for hepatitis C therapy. A motion was made by M. Baack to accept the Treatment Agreement on page 14 of the P&T committee pack with the addendum, "I agree to have a blood test to monitor my viral load during and after treatment." R. Holm seconded the motion. The motion was approved unanimously. The committee requested a box be added to the Hepatitis C PA forms asking if the patient is treatment naïve. The committee also suggested that all combination therapy requests and all retreatment therapy requests be reviewed by the medical director. M. Puryear, representing Gilead, spoke regarding Sovaldi. Jennifer Stoffel, representing Janssen, spoke regarding Olysio. A motion was made by R. Holm that all new drugs used to treat hepatitis C will automatically require prior authorization. M. Baack seconded the motion. The motion was approved unanimously. A motion was made by B. Ladwig to include baseline HCV RNA and HCV RNA 4 weeks after treatment (SVR4) to the PA forms. R. Holm seconded the motion. The motion was approved unanimously.

Stimulant Use in Adults
The committee reviewed stimulant use in adults at the June meeting. It was requested that a review of the top prescribers be brought to the September meeting. J. Engelbrecht made a motion that a form be developed for stimulant use in adults. B. Ladwig seconded the motion. The motion was approved unanimously. A form will be brought to the December meeting for committee review.

Oral Allergen Extracts (Ragwitek, Grastek, Oralair)
The committee reviewed the oral allergen extracts prior authorization form. M. Baack made a motion to approve the form. R. Holm seconded the motion. The motion was approved unanimously.

Intuniv Review
The committee reviewed Intuniv clinical information. There was no public comment. This topic was tabled.

Transdermal Androgens Review
The committee reviewed transdermal androgens clinical information. There was no public comment. This topic was tabled.

Phosphate Binders Review
The committee reviewed phosphate binders clinical information. There was no public comment. This topic was tabled.

Zontivity Review
The committee reviewed Zontivity clinical information. There was no public comment. This topic was tabled.

Evzio Review
The committee reviewed Evzio clinical information. There was no public comment. B. Ladwig made a motion to place Evzio on prior authorization. T. Soundy seconded the motion. The motion was approved unanimously. A prior authorization form will be brought to the December meeting for committee review.

Otezla Review
The committee reviewed Otezla clinical information. There was no public comment. J. Engelbrecht made a motion to place Otezla on prior authorization. R. Holm seconded the motion. The motion was approved unanimously. A prior authorization form will be brought to the December meeting for committee review.

The next meeting is scheduled for December 12, 2014. R. Holm made a motion to adjourn the P&T Committee meeting. L. Petrik seconded the motion. The motion passed unanimously and the meeting was adjourned.

HEALTH INFORMATION DESIGNS

South Dakota Medicaid
Monthly Prior Authorization Report
October 1, 2014 – October 31, 2014

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
3,409	3,387	22	99.35%	0.65%

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	163	348
AFX	Amrix and Fexmid	0	4
ALT	Altabax	1	8
AMB	Ambien CR	6	8
ANF	Anti-Infectives	0	75
ANT	Antihistamines	8	52
APS	Antipsychotic	444	408
ARB	ARBS	2	9
COA	Oral Anticoagulants	3	5
DAW	Dispense As Written	7	4
EME	Antiemetics	0	17
FUN	Antifungals	0	1
GRH	Growth Hormone	11	2
GSM	Genitourinary SMR	9	28
HEP	Hepatitis Meds	2	13
HLM	Head Lice Medication	10	67
LID	Lidoderm	1	101
MAX	Max Units Override	83	799
NAR	Name Brand Narcotics	2	4
NUC	Opioids	8	37
ONF	Onfi	8	12
OPH	Ophthalmic Antihistamines	1	26
PPI	Proton Pump Inhibitors	47	86
SMR	Skeletal Muscle Relaxants	2	19
STE	Nasal Steroids	9	90
STI	Stimulants	5	61
SUB	Suboxone/Subutex	5	17
TIM	Targeted Immune Modulators	12	17
TOP	Topical Acne Agents	21	155
TRP	Triptans	7	43
ULT	Ultram ER	2	1
XIF	Xifaxan	1	9
XOI	Xanthine Oxidase Inhibitor	1	2
Totals		881	2528

HEALTH INFORMATION DESIGNS

South Dakota Medicaid
Monthly Prior Authorization Report
October 1, 2014 – October 31, 2014

By Request Type

10/01/14 - 10/31/14	# of	Electronic Requests		Faxed Requests	
	Requests	#	%	#	%
Prior Authorizations:					
Antidepressant	511	387	76%	124	24%
Amrix and Fexmid	4	4	100%	0	0%
Altabax	9	8	89%	1	11%
Ambien CR	14	9	64%	5	36%
Anti-Infectives	75	75	100%	0	0%
Antihistamines	60	54	90%	6	10%
Antipsychotic	852	518	61%	334	39%
ARBS	11	10	91%	1	9%
Oral Anticoagulants	8	6	75%	2	25%
Dispense As Written	11	0	0%	11	100%
Antiemetics	17	17	100%	0	0%
Antifungals	1	1	100%	0	0%
Growth Hormone	13	0	0%	13	100%
Genitourinary SMR	37	30	81%	7	19%
Hepatitis Meds	15	0	0%	15	100%
Head Lice Medication	77	55	71%	22	29%
Lidoderm	102	79	77%	23	23%
Max Units Override	882	769	87%	113	13%
Name Brand Narcotics	6	0	0%	6	100%
Opioids	45	42	93%	3	7%
Onfi	20	10	50%	10	50%
Ophthalmic Antihistamines	27	26	96%	1	4%
Proton Pump Inhibitors	133	101	76%	32	24%
Skeletal Muscle Relaxants	21	20	95%	1	5%
Nasal Steroids	99	78	79%	21	21%
Stimulants	66	60	91%	6	9%
Suboxone/Subutex	22	16	73%	6	27%
Targeted Immune Modulators	29	16	55%	13	45%
Topical Acne Agents	176	138	78%	38	22%
Triptans	50	40	80%	10	20%
Ultram ER	3	3	100%	0	0%
Xifaxan	10	8	80%	2	20%
Xanthine Oxidase Inhibitor	3	1	33%	2	67%
Prior Authorization Totals	3409	2581	76%	828	24%

South Dakota Medicaid
Monthly Prior Authorization Report
October 1, 2014 – October 31, 2014

Electronic PAs (Unique)

10/01/14 - 10/31/14	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
Antidepressant	106	269	0	375	28.30%	387
Amrix and Fexmid	0	4	0	4	0.00%	4
Altabax	1	7	0	8	12.50%	8
Ambien CR	4	5	0	9	44.40%	9
Anti-Infectives	0	75	0	75	0.00%	75
Antihistamines	4	50	0	54	7.40%	54
Antipsychotic	178	331	0	509	35.00%	518
ARBS	2	8	0	10	20.00%	10
Oral Anticoagulants	1	5	0	6	16.70%	6
Antiemetics	0	17	0	17	0.00%	17
Antifungals	0	1	0	1	0.00%	1
Genitourinary SMR	5	25	0	30	16.70%	30
Head Lice Medication	0	52	0	52	0.00%	55
Lidoderm	0	77	0	77	0.00%	79
Max Units Override	26	699	0	725	3.60%	769
Opioids	7	35	0	42	16.70%	42
Onfi	0	10	0	10	0.00%	10
Ophthalmic Antihistamines	1	25	0	26	3.80%	26
Proton Pump Inhibitors	28	70	0	98	28.60%	101
Skeletal Muscle Relaxants	1	15	0	16	6.30%	20
Nasal Steroids	6	67	0	73	8.20%	78
Stimulants	1	57	0	58	1.70%	60
Suboxone/Subutex	0	15	0	15	0.00%	16
Targeted Immune Modulators	1	15	0	16	6.30%	16
Topical Acne Agents	10	123	0	133	7.50%	138
Triptans	3	35	0	38	7.90%	40
Ultram ER	2	1	0	3	66.70%	3
Xifaxan	0	8	0	8	0.00%	8
Xanthine Oxidase Inhibitor	0	1	0	1	0.00%	1
TOTALS	387	2102	0	2489	15.50%	2581

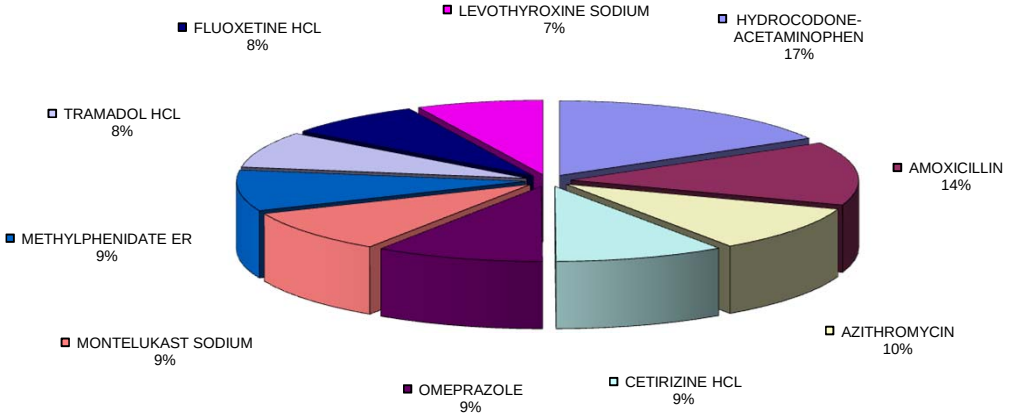
South Dakota Medicaid
Cost Management Analysis

TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 07/01/2014 - 09/30/2014

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	5,897	$ 103,860.09	$ 17.61	3.33%
AMOXICILLIN	PENICILLINS	4,852	$ 40,802.29	$ 8.41	2.74%
AZITHROMYCIN	MACROLIDES	3,536	$ 51,002.67	$ 14.42	2.00%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	3,363	$ 25,027.37	$ 7.44	1.90%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,330	$ 38,827.42	$ 11.66	1.88%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,262	$ 68,457.12	$ 20.99	1.84%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,121	$ 475,652.89	$ 152.40	1.77%
TRAMADOL HCL	OPIATE AGONISTS	2,765	$ 21,531.92	$ 7.79	1.56%
FLUOXETINE HCL	ANTIDEPRESSANTS	2,704	$ 21,446.77	$ 7.93	1.53%
LEVOTHYROXINE SODIUM	THYROID AGENTS	2,510	$ 28,122.62	$ 11.20	1.42%
VYVANSE	AMPHETAMINES	2,458	$ 473,057.96	$ 192.46	1.39%
SERTRALINE HCL	ANTIDEPRESSANTS	2,416	$ 18,084.73	$ 7.49	1.37%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	2,163	$ 38,265.63	$ 17.69	1.22%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	2,066	$ 99,097.29	$ 47.97	1.17%
TRAZODONE HCL	ANTIDEPRESSANTS	1,938	$ 11,685.16	$ 6.03	1.10%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	1,930	$ 11,244.31	$ 5.83	1.09%
LISINOPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	1,789	$ 9,998.04	$ 5.59	1.01%
INTUNIV	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,789	$ 488,694.99	$ 273.17	1.01%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,785	$ 236,967.03	$ 132.75	1.01%
CEPHALEXIN	CEPHALOSPORINS	1,710	$ 23,376.00	$ 13.67	0.97%
FLUTICASONE PROPIONATE	CORTICOSTEROIDS (EENT)	1,668	$ 25,757.41	$ 15.44	0.94%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	1,582	$ 28,442.14	$ 17.98	0.89%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,558	$ 10,803.17	$ 6.93	0.88%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,547	$ 11,967.70	$ 7.74	0.87%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,485	$ 20,527.34	$ 13.82	0.84%
TOTAL TOP 25		63,224	$ 2,382,700.06	$ 37.69	35.75%

Total Rx Claims From 07/01/2014 - 09/30/2014	176,826

Top 10 Drugs
Based on Number of Claims



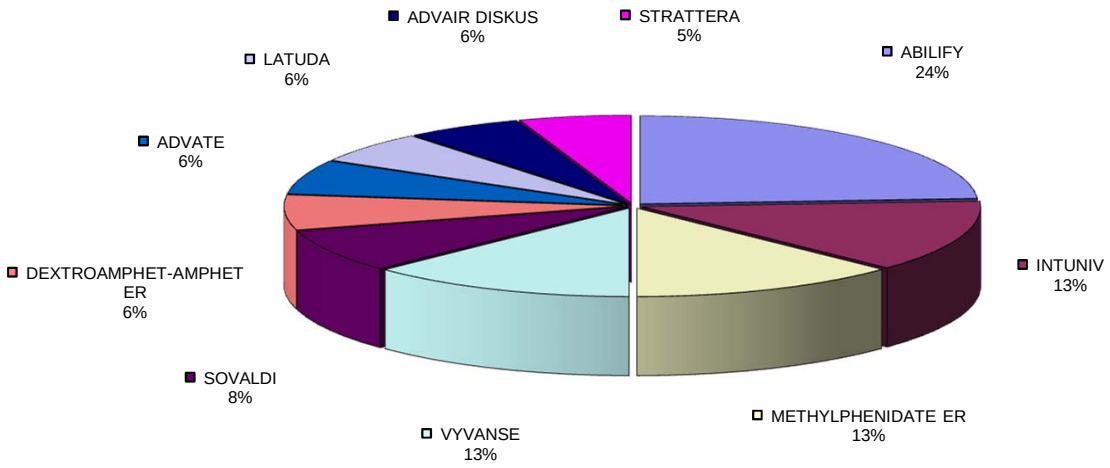
South Dakota Medicaid
Cost Management Analysis

TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 07/01/2014 - 09/30/2014

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ABILIFY	ANTIPSYCHOTIC AGENTS	1,232	$ 890,224.87	$ 722.59	0.70%
INTUNIV	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,789	$ 488,694.99	$ 273.17	1.01%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,121	$ 475,652.89	$ 152.40	1.77%
VYVANSE	AMPHETAMINES	2,458	$ 473,057.96	$ 192.46	1.39%
SOVALDI	HCV ANTIVIRALS	10	$ 292,331.00	$ 29,233.10	0.01%
DEXTROAMPHET-AMPHET ER	AMPHETAMINES	1,785	$ 236,967.03	$ 132.75	1.01%
ADVATE	HEMOSTATICS	5	$ 232,608.36	$ 46,521.67	0.00%
LATUDA	ANTIPSYCHOTIC AGENTS	297	$ 215,932.28	$ 727.04	0.17%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	698	$ 205,179.35	$ 293.95	0.39%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	769	$ 198,626.93	$ 258.29	0.43%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	68	$ 194,527.02	$ 2,860.69	0.04%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	614	$ 188,771.10	$ 307.44	0.35%
FOCALIN XR	RESPIRATORY AND CNS STIMULANTS	749	$ 179,316.61	$ 239.41	0.42%
PULMOZYME	MUCOLYTIC AGENTS	57	$ 174,121.47	$ 3,054.76	0.03%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	118	$ 171,293.75	$ 1,451.64	0.07%
LANTUS SOLOSTAR	INSULINS	441	$ 160,638.32	$ 364.26	0.25%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	778	$ 139,643.11	$ 179.49	0.44%
PREVACID	PROTON-PUMP INHIBITORS	460	$ 137,909.96	$ 299.80	0.26%
COPAXONE	IMMUNOMODULATORY AGENTS	27	$ 137,627.83	$ 5,097.33	0.02%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	45	$ 132,000.71	$ 2,933.35	0.03%
OXYCONTIN	OPIATE AGONISTS	433	$ 130,937.08	$ 302.40	0.24%
NOVOLOG	INSULINS	355	$ 117,697.81	$ 331.54	0.20%
RECOMBINATE	HEMOSTATICS	3	$ 108,620.18	$ 36,206.73	0.00%
NOVOLOG FLEXPEN	INSULINS	273	$ 108,603.97	$ 397.82	0.15%
KALYDECO	CYSTIC FIBROSIS (CFTR) POTENTIATORS	4	$ 106,935.72	$ 26,733.93	0.00%
TOTAL TOP 25		16,589	$ 5,897,920.30	$ 355.53	9.38%

Total Rx Claims From 07/01/2014 - 09/30/2014	176,826

Top 10 Drugs
Based on Total Claims Cost



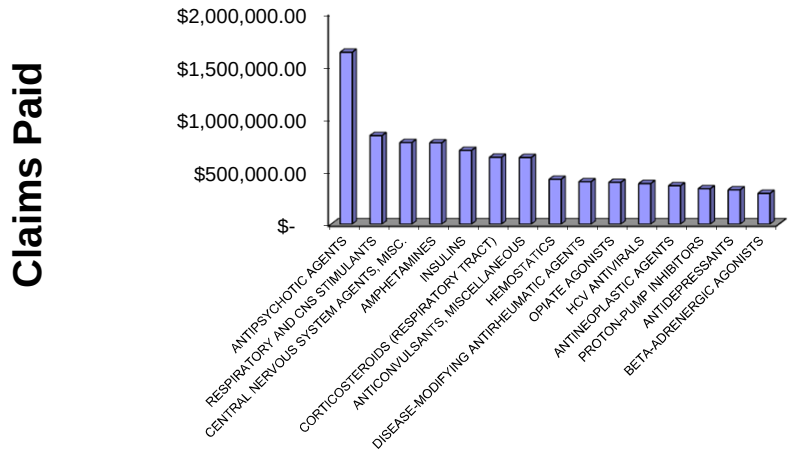
SOUTH DAKOTA MEDICAID
Cost Management Analysis

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 07/01/2014 - 09/30/2014

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	5,758	$ 1,627,306.03	$ 282.62	3.26%
RESPIRATORY AND CNS STIMULANTS	5,491	$ 839,850.10	$ 152.95	3.11%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,607	$ 773,986.69	$ 296.89	1.47%
AMPHETAMINES	5,059	$ 771,686.30	$ 152.54	2.86%
INSULINS	2,036	$ 699,176.20	$ 343.41	1.15%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,626	$ 633,378.60	$ 241.20	1.49%
ANTICONVULSANTS, MISCELLANEOUS	7,719	$ 632,234.68	$ 81.91	4.37%
HEMOSTATICS	21	$ 425,249.20	$ 20,249.96	0.01%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	162	$ 402,125.88	$ 2,482.26	0.09%
OPIATE AGONISTS	12,759	$ 396,246.33	$ 31.06	7.22%
HCV ANTIVIRALS	14	$ 384,708.52	$ 27,479.18	0.01%
ANTINEOPLASTIC AGENTS	435	$ 363,754.63	$ 836.22	0.25%
PROTON-PUMP INHIBITORS	5,241	$ 336,150.67	$ 64.14	2.96%
ANTIDEPRESSANTS	14,834	$ 325,384.36	$ 21.94	8.39%
BETA-ADRENERGIC AGONISTS	6,504	$ 291,533.07	$ 44.82	3.68%
TOTAL TOP 15	71,266	$ 8,902,771.26	$ 124.92	40.30%

Total Rx Claims From 07/01/2014 - 09/30/2014	176,826

Top 15 Therapeutic Classes
Based on Total Cost of Claims



SD Medicaid Drug Spend
2012 - 2014

Drug Spend 2012

Total	201201	201202	201203	201204	201205	201206	201207	201208	201209	201210	201211	201212	Row SubTotal
Rx_Dollars	$4,849,391.09	$4,997,072.08	$5,257,537.69	$4,879,456.62	$4,919,253.17	$4,913,164.11	$3,845,419.78	$4,863,874.68	$4,014,447.34	$4,823,060.40	$4,576,545.82	$4,443,459.76	$56,382,682.54
Rx_Count	77,559	77,426	79,761	74,004	74,773	75,503	57,785	72,290	63,542	77,195	73,717	71,219	874,774
Average_Rx_Cost	$62.53	$64.54	$65.92	$65.94	$65.79	$65.07	$66.55	$67.28	$63.18	$62.48	$62.08	$62.39	$64.45
Recip_Count	29,127	30,437	29,893	28,110	27,215	23,029	22,803	26,411	25,434	28,741	28,017	27,141	
Recip_Average_Rx_Cost	$166.49	$164.18	$175.88	$173.58	$180.76	$213.35	$168.64	$184.16	$157.84	$167.81	$163.35	$163.72	$172.76

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	$4,080,090.86	$4,746,275.35	$4,785,301.34	$4,365,068.62	$5,013,651.58	$4,581,380.72	$4,062,526.21	$54,145,887.31
Rx_Count	75,726	68,046	54,790	68,602	68,081	57,927	65,531	66,324	62,203	72,334	65,858	56,581	782,003
Average_Rx_Cost	$67.32	$64.48	$63.58	$66.87	$72.77	$70.44	$72.43	$72.15	$70.17	$69.31	$69.56	$71.80	$69.24
Recip_Count	27,719	25,992	22,293	24,675	24,016	21,411	22,580	23,563	23,753	25,748	24,484	21,797	
Recip_Average_Rx_Cost	$183.92	$168.80	$156.27	$185.93	$206.30	$190.56	$210.20	$203.09	$183.77	$194.72	$187.12	$183.38	$187.99

Drug Spend 2014

Total	201401	201402	201403	201404	201405	201406	201407	201408	201409	201410	201411	201412	Row SubTotal
Rx_Dollars	$5,148,590.25	$5,032,584.04	$5,434,106.10	$5,247,601.16	$5,247,835.49	$4,403,564.85	$4,929,653.23	$4,735,906.92	$4,496,590.80	$5,345,154.78	$0.00	$0.00	$50,021,587.62
Rx_Count	68,517	68,225	71,659	71,967	67,546	54,749	61,792	61,046	53,988	67,332	0	0	646,821
Average_Rx_Cost	$75.14	$73.76	$75.83	$72.92	$77.69	$80.43	$79.78	$77.58	$83.29	$79.39	$0.00	$0.00	$77.33
Recip_Count	25,130	25,540	26,526	25,766	24,319	20,659	22,345	22,689	21,874	24,405	0	0	
Recip_Average_Rx_Cost	$204.88	$197.05	$204.86	$203.66	$215.79	$213.15	$220.62	$208.73	$205.57	$219.02	$0.00	$0.00	$209.07

Anticipated Availability of First-Time Generics

—To help explain the benefits of generic drugs to your patients, the FDA has patient education materials available at http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm169209.htm—

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Actonel (Warner Chilcott)	Risedronate tablets	Actavis, Apotex, Mylan	Generic now available
Avelox (Bayer)	Moxifloxacin	Alvogen, Aurobindo, Dr. Reddy's, Major, Teva, Torrent	Generic now available
Baraclude (Bristol-Myers Squibb)	Entecavir	Teva	Generic now available
Boniva (Roche)	Ibandronate injection	Caraco, Sagent	Generic now available
Bromday (Bausch & Lomb)	Bromfenac	Apotex, Hi-Tech Pharmacal	Generic now available
Cipro (Bayer)	Ciprofloxacin for oral suspension	Lupin	Generic now available
Detrol LA (Pfizer)	Tolterodine extended-release capsule	Mylan	Generic now available
Differin (Galderma)	Adapalene 0.3% gel	Sandoz (Tolmar)	Generic now available
Diovan (Novartis)	Valsartan	Ohm Laboratories, Sandoz	Generic now available
Epivir-HBV (GlaxoSmithKline)	Lamivudine	Apotex, Camber (Hetero)	Generic now available
Evista (Lilly)	Raloxifene	Teva	Generic now available
Exalgo (Mallinckrodt)	Hydromorphone extended-release tablet 8 mg, 12 mg, 16 mg	Actavis	Generic now available

More. . .

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Exforge (Novartis)	Amlodipine/Valsartan	Par	Generic now available
Hectorol (Genzyme)	Doxercalciferol injection	Sandoz, West-Ward (Hikma)	Generic now available
Hectorol (Genzyme)	Doxercalciferol capsule	Roxane	Generic now available
Klor-Con (Upsher-Smith)	Potassium chloride extended-release tablet 8 mEq, 10 mEq	Mylan	Generic now available
Locoid (Onset Dermatologics)	Hydrocortisone butyrate 0.1% cream (lipophilic)	Glenmark	Generic now available
Loestrin 24 Fe (Warner Chilcott)	Ethinyl estradiol/Norethindrone acetate	Amneal	Generic now available
Lovaza (GlaxoSmithKline)	Omega-3-Acid Ethyl Esters	Par, Teva	Generic now available
Lunesta (Sunovion)	Eszopiclone	Avkare, Caraco (Sun), Dr. Reddy's, Glenmark, Lupin, Mylan, Roxane, Teva	Generic now available
Malarone (GlaxoSmithKline)	Atovaquone/Proguanil	Glenmark, Mylan	Generic now available
Micardis HCT (Boehringer Ingelheim)	Telmisartan/Hydrochlorothiazide	Lupin, Mylan, Qualitest (Alembic), Torrent	Generic now available
Monodox (Aqua)	Doxycycline capsule	Lupin, Par, Ranbaxy	Generic now available
Mycobutin (Pfizer)	Rifabutin	Lupin	Generic now available
Nexium IV (AstraZeneca)	Esomeprazole sodium injection	Caraco (Sun)	Generic now available
Ortho-Evra (Janssen)	Ethinyl estradiol/Norelgestromin patch	Mylan	Generic now available
Oxsoralen-Ultra (Valeant)	Methoxsalen soft gelatin capsules	Strides Arcolab	Generic now available

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Pennsaid (Mallinckrodt)	Diclofenac 1.5% topical solution	Apotex	Generic now available
Precedex (Hospira)	Dexmedetomidine	Mylan, Par	Generic now available
Rapamune (Pfizer)	Sirolimus tablet	Zydus	Generic now available
Renvela (Genzyme)	Sevelamer carbonate tablet	Global (Impax)(authorized generic)	Generic now available
Retin-A Micro (Valeant)	Tretinoin gel, microspheres 0.1 and 0.04%	Spear	Generic now available
Rhinocort Aqua (AstraZeneca)	Budesonide nasal spray	Apotex	Generic now available
Solaraze (Fougera)	Diclofenac sodium gel 3%	Global (Impax; Tolmar)	Generic now available
Taclonex (Leo Pharma)	Betamethasone dipropionate/Calcipotriene hydrate ointment	Sandoz (Tolmar)	Generic now available
Trizivir (ViiV Healthcare)	Abacavir, Lamivudine, Zidovudine	Lupin	Generic now available
Twynsta (Boehringer Ingelheim)	Amlodipine/Telmisartan	Lupin, Torrent	Generic now available
Urocit-K (Mission Pharma)	Potassium citrate extended-release tablet	Zydus	Generic now available
Vanos (Medicis)	Fluocinonide 0.1% cream	Glenmark, Perrigo, Taro	Generic now available
Vidaza (Celgene)	Azacitidine injection	Dr. Reddy's	Generic now available
Viramune XR (Boehringer Ingelheim)	Nevirapine extended-release tablets	Apotex, Sandoz	Generic now available
Vivelle-Dot (Novartis)	Estradiol extended-release transdermal film	Mylan	Generic now available

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Xeloda (Hoffmann La Roche)	Capecitabine	Mylan, Teva	Generic now available
Celebrex (Pfizer)	Celecoxib	Actavis, Mylan, Teva	December 2014[55]
Intuniv (Shire)	Guanfacine extended-release tablet	Actavis,[75,h] Sandoz, Teva, TWI	December 2014[75]
Namenda (Forest)	Memantine tablet	Alembic, Amneal, Apotex, Aurobindo, Jubilant Life, Lupin, Macleods, Mylan, Upsher-Smith, Torrent, Unichem, Wockhardt	January 2015[21]
Sustiva (Bristol-Myers Squibb)	Efavirenz	Tablet: Aurobindo, Cipla, Emcure, Hetero, Macleods, Matrix, Micro Labs, Par, Strides Capsule: Aurobindo, Cipla, Micro Labs	March 2015
Welchol (Daiichi Sankyo)	Colesevelam tablet and oral suspension	Impax,[f,22] Actavis,[i,23,71] Glenmark[f,59]	March 2015[22]
Abilify (Otsuka)	Aripiprazole	Tablet: Apotex, Alembic, Barr, Sun, Torrent Orally disintegrating tablet: Alembic, Barr, Zydus	April 2015[40]
Generess Fe (Actavis)	Norethindrone, Ethinyl estradiol, Ferrous fumarate	Family Care	April 2015[107,h]
Oxytrol (Actavis)	Oxybutynin transdermal patch	Teva	April 2015
Factive (Cornerstone)	Gemifloxacin tablet	Orchid	June 2015
Aggrenox (Boehringer Ingelheim)	Aspirin/Dipyridamole	Barr	July 2015[24,h]
Gleevec (Novartis)	Imatinib	Sun	July 2015

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Targretin (Eisai)	Bexarotene	Mylan[f,47]	July 2015[47]
Valcyte (Roche)	Valganciclovir tablet	Dr. Reddy's, Ranbaxy	September 2015
Asacol HD (Warner Chilcott)	Mesalamine delayed-release tablet	Zydus[f,90]	November 2015[90]
Avodart (GlaxoSmithKline)	Dutasteride	Barr, Banner, Endo, Roxane, Sandoz	November 2015
Axert (Ortho-McNeil-Janssen)	Almotriptan	Teva	November 2015
Frova (Endo)	Frovatriptan	Mylan	November 2015[37,h]
Jalyn (GlaxoSmithKline)	Dutasteride/Tamsulosin	Anchen, Impax,[i,13] Mylan,[i,13] Actavis[i,72]	November 2015[d]
Patanol (Alcon)	Olopatadine 0.1% ophthalmic solution	Apotex, Sandoz, Wockhardt	December 2015
OxyContin (Purdue)	Oxycodone extended-release tablet (new formulation)	Impax[f,12]	January 2016[12]
Glumetza (Santarus)	Metformin extended-release tablet	Lupin,[f,17] Sun	February 2016[17]
Crestor (AstraZeneca)	Rosuvastatin calcium	Actavis, Apotex, Aurobindo, Glenmark, Mylan, Par, Sandoz, Sun, Teva	May 2016[26]
Nuvigil (Teva)	Armodafinil	Actavis, Mylan, Lupin	June 2016[31]
Zegerid/Zegerid OTC (Santarus)	Omeprazole/Sodium bicarbonate capsule and oral suspension	Dr. Reddy's,[i,10] Par, Perrigo, Zydus[i,32]	July 2016[20,d]
Enablex (Novartis)	Darifenacin	Anchen	August 2016
Oracea (Galderma)	Doxycycline	Lupin, Mylan	August 2016

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Benicar/Benicar HCT (Daiichi Sankyo)	Olmesartan/Olmesartan HCTZ	Olmesartan: Mylan, Sandoz Olmesartan HCTZ: Mylan, Teva	October 2016
Seroquel XR (AstraZeneca)	Quetiapine extended-release tablet	Accord, Handa, Lupin,[f,43] Mylan, Osmotica,[f,53] Torrent[f,53]	November 2016[74]
Kaletra (Abbott)	Lopinavir/Ritonavir	Tablet: Aurobindo, Cipla, Hetero, Matrix, Mylan Oral solution: Cipla, Hetero	December 2016[2,d]
ProAir HFA (Teva)	Albuterol	Perrigo, Catalent	December 2016[34]
Zetia (Merck)	Ezetimibe	Glenmark, Mylan	December 2016[28]
Zyvox (Pfizer)	Linezolid	Injection: Teva, Sandoz Tablet: Gate, Glenmark, Mylan, Teva Oral suspension: Roxane	Late 2016[36]
Azilect (Teva)	Rasagiline mesylate tablet	Apotex, Mylan, Orchid,[f,30] Sandoz[f,30]	February 2017
Vytorin (Merck)	Ezetimibe/Simvastatin	Mylan	April 2017[18]
Strattera (Lilly)	Atomoxetine	Actavis,[i,29] Apotex, Aurobindo, Dr. Reddy's, Glenmark, Mylan, Sandoz, Sun, Teva[i,29]	May 2017[29]
Metozolv (Salix)	Metoclopramide orally disintegrating tablet	Novel	July 2017
Reyataz (Bristol-Myers Squibb)	Atazanavir	Aurobindo, Emcure, Matrix, Teva	July 2017[52]
Relpax (Pfizer)	Eletriptan	Apotex, Teva	August 2017[62,d]
Treximet (Pozen)	Sumatriptan/Naproxen	Alphapharm,[f,101] Dr. Reddy's, Mylan, Par, Teva[f,101]	August 2017[101]
Nasonex (Merck)	Mometasone	Apotex,[i,95] Teva[i,95]	October 2017[113,d]

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Adcirca (Lilly)	Tadalafil	Synthon	November 2017
Cubicin (Cubist)	Daptomycin	Hospira, Teva[f,69]	December 2017[69]
Viagra (Pfizer)	Sildenafil	Actavis, Amneal, Apotex, Dr. Reddy's, Hetero, Macleods, Mylan, Teva	December 2017[91]
Viread (Gilead)	Tenofovir disoproxil fumarate	Aurobindo, Cipla, InvaGen, Macleods, Matrix, Strides Arcolab, Teva	December 2017[8]
Sensipar (Amgen)	Cinacalcet tablet	Teva	March 2018[51]
Zemplar (AbbVie)	Paricalcitol injection	Dr.Reddy's,[i,96] Hospira,[i,44] Sandoz, Sun,[i,33] Teva	April 2018[96,d]
Acanya (Valeant)	Benzoyl peroxide/Clindamycin phosphate	Actavis[f,87]	July 2018[87]
Fentora (Cephalon)	Fentanyl citrate buccal/sublingual tablet	Teva,[f,56] Impax[f,57]	October 2018[56]
Levitra (GlaxoSmithKline)	Vardenafil	Teva	October 2018[42]
Epzicom (GlaxoSmithKline)	Abacavir sulfate/Lamivudine	Tablet: Aurobindo, Cipla, Matrix, Mylan, Teva Tablet for Suspension: Cipla	November 2018
Fortesta (Endo)	Testosterone gel	Actavis[i,65]	November 2018[d]
Vesicare (Astellas)	Solifenacin succinate	Teva	November 2018
Lyrica (Pfizer)	Pregabalin	Capsule: Actavis, Apotex, Lupin, Mylan, Sandoz, Teva, Wockhardt Oral solution: Lupin	December 2018[50]

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Exelon (Novartis)	Rivastigmine transdermal patch	Actavis,[i,66] Noven[i,64]	January 2019[d]
Ranexa (Gilead)	Ranolazine	Lupin	February 2019[81]
AzaSite (InSite Vision)	Azithromycin 1% ophthalmic solution	Mylan,[i,16] Sandoz	March 2019[d]
Emend (Merck)	Fosaprepitant injection	Accord,[i,35] Sandoz[i,35]	March 2019[d]
Angiomax (Medicines Co)	Bivalirudin	Hospira, Teva[f,104]	June 2019[104]
Prezista (Janssen)	Darunavir	Hetero,[i,84] Lupin,[i,79] Mylan, Teva	December 2019[d]
Silenor (Somaxon)	Doxepin	Actavis, Mylan, Par, Zydus	January 2020[39]
Vigamox (Alcon)	Moxifloxacin ophthalmic	Actavis,[i,6] Akorn, Apotex, Lupin, Teva	March 2020[d]
Safyral (Bayer)	Drospirenone/Ethinyl estradiol/Levomefolate calcium	Actavis[i,46]	April 2020[d]
Chantix (Pfizer)	Varenicline	Apotex, Mylan, Teva	May 2020[49,d]
Lialda (Shire)	Mesalamine delayed-release tablet	Zydus[i,76]	June 2020[d]
Oleptro (Angelini)	Trazodone extended-release tablet	Actavis[i,11]	June 2020[d]
AndroGel 1.62% (AbbVie)	Testosterone	Perrigo,[i,58] Actavis[i,67]	August 2020[d]
Lescol XL (Novartis)	Fluvastatin extended-release	Mylan, Par, Teva	October 2020
Tarceva (OSI)	Erlotinib tablet	Mylan	November 2020[73,h]
Sutent (Pfizer)	Sunitinib	Mylan	February 2021[4,d]

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Absorica (Ranbaxy)	Isotretinoin	Actavis[i,88]	September 2021[d]
Atripla (Gilead)	Efavirenz/Emtricitabine/Tenofovir disoproxil fumarate	Aurobindo, Cipla, Hetero, Matrix, Teva	September 2021[68,d]
Bystolic (Forest)	Nebivolol	Actavis,[f,67] Alkem,[f,67] Amerigen,[f,67] Glenmark,[f,63] Hetero,[f,67] Indchemie,[f,67] Torrent[f,67]	September 2021[63]
Emtriva (Gilead)	Emtricitabine	Aurobindo, Cipla, Matrix	September 2021[7,h]
Truvada (Gilead)	Emtricitabine/Tenofovir disoproxil fumarate	Aurobindo, Cipla, Hetero, Matrix, Strides Arcolab, Teva	September 2021[68,d]
Vimpat (UCB)	Lacosamide	Actavis,[i,5] Mylan,[i,5] Others[i,5]	March 2022[d]
HalfLytely (Braintree)	Polyethylene glycol 3350, potassium chloride, sodium bicarbonate, sodium chloride, bisacodyl	Novel	October 2022
Banzel (Eisai)	Rufinamide	Glenmark,[i,80] Hetero,[i,80] Lupin,[i,80] Mylan,[i,80] Roxane[i,80]	November 2022[d]
Xyrem (Jazz)	Sodium oxybate	Amneal[i,48]	December 2022[d]
Vyvanse (Shire)	Lisdexamfetamine	Actavis,[i,109] Amneal, Mylan, Roxane, Sandoz[i,109]	June 2023[d]
Exforge HCT (Novartis)	Amlodipine/Valsartan/ Hydrochlorothiazide	Lupin, Teva, Par, Torrent[i,38]	November 2023[d]
Gralise (Depomed)	Gabapentin	Actavis, Incepta,[f,97] Zydus[f,97]	January 2024[97,d]
Pataday (Alcon)	Olopatadine	Actavis, Apotex, Teva, Wockhart[i,99]	May 2024[100,d]
Aloxi (Eisai)	Palonosetron injection	Dr. Reddy's, Sandoz,[i,78] Teva	July 2024[d]

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Januvia (Merck)	Sitagliptin	Actavis, Apotex, Mylan, Sandoz, Sun	April 2026
Natazia (Bayer)	Dienogest/estradiol valerate	Lupin[i,61]	May 2026[d]
Aplenzin (Biovail)	Bupropion hydrobromide extended-release tablet	Actavis, Paddock[i,83]	June 2026[d]
Nuedexta (Avanir)	Dextromethorphan/Quinidine	Par, Sandoz,[f,102] Wockhardt[f,85]	July 2026[85,102]
Dexilant (Takeda)	Dexlansoprazole	Dr. Reddy's,[i,103] Handa,[i,92] Impax,[i,92] Par	February 2027[d]
Solodyn (Medicis)	Minocycline extended-release tablet 80 mg, 105 mg	Mylan	March 2027
Ampyra (Acorda)	Dalfampridine	Accord,[i,110] Actavis,[i,110] Aurobindo,[i,110] Roxane,[i,110] Alkem,[i,110] Mylan[i,110]	May 2027[d]
Lumigan (Allergan)	Bimatoprost ophthalmic solution 0.01%	Sandoz	June 2027
Axiron (Eli Lilly)	Testosterone transdermal solution	Actavis[i,9]	July 2027[d]
Emend (Merck)	Aprepitant capsule	Sandoz	September 2027
Janumet (Merck)	Sitagliptin/Metformin	Apotex, Sandoz	July 2028
Onglyza (Bristol-Myers Squibb)	Saxagliptin	Actavis[i,98]	November 2028[d]
Lo Loestrin Fe (Actavis)	Ethinyl estradiol/Norethindrone acetate/Ferrous fumarate	Amneal,[i,94] Lupin[i,94]	February 2029
Qsymia (Vivus)	Phentermine/Topiramate extended-release capsule	Actavis[i,41]	June 2029[d]
Mirapex ER (Boehringer Ingelheim)	Pramipexole extended-release tablet	Anchen	September 2029

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Savella (Cypress)	Milnacipran	Mylan[i,14]	September 2029[d]
Zubsolv (Orexo)	Buprenorphine/Naloxone sublingual tablets	Actavis[i,111]	October 2029[d]
Suboxone (Reckitt Benckiser)	Buprenorphine/Naloxone sublingual film	Actavis[i,86]	March 2030[d]
Copaxone (Teva)	Glatiramer 40 mg	Dr. Reddy's[i,93]	September 2030[d]
Uloric (Takeda)	Febuxostat	Mylan,[i,89] Roxane[i,105]	September 2031[d]
Vimovo (AstraZeneca)	Naproxen/Esomeprazole magnesium delayed-release tablet	Actavis,[i,77] Anchen,[i,77] Dr. Reddy's,[i,77] Lupin,[i,77] Mylan[i,77]	May 2033[d]
Acova (Pfizer)	Argatroban 100 mg/mL injection	Hikma, Mylan, Par	Uncertain
Advicor (Abbott)	Lovastatin/Niacin	Barr[f,106]	Uncertain
Alocril (Allergan)	Nedocromil ophthalmic	Akorn	Uncertain[g]
AndroGel 1% (AbbVie)	Testosterone	Perrigo	Uncertain[25]
Avandamet (GlaxoSmithKline)	Rosiglitazone/Metformin	Teva	Uncertain[27]
Avandaryl (GlaxoSmithKline)	Rosiglitazone/Glimepiride	Teva	Uncertain
Avandia (GlaxoSmithKline)	Rosiglitazone	Actavis, Dr. Reddy's, Mylan, Sandoz, Roxane, Teva, Westward (Hikma)	Uncertain
CellCept (Roche Palo)	Mycophenolate mofetil hydrochloride injection	Bedford Labs	Uncertain[g]
Copaxone (Teva)	Glatiramer injection	Dr. Reddy's,[70,e] Mylan,[70,e] Sandoz/Momenta,[70,e] Synthon[70,82,e]	Uncertain[70,82,e,g]

Brand[a] (Manufacturer)	**Generic Name**	**Generic Manufacturer(s)[b,1]**	**Anticipated Availability[c]**
Dibenzyline (Wellspring)	Phenoxybenzamine	Roxane	Uncertain[g]
Exalgo (Mallinckrodt)	Hydromorphone extended-release tablet 32 mg	Actavis[f,3]	Uncertain
Exelon (Novartis)	Rivastigmine oral solution	Ranbaxy	Uncertain[g]
Lamictal ODT (GlaxoSmithKline)	Lamotrigine orally disintegrating tablet	Impax	Uncertain[60]
Latisse (Allergan)	Bimatoprost 0.03%	Apotex, Sandoz	Uncertain[108]
Megace ES (Par)	Megestrol acetate oral suspension 125 mg/mL	TWi Pharmaceuticals	Uncertain[54]
Nexium (AstraZeneca)	Esomeprazole magnesium delayed-release capsule	Ranbaxy	Uncertain[19]
Orapred ODT (Concordia)	Prednisolone sodium phosphate orally disintegrating tablet	Mylan	Uncertain[45]
Renagel (Genzyme)	Sevelamer hydrochloride (oral suspension)	Impax[f,15]	Uncertain
Renvela (Genzyme)	Sevelamer carbonate (oral suspension)	Impax[f,15]	Uncertain
Sarafem (Warner Chilcott)	Fluoxetine tablet	Teva	Uncertain[g]

a. This list is not all-inclusive.
b. Current through August 2014. These are manufacturers with either approval or tentative approval to market the generic version of the drug unless otherwise noted. For drugs already available, manufacturers with tentative approval are not listed.
c. Generic availability is subject to change as a result of litigations and patent exclusivities.
d. Ongoing litigation; availability may be sooner than patent expiration date.
e. Availability uncertain due to ongoing litigation and regulatory issues. Generic manufacturer has not received approval or tentative approval.
f. Generic manufacturer has not received approval or tentative approval from the FDA, but has settled patent litigation with the brand manufacturer.

g. Patents have expired; however, generics are not yet available.
h. Generic manufacturer has received approval or tentative approval from the FDA. Generic manufacturer has settled patent litigation with the brand manufacturer. Generic availability may be sooner than patent expiration date.
i. Generic manufacturer has not received approval or tentative approval from the FDA, but has filed patent challenge.

Project Leader in preparation of this PL Detail-Document: *Melanie Cupp, Pharm.D., BCPS*

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PHARMACIST'S LETTER — *Evidence and Recommendations You Can Trust…* — PRESCRIBER'S LETTER

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HARVONI
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MEDICAL SERVICES DIVISION

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

- Patient must be ≥ 18 years old.
- Must have a diagnosis of chronic hepatitis C (genotype 1).
- Liver biopsy confirming a Metavir score of F3 or F4, unless medically contraindicated; or documentation of severe extrahepatic manifestations of hepatitis C infection.
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist.
- Absence of renal impairment (eGFR must be >30mL/min/1.73m^2) and absence of end stage renal disease (ESRD).
- Documentation showing that patient is drug and alcohol free for the past 6 months.
- The concomitant use of Harvoni and P-gp inducers (rifampin, St. John's wort), certain anticonvulsants, certain antiretrovirals, and rosuvastatin is not recommended.

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:	NAME OF SPECIALIST:
CITY:	PHONE: ( )	FAX: ( )

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this request:	Documented liver fibrosis:	Patient is drug and alcohol free for past 6 months:
□ **Harvoni** Dosage: _____	Genotype:	□ YES □ NO	□ YES □ NO eGFR:

Has the patient been previously treated for chronic hepatitis C? □ YES □ NO If yes, please indicate past treatment regimen(s), dates of treatment, and response to therapy:	Baseline HCV RNA: HCV RNA 4 weeks after starting therapy:
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: _____
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SD Medicaid requires that patients receiving a new prescription for Sovaldi must meet the following criteria:

- Patient must be ≥ 18 years old.
- Must have a diagnosis of chronic hepatitis C (genotypes 1, 2, 3, or 4).
- Liver biopsy confirming a Metavir score of F3 or F4, unless medically contraindicated; or documentation of severe extrahepatic manifestations of hepatitis C infection.
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist.
- Must be used in combination with ribavirin or in combination with pegylated interferon and ribavirin. **(must not be used as monotherapy)**
- Female patients must have a negative pregnancy test within 30 days prior to initiation of therapy and monthly during treatment.
- Absence of renal impairment (eGFR must be >30mL/min/1.73m^2) and absence of end stage renal disease (ESRD).
- Documentation showing that patient is drug and alcohol free for the past 6 months.

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:	NAME OF SPECIALIST:
CITY:	PHONE: ( )	FAX: ( )

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug: □ **Sovaldi** Dosage: _____	Diagnosis for this request: Genotype:	Documented liver fibrosis:	Patient is drug and alcohol free for past 6 months: □ YES □ NO	
		Pegylated interferon dose: Ribavirin dose:	Negative pregnancy test in the past 30 days: □ YES □ NO	eGFR:

Has the patient been previously treated for chronic hepatitis C? □ YES □ NO If yes, please indicate past treatment regimen(s), dates of treatment, and response to therapy:	Baseline HCV RNA: HCV RNA 4 weeks after starting therapy:
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)	

OLYSIO
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 Olysio must meet the following criteria:

- Patient must be ≥ 18 years old.
- Must have a diagnosis of chronic hepatitis C, genotype 1.
- Liver biopsy confirming a Metavir score of F3 or F4, unless medically contraindicated; or documentation of severe extrahepatic manifestations of hepatitis C infection.
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist.
- Must be used in combination with pegylated interferon and ribavirin. **(must not be used as monotherapy)**
- Alternative therapy should be considered for patients infected with HCV genotype 1a containing the Q80K polymorphism.
- Female patients must have a negative pregnancy test within 30 days prior to initiation of therapy and monthly during treatment.
- Documentation showing that patient is drug and alcohol free for the past 6 months.

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:	NAME OF SPECIALIST:
CITY:	PHONE: ( )	FAX: ( )

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug: □ **Olysio** Dosage: _____	Presence of Q80K polymorphism? □ YES □ NO	Diagnosis for this request: Genotype:	Patient is drug and alcohol free for past 6 months: □ YES □ NO
	Documented liver fibrosis:	Pegylated interferon dose: Ribavirin dose:	Negative pregnancy test in the past 30 days □ YES □ NO
Has the patient been previously treated for chronic hepatitis C? □ YES □ NO If yes, please indicate past treatment regimen(s), dates of treatment, and response to therapy:			Baseline HCV RNA: HCV RNA 4 weeks after starting therapy:
PHYSICIAN SIGNATURE:			DATE:

Part IV: PHARMACY INFORMATION

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

Part V: FOR OFFICIAL USE ONLY

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

SD Medicaid Sovaldi/Olysio/Harvoni Utilization			
01/01/14 – 10/29/14			
Label Name	**Rx Num**	**Total Reimb Amt**	**Avg Cost per Script**
SOVALDI 400 MG TABLET	53	$1,548,718.96	$29,221.11
OLYSIO 150 MG CAPSULE	11	$255,698.30	$23,245.30
HARVONI 90-400 MG TABLET	0	0	0
TOTAL	**64**	**$1,804,417.26**	**18 recipients**

ADULT ADD/ADHD
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 adult patients receiving a new prescription for ADHD therapies must meet the following criteria:

- Patient must be 18 years of age or older and have a documented diagnosis of adult ADD or ADHD
- Patient was diagnosed before the age of 16 and continues to have significant symptoms warranting treatment in adulthood
- Patient must have a specialist involved in therapy experienced in the diagnosis and treatment of Adult ADD/ADHD

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

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	Was the diagnosis before age 16:
List symptoms significantly impacting, impairing, or compromising the patient's ability to function normally:		
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)

EVZIO
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 adult patients receiving a new prescription for Evzio must meet the following criteria:

- Patient must be taking opioids (over 100mg of morphine equivalents daily) or taking opioids with other interacting medications (benzos, muscle relaxants, etc.)

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

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH

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

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

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	Is patient opioid dependent and/or considered high risk for opioid overdose: □ Yes □ No
List other interacting medications:		
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)

OTEZLA
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 adult patients receiving a new prescription for Otezla must meet the following criteria:

- Patient must have psoriatic arthritis.
- Patient must be 18 years or older.
- Patient must first try Enbrel or Humira.

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:	Previous trial: Drug: Date of trial:
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)

HIGH COST MEDICATIONS
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 that exceeds $5,000 must meet the following criteria:

- The medication must be FDA approved and used for a FDA-approved indication listed on the manufacturer's package insert.
- The prescriber must document a clear clinical advantage for utilizing the new medication if existing treatments are available.
- If alternative treatments exist, the prescriber must document the patient's trial and failure of these existing treatments.
- The medication must be available from a SD Medicaid enrolled pharmacy.
- The patient must be able to self-administer the medication.
- The medication must not be experimental or available as part of a clinical trial.

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:	Will patient self-administer this drug: □ Yes □ No
Document patient's trial and failure of existing alternative treatments:		
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)	

PRODUCT DETAILS OF GLP-1 AGONISTS (GLUCAGON-LIKE PEPTIDE-1)

INDICATIONS AND USE: GLP-1 receptor agonists are indicated as adjuncts to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. These agents should not be used as initial monotherapy. For most patients, GLP-1 agonists should be reserved for those who require two or more diabetes medications to maintain a desired A1C.

COMPARISON:

GLP-1 Agonist	~ A1C Decrease	~ Weight Loss	~ Cost/month	Dosing Frequency
Byetta (exenatide)	1%	4 lbs	$430	Twice daily
Bydureon (exenatide ER)	1.5%	6 lbs	$440	Once weekly
Tanzeum (albiglutide)	1%	2 lbs	$330	Once weekly
Trulicity (dulaglutide)	1.5%	6 lbs	$500	Once weekly
Victoza (liraglutide)	1.5%	6 lbs	$400-600	Once daily

HOW SUPPLIED:

GLP-1 Agonist	Package Size
Byetta (exenatide)	5 mcg per dose, 60 doses (1.2 mL prefilled pen). 10 mcg per dose, 60 doses (2.4 mL prefilled pen).
Bydureon (exenatide ER)	Four single-dose trays containing 2 mg vial. Four single-dose pens containing 2 mg pen.
Tanzeum (albiglutide)	30 mg single-dose pen and 50 mg single-dose pen. (carton of 4)
Trulicity (dulaglutide)	Carton of 4 single-dose pen or prefilled syringe: (0.75 mg/0.5 mL and 1.5 mg/0.5 mL).
Victoza (liraglutide)	Disposable, pre-filled, multi-dose pens delivering doses of 0.6mg, 1.2mg, or 1.8mg (6 mg/mL, 3mL).

DOSAGE AND ADMINISTRATION:

GLP-1 Agonist	Dosage and Administration
Byetta (exenatide)	• Inject subcutaneously within 60 minutes prior to morning and evening meals (or before the two main meals of the day, approximately 6 hours or more apart). • Initiate at 5 mcg per dose twice daily; increase to 10 mcg twice daily after 1 month based on clinical response.
Bydureon (exenatide ER)	• Administer 2 mg by subcutaneous injection once every seven days (weekly), at any time of day and with or without meals. • Administer immediately after the dose is prepared.
Tanzeum (albiglutide)	• Administer once weekly at any time of day, without regard to meals. • Inject subcutaneously in the abdomen, thigh, or upper arm. • Initiate at 30 mg subcutaneously once weekly. Dose can be increased to 50 mg once weekly in patients requiring additional glycemic control. • If a dose is missed, administer within 3 days of missed dose.
Trulicity (dulaglutide)	• Administer once weekly at any time of day. • Inject subcutaneously in the abdomen, thigh, or upper arm. • Initiate at 0.75 mg subcutaneously once weekly. Dose can be increased to 1.5 mg once weekly for additional glycemic control. • If a dose is missed, administer within 3 days of missed dose.

GLP-1 Agonist	Dosage and Administration
Victoza (liraglutide)	• Administer once daily at any time of day, independently of meals. • Inject subcutaneously in the abdomen, thigh, or upper arm. • The injection site and timing can be changed without dose adjustment. • Initiate at 0.6 mg per day for one week. This dose is intended to reduce gastrointestinal symptoms during initial titration, and is not effective for glycemic control. After one week, increase the dose to 1.2 mg. If the 1.2 mg dose does not result in acceptable glycemic control, the dose can be increased to 1.8 mg.

SPECIAL POPULATIONS:

GLP-1 Agonist	Special Populations
Byetta (exenatide)	• Byetta should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. • Caution should be exercised when Byetta is administered to a nursing woman.
Bydureon (exenatide ER)	• Bydureon should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. • Caution should be exercised when Bydureon is administered to a nursing woman.
Tanzeum (albiglutide)	• Tanzeum should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. • Discontinue nursing or discontinue Tanzeum. • Monitor renal function in patients with renal impairment reporting severe adverse gastrointestinal reactions.
Trulicity (dulaglutide)	• Trulicity should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. • Discontinue nursing or discontinue Trulicity. • Monitor renal function in patients with renal impairment reporting severe adverse gastrointestinal reactions.
Victoza (liraglutide)	• Victoza should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. • Discontinue nursing or discontinue Victoza.

WARNINGS AND PRECAUTIONS:

GLP-1 Agonist	Warnings and Precautions
Byetta (exenatide)	• Never share a Byetta pen between patients, even if the needle is changed. • Postmarketing reports with Byetta include fatal and non-fatal hemorrhagic or necrotizing pancreatitis. Discontinue promptly. Consider other antidiabetic therapies in patients with a history of pancreatitis. • Increased risk of hypoglycemia when used in combination with medications known to cause hypoglycemia (e.g., insulin or insulin secretagogue). Consider reducing the dose of insulin or insulin secretagogue. • Byetta should not be used in patients with severe renal impairment or end-stage renal disease and should be used with caution in patients with renal transplantation. Caution should be applied when initiating Byetta in patients with moderate renal failure.

GLP-1 Agonist	Warnings and Precautions
	• Use of Byetta is not recommended in patients with severe gastrointestinal disease. • Patient should discontinue Byetta if symptoms of hypersensitivity reactions (e.g., anaphylaxis and angioedema) arise.
Bydureon (exenatide ER)	• Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors. • Discontinue promptly if pancreatitis is suspected. Do not restart if pancreatitis is confirmed. • Increased risk of hypoglycemia when Bydureon is used in combination with a sulfonylurea. Consider reducing the sulfonylurea dose. • Not recommended if patient has severe renal impairment or end-stage renal disease. Use with caution in patients with renal-transplantation or moderate renal impairment. • Not recommended in patients with severe gastrointestinal disease. • Patient should discontinue Bydureon if symptoms of hypersensitivity reactions (e.g., anaphylaxis and angioedema) arise.
Tanzeum (albiglutide)	• Discontinue promptly if pancreatitis is suspected. Do not restart if confirmed. • Hypoglycemia can occur when used in combination with insulin secretagogues (e.g., sulfonylureas) or insulin. Consider lowering sulfonylurea or insulin dosage when starting Tanzeum. • Discontinue Tanzeum if hypersensitivity reactions are suspected. • Monitor renal function in patients with renal impairment reporting severe adverse gastrointestinal reactions.
Trulicity (dulaglutide)	• Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors. • Discontinue promptly if pancreatitis is suspected. Do not restart if pancreatitis is confirmed. • Increased risk of hypoglycemia when Trulicity is used with an insulin secretagogue or insulin, consider lowering the dose of sulfonylurea or insulin to reduce the risk. • Discontinue Trulicity if hypersensitivity reactions are suspected. • Monitor renal function in patients with renal impairment reporting severe adverse gastrointestinal reactions.
Victoza (liraglutide)	• Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors. • Discontinue promptly if pancreatitis is suspected. Do not restart if pancreatitis is confirmed. • Increased risk of hypoglycemia when Victoza is used with an insulin secretagogue or insulin, consider lowering the dose of the insulin secretagogue or insulin to reduce the risk. • Use caution when initiating or escalating doses of Victoza in patients with renal impairment. • Discontinue Victoza if hypersensitivity reactions are suspected.

ADVERSE REACTIONS:

GLP-1 Agonist	Adverse Reactions
Byetta (exenatide)	• Most common (≥ 5%) and occurring more frequently than placebo in clinical trials: nausea, hypoglycemia, vomiting, diarrhea, feeling jittery, dizziness, headache, dyspepsia, constipation, and asthenia. • Postmarketing reports with exenatide of increased international normalized ratio (INR) with concomitant use of warfarin, sometimes with bleeding.
Bydureon (exenatide ER)	• Most common (≥ 5%) and occurring more frequently than comparator in clinical trials: nausea, diarrhea, headache, vomiting, constipation, injection-site pruritus, injection-site nodule, and dyspepsia.
Tanzeum (albiglutide)	• Adverse reactions, reported in ≥ 10% of patients and more frequently than in patients on placebo, were upper respiratory tract infection, diarrhea, nausea, and injection site reaction.
Trulicity (dulaglutide)	• The most common adverse reactions, reported in ≥ 5% of patients are nausea, diarrhea, vomiting, abdominal pain, and decreased appetite.
Victoza (liraglutide)	• The most common adverse reactions, reported in ≥ 5% of patients and occurring more frequently than in patients treated with placebo, were headache, nausea, diarrhea, and anti-liraglutide antibody formation. • Immunogenicity-related events, including urticarial, were more common among Victoza-treated patients (0.8%) than among comparator-treated patients (0.4%) in clinical trials.

UTILIZATION:

Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
Byetta 5 mcg Dose Pen	5	$1,994.49	$398.90
Byetta 10 mcg Dose Pen	37	$15,149.39	$409.44
Bydureon 2 mg Pen	2	$921.02	$460.51
Bydureon 2 mg Vial	87	$37,112.78	$426.58
Tanzeum 30 mg Pen	2	$660.60	$330.30
Victoza 2-Pak	129	$48,173.07	$373.43
Victoza 3-Pak	220	$123,903.33	$563.20
Total (97 recipients)	482	$227,914.68	

References:

1. PL Detail-Document, Comparison of GLP-1 Agonists. Pharmacist's Letter/Prescriber's Letter. December 2014.
2. Byetta [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; August 2014.
3. Bydureon [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2014.
4. Tanzeum [package insert]. Research Triangle Park, NC: GlaxoSmithKline LLC; June 2014.
5. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; September 2014.
6. Victoza [package insert]. Plainsboro, NY: Novo Nordisk Inc.; July 2013.

PRODUCT DETAILS OF NEW TOPICAL THERAPIES FOR ONYCHOMYCOSIS

INDICATIONS AND USE:

Jublia (efinaconazole)	Topical treatment of onychomycosis of the toenails due to *Trichophyton rubrum* and *Trichophyton mentagrophytes.*
Kerydin (tavaborole)	Topical treatment of onychomycosis of the toenails due to *Trichophyton rubrum* or *Trichophyton mentagrophytes.*

COMPARISON:

Drug	Dose	Efficacy	~ Cost	Comments
Jublia (efinaconazole)	Apply to affected toenails once daily for 48 weeks.	Toenail complete cure rate 17% at week 52.	$450/4 mL	Consider for patients who can't use oral therapy.
Kerydin (tavaborole)	Apply to affected toenails once daily for 48 weeks.	Toenail complete cure rate < 10% at week 52.	$450/4 mL	Consider for patients who can't use oral therapy.

HOW SUPPLIED:

Jublia (efinaconazole)	4 mL and 8 mL 10% topical solution
Kerydin (tavaborole)	4 mL and 10 mL 5% topical solution

ADVERSE REACTIONS:

Drug	Adverse Reactions
Jublia	• The most common adverse reactions (incidence >1%) were ingrown toenails, application site dermatitis, application site vesicles, and application site pain.
Kerydin	• Common adverse reactions occurring in ≥1% in subjects included application site exfoliation, ingrown toenail, application site erythema, and application site dermatitis.

References:

1. PL Detail-Document, Comparison of Topical Therapies for Onychomycosis. Pharmacist's Letter/Prescriber's Letter. July 2014.
2. Jublia [package insert]. Bridgewater, NY: Valeant Pharmaceuticals North America, LLC; June 2014.
3. Kerydin [package insert]. Palo Alto, CA: Anacor Pharmaceuticals, Inc.; July 2014.