

South Dakota Department of Social Services

Medicaid P&T Committee Meeting

September 4, 2015





DEPARTMENT OF SOCIAL SERVICES

MEDICAL SERVICES

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

Friday, September 4, 2015

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 50 drugs

Old business

Akynzeo form

Nuversa form

New business

Review of medications used to treat irritable bowel syndrome (eluxadoline, linaclotide, lubiprostone)

Review of sodium-glucose cotransporter 2 inhibitors (SGLT2 inhibitors)

Review of dipeptidyl peptidase-4 (DPP-4) inhibitors

Review of Glyxambi

Review of Orkambi

Review of Entresto

Review of Corlanor

Review of PCSK9 inhibitors

Oral presentations and comments by manufacturers' representatives

Next meeting date/adjournment

**Minutes of the June 5, 2015
Pharmacy & Therapeutics (P&T) Committee Meeting
South Dakota Department of Social Services, Division of Medical Services**

Members present

Bill Ladwig, RPh; M. Holland; R. Holm; Lenny Petrik; Deb Farver; Kelley Oehlke; J. Engelbrecht

DSS staff present

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

Administrative business

The P&T meeting was called to order by D. Farver at 1:00 p.m. The minutes of the March 20, 2015 meeting were presented. R. Holm made a motion to approve. K. Oehlke seconded the motion. The motion was approved unanimously.

Prior authorization update and statistics

The committee reviewed the prior authorization (PA) activity for April 2015. There was a total of 3,315 PAs processed in the month of April, with 99.91% of those requests responded to in less than eight hours. There were 2,582 requests (78%) received electronically and 733 requests (22%) received by fax.

Analysis of the top 15 therapeutic classes

The committee reviewed the top 15 therapeutic classes by total cost of claims from 01/1/2015 – 03/31/2015. The top five classes were antipsychotics, respiratory and CNS stimulants, central nervous system agents, misc., amphetamines, and insulins. The top 15 therapeutic classes make up 41.02% 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 13.52% of total claims. The committee requested that the top 25 drug list be expanded to the top 50 drugs for future meetings.

Review of drug spend

The committee reviewed a table showing SD Medicaid drug spend from 2012 – 2014. The average cost per script rose from \$64.45 in 2012 to \$77.87 in 2014. The average recipient script cost rose from \$172.76 in 2012 to \$212.12 in 2014.

Patent Expirations

The committee reviewed a list of medications with an upcoming anticipated availability of a first-time generic.

Agents used to treat idiopathic pulmonary fibrosis review

The committee reviewed the prior authorization form provided for agents used to treat idiopathic pulmonary fibrosis (IPF). J. Crumwell, representing Boehringer Ingelheim, spoke regarding Ofev. B. Ladwig made a motion to remove FVC and approve the IPF form. R. Holm seconded the motion. The motion was approved unanimously.

Xtoro review

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

Hemangeol review

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

Trokendi review

The committee reviewed Trokendi clinical information. There was no public comment. The committee tabled this topic.

Oxtellar XR review

The committee reviewed Oxtellar XR clinical information. There was no public comment. The committee tabled this topic.

Akynzeo review

The committee reviewed Akynzeo clinical information. There was no public comment. The committee requested that a form be developed and brought back to the September meeting.

Nuessa review

The committee reviewed Nuessa clinical information. There was no public comment. The committee requested that a form be developed and brought back to the September meeting.

Cholbam review

The committee reviewed Cholbam clinical information. There was no public comment. The committee tabled this topic.

Copaxone 40 review

The committee reviewed Copaxone 40 clinical information. There was no public comment. The committee tabled this topic.

The next meeting is scheduled for September 4, 2015. R. Holm made a motion to adjourn the P&T Committee meeting. B. Ladwig seconded the motion. The motion passed unanimously, and the meeting was adjourned.



**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2015 – July 31, 2015**

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
3,052	3,049	3	99.90%	0.10%

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	140	301
AFX	Amrix and Fexmid	1	0
ALT	Altabax	0	3
AMB	Ambien CR	3	3
ANF	Anti-Infectives(anti-biotic)	2	3
ANT	Antihistamines	8	33
APS	Antipsychotic	253	371
ARB	ARBS	6	24
COA	Oral Anticoagulants	6	25
DAW	Dispense As Written	5	2
GRH	Growth Hormone	7	6
GSM	Genitourinary SMR	9	12
HEP	Hepatitis Meds	2	12
HLM	Head Lice Medication	8	7
LID	Lidoderm	2	73
MAX	Max Units Override	38	1120
NAR	Name Brand Narcotics	4	0
NUC	Opioids	7	18
ONF	Onfi	4	1
OPH	Ophthalmic Antihistamines	1	24
PPI	Proton Pump Inhibitors	40	84
SMR	Skeletal Muscle Relaxants	1	7
STE	Nasal Steroids	12	70
STI	Stimulants	4	20
SUB	Suboxone/Subutex	3	21
TIM	Targeted Immune Modulators	11	13
TOP	Topical Acne Agents	28	119
TRP	Triptans	12	33
ULT	Ultram ER	5	1
XIF	Xifaxan	2	21
XOI	Xanthine Oxidase Inhibitor	1	0
Totals		625	2427



**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2015 – July 31, 2015**

By Request Type

07/01/15 - 07/31/15	# of Requests	Electronic Requests		Faxed Requests	
		#	%	#	%
Prior Authorizations:					
Antidepressant	441	325	74%	116	26%
Amrix and Fexmid	1	0	0%	1	100%
Altabax	3	2	67%	1	33%
Ambien CR	6	4	67%	2	33%
Anti-Infectives(anti-biotic)	5	2	40%	3	60%
Antihistamines	41	37	90%	4	10%
Antipsychotic	624	351	56%	273	44%
ARBS	30	25	83%	5	17%
Oral Anticoagulants	31	22	71%	9	29%
Dispense As Written	7	0	0%	7	100%
Growth Hormone	13	6	46%	7	54%
Genitourinary SMR	21	8	38%	13	62%
Hepatitis Meds	14	0	0%	14	100%
Head Lice Medication	15	0	0%	15	100%
Lidoderm	75	64	85%	11	15%
Max Units Override	1158	1085	94%	73	6%
Name Brand Narcotics	4	0	0%	4	100%
Opioids	25	21	84%	4	16%
Onfi	5	0	0%	5	100%
Ophthalmic Antihistamines	25	24	96%	1	4%
Proton Pump Inhibitors	124	105	85%	19	15%
Nasal Steroids	82	70	85%	12	15%
Stimulants	24	19	79%	5	21%
Suboxone/Subutex	24	17	71%	7	29%
Targeted Immune Modulators	24	11	46%	13	54%
Topical Acne Agents	147	106	72%	41	28%
Triptans	45	40	89%	5	11%
Ultram ER	6	6	100%	0	0%
Xifaxan	23	18	78%	5	22%
Xanthine Oxidase Inhibitor	1	1	100%	0	0%
Prior Authorization Totals	3052	2377	78%	675	22%



**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2015 – July 31, 2015**

Electronic PAs (unique)

07/01/15 - 07/31/15	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
Antidepressant	78	239	0	317	24.60%	325
Altabax	0	2	0	2	0.00%	2
Ambien CR	2	2	0	4	50.00%	4
Anti-Infectives(anti-biotic)	0	2	0	2	0.00%	2
Antihistamines	6	30	0	36	16.70%	37
Antipsychotic	29	302	0	331	8.80%	351
ARBS	2	13	0	15	13.30%	25
Oral Anticoagulants	0	21	0	21	0.00%	22
Growth Hormone	0	6	0	6	0.00%	6
Genitourinary SMR	0	8	0	8	0.00%	8
Lidoderm	0	56	0	56	0.00%	64
Max Units Override	0	1018	0	1018	0.00%	1085
Opioids	5	14	0	19	26.30%	21
Ophthalmic Antihistamines	1	23	0	24	4.20%	24
Proton Pump Inhibitors	27	70	0	97	27.80%	105
Skeletal Muscle Relaxants	1	7	0	8	12.50%	8
Nasal Steroids	7	62	0	69	10.10%	70
Stimulants	0	14	0	14	0.00%	19
Suboxone/Subutex	0	13	0	13	0.00%	17
Targeted Immune Modulators	0	11	0	11	0.00%	11
Topical Acne Agents	12	88	0	100	12.00%	106
Triptans	11	27	0	38	28.90%	40
Ultram ER	5	1	0	6	83.30%	6
Xifaxan	0	17	0	17	0.00%	18
Xanthine Oxidase Inhibitor	1	0	0	1	100.00%	1
TOTALS	187	2046	0	2233	8.40%	2377

**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 04/01/2015 - 06/30/2015

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	6,053	\$ 51,552.36	\$ 8.52	3.03%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	5,821	\$ 156,755.06	\$ 26.93	2.91%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,942	\$ 45,862.62	\$ 11.63	1.97%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	3,651	\$ 27,409.98	\$ 7.51	1.83%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,606	\$ 695,996.91	\$ 193.01	1.81%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,483	\$ 71,826.36	\$ 20.62	1.74%
AZITHROMYCIN	MACROLIDES	3,333	\$ 64,814.09	\$ 19.45	1.67%
FLUOXETINE HCL	ANTIDEPRESSANTS	3,317	\$ 35,765.96	\$ 10.78	1.66%
SERTRALINE HCL	ANTIDEPRESSANTS	2,975	\$ 22,601.89	\$ 7.60	1.49%
VYVANSE	AMPHETAMINES	2,948	\$ 608,690.94	\$ 206.48	1.48%
LEVOTHYROXINE SODIUM	THYROID AGENTS	2,926	\$ 43,862.39	\$ 14.99	1.47%
TRAMADOL HCL	OPIATE AGONISTS	2,911	\$ 24,573.19	\$ 8.44	1.46%
TRAZODONE HCL	ANTIDEPRESSANTS	2,556	\$ 15,028.42	\$ 5.88	1.28%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2,219	\$ 12,257.27	\$ 5.52	1.11%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,158	\$ 11,924.75	\$ 5.53	1.08%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	2,151	\$ 265,276.13	\$ 123.33	1.08%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	2,150	\$ 39,950.55	\$ 18.58	1.08%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	2,087	\$ 41,008.36	\$ 19.65	1.04%
FLUTICASON PROPRIONATE	CORTICOSTEROIDS (EENT)	1,941	\$ 28,024.03	\$ 14.44	0.97%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,903	\$ 96,591.25	\$ 50.76	0.95%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,806	\$ 425,150.94	\$ 235.41	0.90%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,797	\$ 11,763.88	\$ 6.55	0.90%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,761	\$ 15,122.74	\$ 8.59	0.88%
CEFDINIR	CEPHALOSPORINS	1,634	\$ 78,870.31	\$ 48.27	0.82%
AMOX TR-POTASSIUM CLAVULANATE	PENICILLINS	1,627	\$ 42,276.01	\$ 25.98	0.81%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,602	\$ 9,205.27	\$ 5.75	0.80%
METFORMIN HCL	BIGUANIDES	1,557	\$ 11,842.21	\$ 7.61	0.78%
CEPHALEXIN	CEPHALOSPORINS	1,539	\$ 24,164.41	\$ 15.70	0.77%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,534	\$ 42,403.37	\$ 27.64	0.77%
POLYETHYLENE GLYCOL 3350	CATHARTICS AND LAXATIVES	1,528	\$ 37,450.82	\$ 24.51	0.77%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,496	\$ 10,866.60	\$ 7.26	0.75%
PREDNISONE	ADRENALS	1,461	\$ 11,103.70	\$ 7.60	0.73%
TRIAMCINOLONE ACETONIDE	ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	1,459	\$ 24,460.27	\$ 16.77	0.73%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,426	\$ 19,677.71	\$ 13.80	0.71%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,403	\$ 77,662.63	\$ 55.35	0.70%
VITAMIN D2	VITAMIN D	1,397	\$ 8,476.32	\$ 6.07	0.70%
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	1,386	\$ 20,216.00	\$ 14.59	0.69%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	1,365	\$ 9,544.80	\$ 6.99	0.68%
CYCLOBENZAPRINE HCL	CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	1,364	\$ 9,051.62	\$ 6.64	0.68%
OXYCODONE-ACETAMINOPHEN	OPIATE AGONISTS	1,344	\$ 40,065.33	\$ 29.81	0.67%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,172	\$ 19,644.53	\$ 16.76	0.59%
ONDANSETRON ODT	5-HT3 RECEPTOR ANTAGONISTS	1,101	\$ 17,041.64	\$ 15.48	0.55%
TOPIRAMATE	ANTICONVULSANTS, MISCELLANEOUS	1,075	\$ 13,084.51	\$ 12.17	0.54%
VENLAFAXINE HCL ER	ANTIDEPRESSANTS	1,057	\$ 22,485.82	\$ 21.27	0.53%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	1,050	\$ 8,345.15	\$ 7.95	0.53%
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	1,038	\$ 11,969.09	\$ 11.53	0.52%
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	1,037	\$ 30,360.22	\$ 29.28	0.52%
PREDNISOLONE SODIUM PHOSPHATE	ADRENALS	1,008	\$ 11,307.89	\$ 11.22	0.50%
BUPROPION XL	ANTIDEPRESSANTS	1,007	\$ 28,904.18	\$ 28.70	0.50%
SIMVASTATIN	HMG-COA REDUCTASE INHIBITORS	991	\$ 7,106.95	\$ 7.17	0.50%
TOTAL TOP 25		103,153	\$ 3,459,397.43	\$ 33.54	51.65%

Total Rx Claims From 04/01/2015 - 06/30/2015	199,717
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**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 04/01/2015 - 06/30/2015

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,606	\$ 695,996.91	\$ 193.01	1.81%
ABILIFY	ANTIPSYCHOTIC AGENTS	783	\$ 614,923.56	\$ 785.34	0.39%
VYVANSE	AMPHETAMINES	2,948	\$ 608,690.94	\$ 206.48	1.48%
ARIPIPRAZOLE	ANTIPSYCHOTIC AGENTS	629	\$ 439,737.11	\$ 699.11	0.31%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,806	\$ 425,150.94	\$ 235.41	0.90%
LATUDA	ANTIPSYCHOTIC AGENTS	392	\$ 301,266.66	\$ 768.54	0.20%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	184	\$ 286,392.33	\$ 1,556.48	0.09%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	929	\$ 277,733.06	\$ 298.96	0.47%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	2,151	\$ 265,276.13	\$ 123.33	1.08%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	720	\$ 247,334.42	\$ 343.52	0.36%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	62	\$ 225,659.90	\$ 3,639.68	0.03%
LANTUS SOLOSTAR	INSULINS	543	\$ 222,686.13	\$ 410.10	0.27%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	666	\$ 207,071.22	\$ 310.92	0.33%
COPAXONE	IMMUNOMODULATORY AGENTS	32	\$ 180,807.15	\$ 5,650.22	0.02%
PULMOZYME	MUCOLYTIC AGENTS	64	\$ 176,344.62	\$ 2,755.38	0.03%
PREVACID	PROTON-PUMP INHIBITORS	519	\$ 176,172.61	\$ 339.45	0.26%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	854	\$ 171,300.40	\$ 200.59	0.43%
NOVOLOG FLEXPEN	INSULINS	379	\$ 163,454.70	\$ 431.28	0.19%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	5,821	\$ 156,755.06	\$ 26.93	2.91%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	814	\$ 153,665.74	\$ 188.78	0.41%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	52	\$ 145,147.91	\$ 2,791.31	0.03%
NOVOLOG	INSULINS	386	\$ 131,776.17	\$ 341.39	0.19%
OXYCONTIN	OPIATE AGONISTS	363	\$ 127,243.98	\$ 350.53	0.18%
FOCALIN XR	RESPIRATORY AND CNS STIMULANTS	447	\$ 121,418.81	\$ 271.63	0.22%
GENOTROPIN	PITUITARY	33	\$ 118,189.40	\$ 3,581.50	0.02%
INVEGA	ANTIPSYCHOTIC AGENTS	114	\$ 114,546.21	\$ 1,004.79	0.06%
LANTUS	INSULINS	292	\$ 113,542.75	\$ 388.85	0.15%
XENAZINE	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	13	\$ 110,380.34	\$ 8,490.80	0.01%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	348	\$ 109,347.26	\$ 314.22	0.17%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	172	\$ 104,491.78	\$ 607.51	0.09%
LEVEMIR FLEXTOUCH	INSULINS	238	\$ 100,398.18	\$ 421.84	0.12%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,903	\$ 96,591.25	\$ 50.76	0.95%
ONFI	BENZODIAZEPINES (ANTICONVULSANTS)	124	\$ 96,129.16	\$ 775.24	0.06%
TECFIDERA	IMMUNOMODULATORY AGENTS	17	\$ 95,872.16	\$ 5,639.54	0.01%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	276	\$ 89,135.22	\$ 322.95	0.14%
NPLATE	HEMATOPOIETIC AGENTS	9	\$ 87,757.50	\$ 9,750.83	0.00%
NUTROPIN AQ	PITUITARY	18	\$ 84,730.94	\$ 4,707.27	0.01%
DIVALPROEX SODIUM ER	ANTICONVULSANTS, MISCELLANEOUS	532	\$ 79,908.55	\$ 150.20	0.27%
CEFdinIR	CEPHALOSPORINS	1,634	\$ 78,870.31	\$ 48.27	0.82%
JANUVIA	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	240	\$ 78,209.62	\$ 325.87	0.12%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,403	\$ 77,662.63	\$ 55.35	0.70%
ONETOUCH ULTRA TEST STRIPS	DIABETES MELLITUS	533	\$ 77,085.11	\$ 144.62	0.27%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	113	\$ 74,253.04	\$ 657.11	0.06%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,483	\$ 71,826.36	\$ 20.62	1.74%
ESOMEPRAZOLE MAGNESIUM	PROTON-PUMP INHIBITORS	284	\$ 71,041.65	\$ 250.15	0.14%
NORDITROPIN FLEXPRO	PITUITARY	32	\$ 70,363.35	\$ 2,198.85	0.02%
SYMBICORT	CORTICOSTEROIDS (RESPIRATORY TRACT)	253	\$ 67,899.73	\$ 268.38	0.13%
HARVONI	HCV ANTIVIRALS	2	\$ 65,774.20	\$ 32,887.10	0.00%
ADVAIR HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	217	\$ 64,916.26	\$ 299.15	0.11%
AZITHROMYCIN	MACROLIDES	3,333	\$ 64,814.09	\$ 19.45	1.67%
TOTAL TOP 25		40,766	\$ 8,785,743.51	\$ 215.52	20.41%

Total Rx Claims From 04/01/2015 - 06/30/2015	199,717
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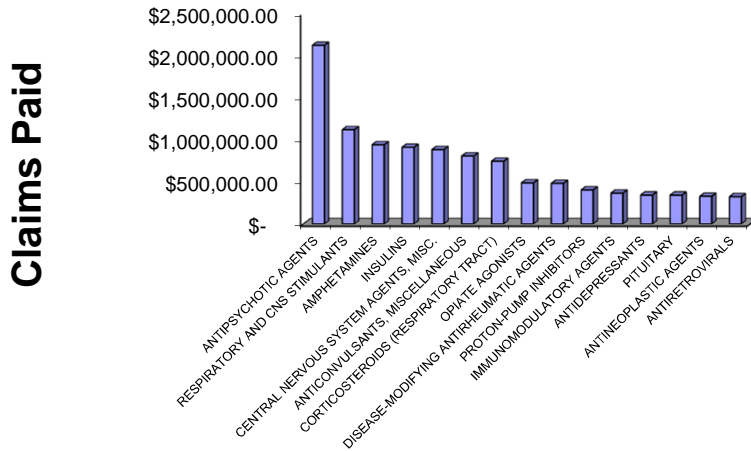
**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 04/01/2015 - 06/30/2015

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	6,762	\$ 2,117,941.90	\$ 313.21	3.39%
RESPIRATORY AND CNS STIMULANTS	6,370	\$ 1,119,820.04	\$ 175.80	3.19%
AMPHETAMINES	5,970	\$ 941,020.22	\$ 157.62	2.99%
INSULINS	2,365	\$ 910,375.96	\$ 384.94	1.18%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	3,004	\$ 883,694.29	\$ 294.17	1.50%
ANTICONVULSANTS, MISCELLANEOUS	9,318	\$ 807,671.18	\$ 86.68	4.67%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,914	\$ 744,962.73	\$ 255.65	1.46%
OPIATE AGONISTS	13,166	\$ 488,318.13	\$ 37.09	6.59%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	172	\$ 482,369.73	\$ 2,804.48	0.09%
PROTON-PUMP INHIBITORS	6,200	\$ 404,767.53	\$ 65.29	3.10%
IMMUNOMODULATORY AGENTS	65	\$ 366,775.71	\$ 5,642.70	0.03%
ANTIDEPRESSANTS	18,216	\$ 343,501.78	\$ 18.86	9.12%
PITUITARY	508	\$ 343,484.11	\$ 676.15	0.25%
ANTINEOPLASTIC AGENTS	475	\$ 328,233.56	\$ 691.02	0.24%
ANTIRETROVIRALS	272	\$ 323,769.30	\$ 1,190.33	0.14%
TOTAL TOP 15	75,777	\$ 10,606,706.17	\$ 139.97	37.94%

Total Rx Claims From 04/01/2015 - 06/30/2015	199,717
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**





**AKYNZEO
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 Akynzeo must meet the following criteria:

- Patient must have an FDA approved diagnosis.
- Patient must be taking highly-emetogenic chemotherapy regimens or regimens including anthracyclines and cyclophosphamide.

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

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

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

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	Chemotherapy regimen:
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)	



**NUVESSA
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 Nuessa must meet the following criteria:

- Patient must have an FDA approved indication.
- Patient must first try metronidazole vaginal 0.75%.

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

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

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

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug:	Diagnosis for this Request:	Failed 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)	

