South Dakota Department of Social Services

Medicaid P&T Committee Meeting December 4, 2015

South Dakota Great Faces. Great Places.

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 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 Black Hills State University Room UC113 4300 Cheyenne Boulevard

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

Patent expirations

Old business

Orkambi form
IBS form
PCSK9 form
Review of antipsychotic prior authorization data
Review of proton pump inhibitor utilization

New business

Review of Enbrel and Humira Review of Lyrica utilization Review of Hydrocodone/APAP trend Review of Otrexup Review of Durlaza

Oral presentations and comments by manufacturers' representatives

Next meeting date/adjournment

Minutes of the September 4, 2015 Pharmacy & Therapeutics (P&T) Committee Meeting South Dakota Department of Social Services, Division of Medical Services

Members present

Bill Ladwig, RPh; Michelle Baack; Mikel Holland; Richard Holm; Dana Darger; James Engelbrecht

DSS staff present

Mike Jockheck, RPh

Administrative business

The P&T meeting was called to order by M. Baack at 1:00 p.m. The minutes of the June 5, 2015 meeting were presented. B. Ladwig made a motion to approve. R. Holm seconded the motion. The motion was approved unanimously.

Review of Orkambi

A motion was made by M. Baack to move Orkambi to the first of the agenda for discussion. R. Holm seconded the motion. The motion was approved unanimously. The committee reviewed Orkambi clinical information. James Wallace, practicing physician, spoke on behalf of Orkambi. A motion was made by J. Engelbrecht to place Orkambi on prior authorization with criteria including specialist involved in therapy and genotyping. R. Holm seconded the motion. The motion was approved unanimously.

Prior authorization update and statistics

The committee reviewed the prior authorization (PA) activity for July 2015. There were a total of 3,052 PAs processed in the month of July, with 99.90% of those requests responded to in less than eight hours. There were 2,377 requests (78%) received electronically and 675 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 04/1/2015 – 06/30/2015. The top five classes were antipsychotics, respiratory and CNS stimulants, amphetamines, insulins, and central nervous system agents, misc. The top 15 therapeutic classes make up 37.94% 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 20.41% of total claims. The committee asked for a review of antipsychotic data, Lyrica data, Enbrel/Humira data, and a trend of hydrocodone/APAP data for the December meeting.

Akynzeo second review

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

Nuvessa second review

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

Medications used to treat irritable bowel syndrome (IBS) review

The committee reviewed clinical information for medications used to treat IBS. Taylor Bradshaw, representing Allergan, addressed the committee. The committee requested that a form be developed and brought back to the December meeting.

SGLT2 review

The committee reviewed SGLT2 clinical information. There was no public comment. The committee tabled this topic.

DPP-4 review

The committee reviewed DPP-4 clinical information. There was no public comment. The committee tabled this topic.

Glyxambi review

The committee reviewed Glyxambi clinical information. M. Dunze, representing Boehringer Ingelheim, addressed the committee. The committee tabled this topic.

Entresto review

The committee reviewed Entresto clinical information. Kori Hack, representing Novartis, addressed the committee. The committee tabled this topic.

Corlanor review

The committee reviewed Corlanor clinical information. Amanda Champ, representing Amgen, addressed the committee. The committee tabled this topic.

PCSK9 review

The committee reviewed PCSK9 inhibitors clinical information. Amanda Champ, representing Amgen, addressed the committee. The committee requested that a form be developed and brought back to the December meeting.

The next meeting is scheduled for December 4, 2015. 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 October 1, 2015 – October 30, 2015

Time Ratio

| Total PAs | Response Under 8 Hours | Response Over 8 Hours | % Under 8 Hours | % Over 8 Hours |
|-----------|------------------------|-----------------------|-----------------|----------------|
| 3,127 | 3,085 | 42 | 98.66% | 1.34% |

By Form Type

| Form Type | Description | Approve | Deny |
|-----------|----------------------------|---------|------|
| ADP | Antidepressant | 132 | 256 |
| AMB | Ambien CR | 4 | 6 |
| ANT | Antihistamines | 14 | 46 |
| APS | Antipsychotic | 326 | 214 |
| ARB | ARBS | 2 | 3 |
| AUB | Aubagio | 2 | 0 |
| COA | Oral Anticoagulants | 9 | 25 |
| DAW | Dispense As Written | 5 | 2 |
| GRA | Gralise | 0 | 1 |
| GRH | Growth Hormone | 10 | 5 |
| GSM | Genitourinary SMR | 3 | 32 |
| HEP | Hepatitis Meds | 2 | 1 |
| HLM | Head Lice Medication | 25 | 19 |
| HOR | Horizant | 0 | 1 |
| LID | Lidoderm | 2 | 56 |
| MAX | Max Units Override | 84 | 1289 |
| NAR | Name Brand Narcotics | 2 | 1 |
| NUC | Opioids | 1 | 3 |
| ONF | Onfi | 3 | 0 |
| OPH | Ophthalmic Antihistamines | 0 | 37 |
| PPI | Proton Pump Inhibitors | 49 | 113 |
| SMR | Skeletal Muscle Relaxants | 2 | 14 |
| STE | Nasal Steroids | 10 | 57 |
| STI | Stimulants | 1 | 6 |
| SUB | Suboxone/Subutex | 10 | 19 |
| TIM | Targeted Immune Modulators | 7 | 6 |
| TOP | Topical Acne Agents | 15 | 93 |
| TRP | Triptans | 9 | 51 |
| ULT | Ultram ER | 3 | 10 |
| XIF | Xifaxan | 4 | 22 |
| XOI | Xanthine Oxidase Inhibitor | 1 | 0 |
| XOL | Xolair | 0 | 2 |
| Totals | | 737 | 2390 |



South Dakota Medicaid Monthly Prior Authorization Report October 1, 2015 – October 30, 2015

By Request Type

| | request 1 | Elec | tronic | | axed |
|-----------------------------------|-----------|------|--------|-----|--------|
| 10/01/15 - 10/31/15 | # of | | uests | | quests |
| | Requests | # | % | # | % |
| Prior Authorizations: | | | | | |
| Antidepressant | 388 | 302 | 78% | 86 | 22% |
| Ambien CR | 10 | 5 | 50% | 5 | 50% |
| Antihistamines | 60 | 48 | 80% | 12 | 20% |
| Antipsychotic | 540 | 293 | 54% | 247 | 46% |
| ARBS | 5 | 3 | 60% | 2 | 40% |
| Aubagio | 2 | 0 | 0% | 2 | 100% |
| Oral Anticoagulants | 34 | 26 | 76% | 8 | 24% |
| Dispense As Written | 7 | 0 | 0% | 7 | 100% |
| Gralise | 1 | 0 | 0% | 1 | 100% |
| Growth Hormone | 15 | 4 | 27% | 11 | 73% |
| Genitourinary SMR | 35 | 29 | 83% | 6 | 17% |
| Hepatitis Meds | 3 | 0 | 0% | 3 | 100% |
| Head Lice Medication | 44 | 0 | 0% | 44 | 100% |
| Horizant | 1 | 1 | 100% | 0 | 0% |
| Lidoderm | 58 | 43 | 74% | 15 | 26% |
| Max Units Override | 1373 | 1292 | 94% | 81 | 6% |
| Name Brand Narcotics | 3 | 0 | 0% | 3 | 100% |
| Opioids | 4 | 3 | 75% | 1 | 25% |
| Onfi | 3 | 0 | 0% | 3 | 100% |
| Ophthalmic Antihistamines | 37 | 33 | 89% | 4 | 11% |
| Proton Pump Inhibitors | 162 | 126 | 78% | 36 | 22% |
| Skeletal Muscle Relaxants | 16 | 16 | 100% | 0 | 0% |
| Nasal Steroids | 67 | 55 | 82% | 12 | 18% |
| Stimulants | 7 | 4 | 57% | 3 | 43% |
| Suboxone/Subutex | 29 | 15 | 52% | 14 | 48% |
| Targeted Immune Modulators | 13 | 7 | 54% | 6 | 46% |
| Topical Acne Agents | 108 | 79 | 73% | 29 | 27% |
| Triptans | 60 | 46 | 77% | 14 | 23% |
| Ultram ER | 13 | 10 | 77% | 3 | 23% |
| Xifaxan | 26 | 19 | 73% | 7 | 27% |
| Xanthine Oxidase Inhibitor | 1 | 1 | 100% | 0 | 0% |
| Xolair | 2 | 0 | 0% | 2 | 100% |
| Prior Authorization Totals | 3127 | 2460 | 79% | 667 | 21% |



South Dakota Medicaid Monthly Prior Authorization Report October 1, 2015 – October 30, 2015

Electronic PAs (unique)

| Electronic i As (unique) | | | | | | | | | | |
|------------------------------|----------|--------|------------|--------|----------|--------------|--|--|--|--|
| | | # | | | | | | | | |
| 10/01/15 - 10/31/15 | # Unique | Unique | # Unique | Unique | Approval | Total | | | | |
| | Approved | Denied | Incomplete | Total | % | Transactions | | | | |
| Prior Authorizations: | | | | | | | | | | |
| Antidepressant | 91 | 202 | 0 | 293 | 31.10% | 302 | | | | |
| Ambien CR | 2 | 3 | 0 | 5 | 40.00% | 5 | | | | |
| Antihistamines | 10 | 38 | 0 | 48 | 20.80% | 48 | | | | |
| Antipsychotic | 123 | 157 | 0 | 280 | 43.90% | 293 | | | | |
| ARBS | 0 | 2 | 0 | 2 | 0.00% | 3 | | | | |
| Oral Anticoagulants | 4 | 20 | 0 | 24 | 16.70% | 26 | | | | |
| Growth Hormone | 0 | 4 | 0 | 4 | 0.00% | 4 | | | | |
| Genitourinary SMR | 3 | 21 | 0 | 24 | 12.50% | 29 | | | | |
| Horizant | 0 | 1 | 0 | 1 | 0.00% | 1 | | | | |
| Lidoderm | 0 | 39 | 0 | 39 | 0.00% | 43 | | | | |
| Max Units Override | 37 | 1165 | 0 | 1202 | 3.10% | 1292 | | | | |
| Opioids | 1 | 2 | 0 | 3 | 33.30% | 3 | | | | |
| Ophthalmic Antihistamines | 0 | 33 | 0 | 33 | 0.00% | 33 | | | | |
| Proton Pump Inhibitors | 32 | 83 | 0 | 115 | 27.80% | 126 | | | | |
| Skeletal Muscle Relaxants | 2 | 14 | 0 | 16 | 12.50% | 16 | | | | |
| Nasal Steroids | 6 | 49 | 0 | 55 | 10.90% | 55 | | | | |
| Stimulants | 0 | 4 | 0 | 4 | 0.00% | 4 | | | | |
| Suboxone/Subutex | 0 | 15 | 0 | 15 | 0.00% | 15 | | | | |
| Targeted Immune Modulators | 1 | 6 | 0 | 7 | 14.30% | 7 | | | | |
| Topical Acne Agents | 6 | 72 | 0 | 78 | 7.70% | 79 | | | | |
| Triptans | 4 | 42 | 0 | 46 | 8.70% | 46 | | | | |
| Ultram ER | 3 | 7 | 0 | 10 | 30.00% | 10 | | | | |
| Xifaxan | 0 | 17 | 0 | 17 | 0.00% | 19 | | | | |
| Xanthine Oxidase Inhibitor | 1 | 0 | 0 | 1 | 100.00% | 1 | | | | |
| TOTALS | 326 | 1996 | 0 | 2322 | 14.00% | 2460 | | | | |

TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 07/01/2015 - 09/30/2015

| HYDROCODONE-ACETAMINOPHEN | Drug | AHFS Therapeutic Class | Rx | Paid | Paid/Pv | % Total Claims |
|--|------------|--|-------|----------------|---------|----------------|
| AMOXICILIN PENCILINS 4.923 \$ 41.692.7 \$ 8.47 2.55 | | | | | | 2.97% |
| OMEPRAZOLE | | | -, - | | | 2.56% |
| CETRIZINE HCL | | | | | | 1.96% |
| MONTELUKAST SODIUM | | | | | | 1.86% |
| METHYLPHENIDATE ER | | | | | | 1.77% |
| FLUQXETINE HCL | | | | | | 1.72% |
| AZTHROMYCIN | | | - , - | | | 1.65% |
| TRAMADOL HCL | | | -, - | +, - | | 1.52% |
| SERTRALINE HCL | | | , | | | 1.51% |
| LEVOTHYROXINE SODIUM | | | , | | | 1.51% |
| YVYANSE | | | , | | | 1.48% |
| TRAZODONE HCL | | | , | | | 1.44% |
| LISINOPRIL ANGIOTENSIN-CONVERTING ENZYME INHIBITORS 2,188 \$ 11,852.25 \$ 5,47 1.1. | | | , - | +, | | 1.29% |
| CRATADINE | | | , | , , , , , | | 1.13% |
| GABAPENTIN | | | , | | | 1.10% |
| DEXTROAMPHETAMINE-AMPHET ER | | | , | | | 1.10% |
| VENTOLIN HFA | | | , | | | 1.04% |
| CEPHALEXIN CEPHALOSPORINS 1,922 \$ 31,057.40 \$ 16,16 1.00 | | | , | | | 1.03% |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SULFONAMIDES (SYSTEMIC) 1,878 \$ 57,714.29 \$ 30.73 0.95 | | | | | | 1.00% |
| FLUTICASONE PROPIONATE CORTICOSTEROIDS (EENT) 1,845 \$ 25,645.89 \$ 13.90 0.98 | | | | | | 0.97% |
| GUANFACINE HCL ER | | | , | | | 0.96% |
| CLONAZEPAM BENZODIAZEPINES (ANTICONVULSANTS) 1,725 \$ 14,062.39 \$ 8.15 0.99 | | | ., | ,- | | 0.95% |
| CLONIDINE HCL CENTRAL ALPHA-AGONISTS 1,674 \$ 11,045.02 \$ 6.60 0.83 | | | , | | | 0.90% |
| ALBUTEROL SULFATE BETA-ADRENERGIC AGONISTS 1,611 \$ 30,455.18 \$ 18.90 0.80 | | | | | | 0.90% |
| PROAIR HFA | | | , - | | | 0.84% |
| PREDNISONE | | | , - | | | 0.81% |
| POLYETHYLENE GLYCOL 3350 CATHARTICS AND LAXATIVES 1,514 \$ 38,012.35 \$ 25.11 0.75 | _ | | , | | | 0.80% |
| IBUPROFEN | | | , | | | 0.79% |
| METFORMIN HCL BIGUANIDES 1,485 \$ 10,945.06 \$ 7.37 0.77 OXYCODONE-ACETAMINOPHEN OPIATE AGONISTS 1,445 \$ 39,803.55 \$ 27.55 0.75 CITALOPRAM HBR ANTIDEPRESSANTS 1,437 \$ 8,499.53 \$ 5.91 0.75 VITAMIN D2 VITAMIN D 1,333 \$ 8,429.30 \$ 6.05 0.77 AMOX TR-POTASSIUM CLAVULANATE PENICILLINS 1,354 \$ 33,762.90 \$ 24.94 0.76 LORAZEPAM BENZODIAZEPINES (ANXIOLYTIC,SEDATIVE/HYP) 1,330 \$ 9,491.77 \$ 7.14 0.69 CYCLOBENZAPRINE HCL CENTRALLY ACTING SKELETAL MUSCLE RELAXANT 1,324 \$ 8,821.18 \$ 6.66 0.66 RISPERIDONE ANTIPSYCHOTIC AGENTS 1,306 \$ 15,190.36 \$ 11.63 0.60 LAMOTRIGINE ANTIPSYCHOTIC AGENTS 1,222 \$ 17,981.62 \$ 14.03 0.66 TRIAMCINOLONE ACETONIDE ANTIPSYCHOTIC AGENTS 1,270 \$ 20,546.69 \$ 16.18 0.66 ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.5 | | | , | | | 0.78% |
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| LORAZEPAM BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) 1,330 \$ 9,491.77 \$ 7.14 0.66 CYCLOBENZAPRINE HCL CENTRALLY ACTING SKELETAL MUSCLE RELAXANT 1,324 \$ 8,821.18 \$ 6.66 0.66 RISPERIDONE ANTIPSYCHOTIC AGENTS 1,306 \$ 15,190.36 \$ 11.63 0.66 LAMOTRIGINE ANTICONVULSANTS, MISCELLANEOUS 1,282 \$ 17,981.62 \$ 14.03 0.66 TRIAMCINOLONE ACETONIDE ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS) 1,270 \$ 20,546.69 \$ 16.18 0.66 ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.59 0.66 CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.66 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.55 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.56 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.55 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,346.21 \$ 11.37 0.56 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 979 \$ 6,632.94 \$ 6.78 0.55 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.55 | | | | | | 0.70% |
| CYCLOBENZAPRINE HCL CENTRALLY ACTING SKELETAL MUSCLE RELAXANT 1,324 \$ 8,821.18 \$ 6.66 0.66 RISPERIDONE ANTIPSYCHOTIC AGENTS 1,306 \$ 15,190.36 \$ 11.63 0.66 LAMOTRIGINE ANTICONVULSANTS, MISCELLANEOUS 1,282 \$ 17,981.62 \$ 14.03 0.66 TRIAMCINOLONE ACETONIDE ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS) 1,270 \$ 20,546.69 \$ 16.18 0.60 ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.59 0.60 CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.60 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 18,716.89 \$ 16.39 0.50 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.50 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.55 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.55 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS | | | , | | | 0.69% |
| RISPERIDONE | | | | | | 0.69% |
| LAMOTRIGINE ANTICONVULSANTS, MISCELLANEOUS 1,282 \$ 17,981.62 \$ 14.03 0.60 TRIAMCINOLONE ACETONIDE ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS) 1,270 \$ 20,546.69 \$ 16.18 0.60 ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.59 0.60 CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.60 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.50 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.50 ESCITALOPRAM OXALATE ANTICONVULSANTS, MISCELLANEOUS 1,053 \$ 10,663 9.91 10.13 0.55 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.55 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.55 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.55 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS | | | , | | | 0.68% |
| TRIAMCINOLONE ACETONIDE ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS) 1,270 \$ 20,546.69 \$ 16.18 0.60 ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.59 0.60 CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.60 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.50 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.50 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.50 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.50 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,846.21 \$ 11.37 0.50 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.50 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.50 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.50 | | | , | | | 0.67% |
| ARIPIPRAZOLE ANTIPSYCHOTIC AGENTS 1,235 \$ 572,533.94 \$ 463.59 0.60 CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.60 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.50 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.50 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.50 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.50 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,846.21 \$ 11.37 0.50 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.50 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.50 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.50 | | , | , | | | 0.66% |
| CEFDINIR CEPHALOSPORINS 1,180 \$ 58,637.18 \$ 49.69 0.6 QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.53 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.56 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.55 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,806.21 \$ 11.37 0.56 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.56 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.56 | | | , - | ., | | 0.64% |
| QUETIAPINE FUMARATE ANTIPSYCHOTIC AGENTS 1,142 \$ 18,716.89 \$ 16.39 0.59 MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 \$ 24,209.92 \$ 21.52 0.50 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.55 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.55 VENLAFAXINE HOL ER ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,042 \$ 11.37 0.50 VENLAFAXINE HOL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.55 RANITIDINE HOL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.55 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.55 | | | | | | 0.61% |
| MUPIROCIN ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) 1,125 24,209.92 \$ 21.52 0.56 ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.56 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,846.21 \$ 11.37 0.56 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.57 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.57 | | | , | , | | 0.59% |
| ESCITALOPRAM OXALATE ANTIDEPRESSANTS 1,053 \$ 10,663.09 \$ 10.13 0.58 LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 27,276.84 \$ 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,846.21 \$ 11.37 0.56 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.57 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.57 | | | | | | 0.58% |
| LEVETIRACETAM ANTICONVULSANTS, MISCELLANEOUS 1,042 27,276.84 26.18 0.56 TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 11,846.21 11.37 0.56 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 21,580.09 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 7,826.52 7.95 0.56 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 6,632.94 6.78 0.55 | | | , - | | | 0.55% |
| TOPIRAMATE ANTICONVULSANTS, MISCELLANEOUS 1,042 \$ 11,846.21 \$ 11.37 0.5 VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.5 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.5 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.5 | | | , | | | 0.54% |
| VENLAFAXINE HCL ER ANTIDEPRESSANTS 1,035 \$ 21,580.09 \$ 20.85 0.56 RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.56 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.56 | _ | | , - | , | | 0.54% |
| RANITIDINE HCL HISTAMINE H2-ANTAGONISTS 984 \$ 7,826.52 \$ 7.95 0.5 SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.5 | | | | | | 0.54% |
| SIMVASTATIN HMG-COA REDUCTASE INHIBITORS 979 \$ 6,632.94 \$ 6.78 0.5 | | | , | , , , , , , , | | 0.51% |
| | _ | | | | | 0.51% |
| TALPRAZOLAM IBENZODIAZEPINES (ANXIOLYTIC SEDATIVE/HYP) 1 979L\$ 6.606.41 L\$ 6.75 L 0.5 | ALPRAZOLAM | BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) | 979 | | | 0.51% |
| | | 22.1202.121 11120 (111110E1 110,020/1111111) | | T 1,000 | | 51.48% |

| Total Rx Claims | 192,636 |
|------------------------------|---------|
| From 07/01/2015 - 09/30/2015 | |

TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 07/01/2015 - 09/30/2015

| Drug | AUES Thoropoutio Class | Rx | | Paid | Paid/Rx | % Total Claims | % Total Cost |
|--------------------|---|-------|----|-------------|--------------|-------------------|-----------------|
| METHYLPHENIDATE ER | AHFS Therapeutic Class RESPIRATORY AND CNS STIMULANTS | 3,317 | Ф | 641,620.24 | \$ 193.43 | 1.72% | 4.00% |
| | AMPHETAMINES | 2,778 | | 583,000.00 | | 1.72% | 3.64% |
| | ANTIPSYCHOTIC AGENTS | 1,235 | | 572,533.94 | \$ 463.59 | 0.64% | 3.57% |
| | ANTIPSYCHOTIC AGENTS ANTIPSYCHOTIC AGENTS | 394 | | 345,501.27 | \$ 876.91 | 0.04% | 2.15% |
| | CENTRAL NERVOUS SYSTEM AGENTS, MISC. | 882 | | 291,686.88 | \$ 330.71 | 0.20% | 1.82% |
| | ANTICONVULSANTS, MISCELLANEOUS | | _ | 284,907.06 | \$ 378.36 | 0.46% | 1.78% |
| | ANTICONVOLSANTS, MISCELLANEOUS ANTIPSYCHOTIC AGENTS | 153 | | 248,653.99 | | 0.39% | 1.76% |
| | AMPHETAMINES | 2,001 | | | \$ 1,025.19 | 1.04% | 1.52% |
| | HCV ANTIVIRALS | 2,001 | \$ | | \$ 32,780.84 | 0.00% | 1.43% |
| | INSULINS | 540 | * | 224,595.23 | \$ 415.92 | 0.28% | 1.40% |
| | HCV ANTIVIRALS | | | 204,632.80 | | 0.20% | 1.28% |
| | INSULINS | 416 | | 200,173.00 | \$ 481.19 | 0.00% | 1.25% |
| | CORTICOSTEROIDS (RESPIRATORY TRACT) | 615 | | | | 0.22% | 1.23% |
| | DISEASE-MODIFYING ANTIRHEUMATIC AGENTS | 53 | | | | 0.32% | 1.24% |
| | RESPIRATORY AND CNS STIMULANTS | 908 | _ | 185,430.04 | \$ 204.22 | 0.03% | 1.22% |
| | MUCOLYTIC AGENTS | 58 | | | \$ 2,895.13 | 0.47% | 1.16% |
| | DISEASE-MODIFYING ANTIRHEUMATIC AGENTS | 53 | | 161,680.14 | | 0.03% | 1.03% |
| | PROTON-PUMP INHIBITORS | | _ | 160,323.60 | | 0.03% | 1.01% |
| | INSULINS | 411 | | 154,990.36 | | 0.21% | 0.97% |
| | CORTICOSTEROIDS (RESPIRATORY TRACT) | 776 | | 151,547.05 | | 0.40% | 0.95% |
| | HEMOSTATICS | 7 | \$ | 145,531.87 | \$20,790.27 | 0.00% | 0.91% |
| | IMMUNOMODULATORY AGENTS | | _ | 140,232.27 | \$ 5,393.55 | 0.00% | 0.87% |
| | HEMOSTATICS | | | | \$ 26.677.23 | 0.01% | 0.83% |
| | OPIATE AGONISTS | 5,723 | _ | 132,704.37 | \$ 23.19 | 2.97% | 0.83% |
| | ANTIPSYCHOTIC AGENTS | 114 | | | \$ 1,043.90 | 0.06% | 0.63% |
| | INSULINS | 260 | | 114,727.07 | \$ 441.26 | 0.13% | 0.74% |
| | OPIATE AGONISTS | 363 | | 114,727.07 | | 0.13% | 0.72% |
| | CENTRAL NERVOUS SYSTEM AGENTS, MISC. | | | 112,912.32 | | 0.01% | 0.70% |
| | INSULINS | 274 | | 109,186.35 | \$ 398.49 | 0.14% | 0.68% |
| | ANTIPSYCHOTIC AGENTS | 183 | | 104,843.60 | • | 0.09% | 0.65% |
| | BENZODIAZEPINES (ANTICONVULSANTS) | 124 | | | \$ 817.85 | 0.06% | 0.63% |
| | BETA-ADRENERGIC AGONISTS | 1,975 | | | \$ 50.98 | 1.03% | 0.63% |
| | ANTINEOPLASTIC AGENTS | | \$ | 98,062.91 | \$10,895.88 | 0.00% | 0.61% |
| | CORTICOSTEROIDS (RESPIRATORY TRACT) | 286 | | 92,169.47 | \$ 322.27 | 0.15% | 0.57% |
| | BETA-ADRENERGIC AGONISTS | 1,568 | _ | 87,998.58 | | 0.81% | 0.55% |
| | ALPHA- AND BETA-ADRENERGIC AGONISTS | 173 | | 85,020.63 | | 0.09% | 0.53% |
| | ANTINEOPLASTIC AGENTS | 7 | _ | 82,927.82 | \$11,846.83 | 0.00% | 0.52% |
| | HEMOSTATICS | 1 | \$ | 82,311.20 | \$82.311.20 | 0.00% | 0.51% |
| | CENTRAL NERVOUS SYSTEM AGENTS, MISC. | 1,829 | | 81,927.56 | \$ 44.79 | 0.95% | 0.51% |
| | PITUITARY | 26 | | | \$ 3,147.71 | 0.01% | 0.51% |
| | PITUITARY | 30 | | | \$ 2,688.99 | 0.02% | 0.50% |
| | IMMUNOMODULATORY AGENTS | 14 | | | \$ 5,746.40 | 0.01% | 0.50% |
| | ANTIMUSCARINICS/ANTISPASMODICS | 244 | \$ | 79.888.72 | \$ 327.41 | 0.13% | 0.50% |
| | DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS | 235 | | 77,494.67 | | 0.12% | 0.48% |
| | DIABETES MELLITUS | 543 | | 76,177.59 | | 0.28% | 0.48% |
| | PROTON-PUMP INHIBITORS | 290 | | 72,646.46 | | 0.15% | 0.45% |
| | LEUKOTRIENE MODIFIERS | 3,401 | | 70,021.37 | • | 1.77% | 0.44% |
| | ANTICONVULSANTS, MISCELLANEOUS | 111 | | 69,353.99 | | 0.06% | 0.43% |
| | RESPIRATORY AND CNS STIMULANTS | 247 | _ | 69,231.27 | | 0.13% | 0.43% |
| | ANTIBACTERIALS (EENT) | 380 | | 65,419.91 | | 0.20% | 0.41% |
| TOTAL TOP 50 | \ / | | _ | ,310,086.76 | | 17.77% | 51.83% |

| Total Rx Claims | 192,636 |
|------------------------------|-----------------|
| From 07/01/2015 - 09/30/2015 | |
| Total Rx Claims Cost | \$16,034,520.25 |
| From 07/01/2015 - 09/30/2015 | |

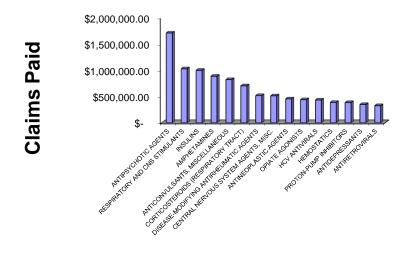
SOUTH DAKOTA MEDICAID Cost Management Analysis

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 07/01/2015 - 09/30/2015

| | | | | % Total | % Total |
|---------------------------------------|--------|-----------------|--------------|---------|---------|
| AHFS Therapeutic Class | Rx | Paid | Paid/Rx | Claims | Cost |
| ANTIPSYCHOTIC AGENTS | 6,397 | \$ 1,707,482.48 | \$ 266.92 | 3.32% | 10.65% |
| RESPIRATORY AND CNS STIMULANTS | 5,880 | \$ 1,029,140.44 | \$ 175.02 | 3.05% | 6.42% |
| INSULINS | 2,428 | \$ 1,000,438.79 | \$ 412.04 | 1.26% | 6.24% |
| AMPHETAMINES | 5,613 | \$ 887,892.65 | \$ 158.19 | 2.91% | 5.54% |
| ANTICONVULSANTS, MISCELLANEOUS | 9,103 | \$ 823,782.58 | \$ 90.50 | 4.73% | 5.14% |
| CORTICOSTEROIDS (RESPIRATORY TRACT) | 2,687 | \$ 704,128.35 | \$ 262.05 | 1.39% | 4.39% |
| DISEASE-MODIFYING ANTIRHEUMATIC AGENT | 171 | \$ 519,777.51 | \$ 3,039.63 | 0.09% | 3.24% |
| CENTRAL NERVOUS SYSTEM AGENTS, MISC. | 2,868 | \$ 513,529.69 | \$ 179.05 | 1.49% | 3.20% |
| ANTINEOPLASTIC AGENTS | 478 | \$ 454,525.70 | \$ 950.89 | 0.25% | 2.83% |
| OPIATE AGONISTS | 13,103 | \$ 440,400.01 | \$ 33.61 | 6.80% | 2.75% |
| HCV ANTIVIRALS | 15 | \$ 434,098.70 | \$ 28,939.91 | 0.01% | 2.71% |
| HEMOSTATICS | 28 | \$ 389,084.64 | \$ 13,895.88 | 0.01% | 2.43% |
| PROTON-PUMP INHIBITORS | 5,883 | \$ 385,850.02 | \$ 65.59 | 3.05% | 2.41% |
| ANTIDEPRESSANTS | 17,523 | \$ 348,012.09 | \$ 19.86 | 9.10% | 2.17% |
| ANTIRETROVIRALS | 259 | \$ 327,007.75 | \$ 1,262.58 | 0.13% | 2.04% |
| TOTAL TOP 15 | 72,436 | \$ 9,965,151.40 | \$ 137.57 | 37.60% | 62.15% |

| Total Rx Claims | 192,636 |
|------------------------------|-----------------|
| From 07/01/2015 - 09/30/2015 | |
| Total Rx Claims Cost | \$16,034,520.25 |
| From 07/01/2015 - 09/30/2015 | |

Top 15 Therapeutic Classes Based on Total Cost of Claims



SD Medicaid Drug Spend 2012 - 2015

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 | \$4,080,139.76 | \$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 | \$6,059,828.77 | \$5,587,701.56 | \$6,232,984.04 | \$5,875,536.95 | \$5,531,389.37 | \$4,840,508.32 | \$5,530,795.23 | \$5,565,691.43 | \$4,944,208.34 | \$5,190,960.78 | \$0.00 | \$0.00 | \$55,359,604.79 |
| Rx_Count | 75,401 | 70,153 | 77,448 | 74,554 | 67,710 | 57,937 | 68,133 | 66,675 | 57,830 | 65,920 | 0 | 0 | 681,761 |
| Average_Rx_Cost | \$80.37 | \$79.65 | \$80.48 | \$78.81 | \$81.69 | \$83.55 | \$81.18 | \$83.47 | \$85.50 | \$78.75 | \$0.00 | \$0.00 | \$81.35 |
| Recip_Count | 27,982 | 26,551 | 28,053 | 26,841 | 24,516 | 21,220 | 23,087 | 23,483 | 22,260 | 24,368 | 0 | 0 | |
| Recip_Average_Rx_Cost | \$216.56 | \$210.45 | \$222.19 | \$218.90 | \$225.62 | \$228.11 | \$239.56 | \$237.01 | \$222.11 | \$213.02 | \$0.00 | \$0.00 | \$223.35 |



PL Detail-Document #310944

-This PL Detail-Document gives subscribers additional insight related to the Recommendations published in-



PHARMACIST'S LETTER / PRESCRIBER'S LETTER

September 2015

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 |
|--------------------------------------|------------------------------------|---|---------------------------------------|
| (Manufacturer) | | | |
| Abilify | Aripiprazole tablet | Tablet: Apotex, Camber | Generic now available |
| (Otsuka) | | (Hetero), Teva, Torrent, Trigen (Alembic) | |
| Acova | Argatroban 100 mg/mL | Fresenius Kabi, Par | Generic now available |
| (Pfizer) | | | |
| AndroGel 1% | Testosterone | Perrigo | Generic now available |
| (AbbVie) | | | |
| Angiomax | Bivalirudin | Hospira | Generic now available |
| (Medicines Co) | | | |
| Atelvia | Risedronate delayed-release tablet | Teva | Generic now available |
| (Warner Chilcott) | | | |
| Axert | Almotriptan | Teva | Generic now available |
| (Ortho-McNeil-Janssen) | | | |
| Carac | Fluorouracil cream 0.5% | Spear | Generic now available |
| (Valeant) | | | |
| Copaxone | Glatiramer 20 mg/mL (Glatopa) | Sandoz | Generic now available |
| (Teva) | | | |
| Dibenzyline | Phenoxybenzamine | Roxane | Generic now available |
| (Wellspring) | | | |
| Edecrin | Ethacrynate sodium injection | Par | Generic now available |
| (Aton) | | | |
| Exforge HCT | Amlodipine/Valsartan/ | Lupin, Par, Teva, Torrent | Generic now available |
| (Novartis) | Hydrochlorothiazide | _ | |
| | | | |

| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|---|--|
| Femhrt (Warner Chilcott) | Ethinyl estradiol/norethindrone | Glenmark | Generic now available |
| Fusilev (Spectrum) | Levoleucovorin calcium injection 10 mg/mL (17.5 mL vial)(brand discontinued in this strength) | Sandoz | Generic now available |
| Generess Fe (Actavis) | Norethindrone, Ethinyl estradiol, Ferrous fumarate | Mylan | Generic now available |
| Kenalog (Ranbaxy) | Triamcinolone topical spray | Perrigo | Generic now available |
| Lamictal ODT (GlaxoSmithKline) | Lamotrigine orally disintegrating tablet | Global (Impax) | Generic now available |
| Lotronex (Prometheus) | Alosetron tablet | Roxane | Generic now available |
| Lybrel (Wyeth) | Levonorgestrel 0.09 mg/ethinyl estradiol 0.02 mg | Glenmark | Generic now available |
| Megace ES (Par) | Megestrol acetate oral suspension 125 mg/mL | TWi Pharmaceuticals | Generic now available |
| Methylin (Mallinckrodt) | Methylphenidate chewable tablet | Gavis (Novel) | Generic now available |
| Mirapex ER (Boehringer Ingelheim) | Pramipexole extended-release tablet | Par (Anchen) | Generic now available |
| Namenda (Forest) | Memantine tablet | Amneal, Dr. Reddy's, Lupin, Mylan, Sun, Upsher-Smith | Generic now available |
| Neupogen (Amgen) | Filgrastim (biosimilar ⁱ filgrastim-sndz [<i>Zarxio</i>]) | Sandoz | Now available (this product [<i>Zarxio</i>] is a new biosimilar, i not a generic). |
| Nexium (AstraZeneca) | Esomeprazole magnesium delayed- release capsule | Mylan, Teva (Ivax) | Generic now available |
| Protopic (Astellas) | Tacrolimus ointment | Fougera | Generic now available |
| Targretin (Eisai) | Bexarotene | Mylan | Generic now available |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|--|---------------------------------------|
| Testim (Auxilium) | Testosterone transdermal gel (Vogelxo) | Upsher-Smith | Generic now available |
| Zyvox (Pfizer) | Linezolid injection | Hospira, Teva | Generic now available |
| Zyvox (Pfizer) | Linezolid tablet | Teva | Generic now available |
| Abilify (Otsuka) | Aripiprazole orally disintegrating tablet | Alembic | Third quarter 2015 ¹⁰⁵ |
| Integrilin (Schering) | Eptifibatide | Teva | September 2015 |
| Emend (Merck) | Aprepitant capsule | Sandoz | Fourth quarter 2015 ¹¹³ |
| Namenda (Forest) | Memantine oral solution | Silarx | October 2015 |
| Asacol HD (Warner Chilcott) | Mesalamine delayed-release tablet | Zydus ^{f,90} | November 2015 ⁹⁰ |
| Avodart (GlaxoSmithKline) | Dutasteride | Actavis, Amneal, Apotex, Banner, Endo, Roxane, Sandoz, Teva | November 2015 |
| Frova (Endo) | Frovatriptan | Mylan | November 2015 |
| Jalyn (GlaxoSmithKline) | Dutasteride/Tamsulosin | Actavis, h,13 Anchen, Impax, h,13 Mylan h,13 | November 2015 ^d |
| Patanol (Alcon) | Olopatadine 0.1% ophthalmic solution | Actavis, Apotex, Sandoz, Wockhardt | December 2015 |
| Ritalin LA (Novartis) | Methylphenidate extended-release capsule | Actavis, Teva | December 2015 ^{e,38} |
| OxyContin (Purdue) | Oxycodone extended-release tablet (new formulation) | Impax, Mallinckrodt, Par, Teva | January 2016 ¹² |
| Gleevec (Novartis) | Imatinib | Apotex, Sun | February 2016 ²⁴ |
| Glumetza (Santarus) | Metformin extended-release tablet | Lupin, f,17 Sun | February 2016 ¹⁷ |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|---|---|--|--|
| Enablex (Novartis) | Darifenacin | Anchen | March 2016 ⁹⁷ |
| Epzicom (GlaxoSmithKline) | Abacavir sulfate/Lamivudine | Tablet: Aurobindo, Cipla, Hetero, Matrix, Mylan, Teva Tablet for Suspension: Cipla, Mylan | March 2016 ⁹⁷ |
| Crestor (AstraZeneca) | Rosuvastatin calcium | Actavis, Apotex, Aurobindo, Glenmark, Mylan, Par, Sandoz, Sun, Teva, Torrent | May 2016 ²⁶ |
| Lantus (Sanofi-Aventis) | Insulin glargine | Eli Lilly/Boehringer Ingelheim | Mid-2016 ¹⁰⁹ (This product will be a new brand of insulin glargine [<i>Basaglar</i>], not a generic.) |
| Cubicin (Cubist) | Daptomycin | Hospira, Teva ^{f,69} | June 2016 ¹⁹ |
| Nuvigil (Teva) | Armodafinil | Actavis, Apotex, Breckenridge, Lupin, Mylan, Teva | June 2016 ³¹ |
| Zegerid/Zegerid OTC (Salix) | Omeprazole/Sodium bicarbonate capsule and oral suspension | Par (capsule), Perrigo (capsule) | July 2016 ²⁴ |
| Ziana (Medicis) | Clindamycin phosphate 1.2%/ Tretinoin 0.025% | Actavis | July 2016 ² |
| Tygacil (Wyeth) | Tigecycline injection | Sandoz | 4 th quarter 2016 ¹¹³ |
| Azor (Daiichi Sankyo) | Olmesartan/Amlodipine | Torrent | October 2016 |
| Benicar/Benicar HCT (Daiichi Sankyo) | Olmesartan/Olmesartan HCTZ | Olmesartan: Mylan, Sandoz, Teva Olmesartan HCTZ: Mylan, Teva | October 2016 ²⁴ |
| Seroquel XR (AstraZeneca) | Quetiapine extended-release tablet | Accord, Handa, Lupin, f,43 Mylan, Osmotica, f,53 Torrent,53 | November 2016 ⁷⁴ |
| Kaletra (Abbott) | Lopinavir/Ritonavir | <u>Tablet</u> : Aurobindo, Cipla, Hetero, Matrix, Mylan <u>Oral solution</u> : Cipla | December 2016 ^{9,36} |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|--|--|
| ProAir HFA (Teva) | Albuterol | Perrigo, f,34 Catalent f,34 | December 2016 ³⁴ |
| Relpax (Pfizer) | Eletriptan | Apotex, Teva | December 2016 ⁹⁷ |
| Aggrenox (Boehringer Ingelheim) | Aspirin/Dipyridamole | Barr | January 2017 (note: authorized generics now available) |
| Revatio (Pfizer) | Sildenafil injection | Aurobindo | January 2017 |
| Azilect (Teva) | Rasagiline mesylate tablet | Actavis, f,30 Alkem, Apotex, Mylan, Orchid, f,30 Sandoz f,30 | February 2017 ³⁰ |
| Vytorin (Merck) | Ezetimibe/Simvastatin | Mylan | April 2017 ²⁸ |
| Zetia (Merck) | Ezetimibe | Mylan | April 2017 ²⁸ |
| Strattera (Lilly) | Atomoxetine | Actavis, f.29 Apotex, Aurobindo, Dr. Reddy's, Glenmark, Mylan, Sandoz, Sun, Tevaf,29 | May 2017 |
| Metozolv (Salix) | Metoclopramide orally disintegrating tablet | Novel | July 2017 |
| Reyataz (Bristol-Myers Squibb) | Atazanavir | Aurobindo, Emcure, Matrix, Teva | July 2017 ⁵² |
| Nasonex (Merck) | Mometasone | Apotex, h,111, Tevah,96 | October 2017 ⁹⁶ |
| Sustiva (Bristol-Myers Squibb) | Efavirenz | Tablet: Aurobindo, Cipla, Emcure, Hetero, Macleods, Matrix, Micro Labs, Par, Strides Arcolab Capsule: Aurobindo, Cipla, Micro Labs | December 2017 ²⁴ |
| Viagra (Pfizer) | Sildenafil | Actavis, Amneal, Apotex, Aurobindo, Dr. Reddy's, Hetero, Macleods, Mylan, Teva | December 2017 ^{91,92} |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|---|---------------------------------------|
| Viread (Gilead) | Tenofovir disoproxil fumarate | Aurobindo, Cipla, InvaGen, Lupin, Macleods, Matrix, Strides Arcolab, Teva | December 2017 ⁸ |
| Treximet (Pozen) | Sumatriptan/Naproxen | Alphapharm, f,102 Dr. Reddy's, Mylan, Par, Teva ^{f,102} | February 2018 ¹⁰² |
| Sensipar (Amgen) | Cinacalcet tablet | Teva | March 2018 ⁵¹ |
| Acanya (Valeant) | Benzoyl peroxide/Clindamycin phosphate | Actavis | July 2018 ⁸⁷ |
| Atripla (Gilead) | Efavirenz/Emtricitabine/Tenofovir disoproxil fumarate | Aurobindo, Cipla, Emcure, Hetero, Macleods, Matrix, Teva | August 2018 ^{e,68} |
| Aloxi (Eisai) | Palonosetron injection | Dr. Reddy's, Sandoz, Teva | September 2018 ⁷⁸ |
| Fentora (Cephalon) | Fentanyl citrate buccal/sublingual tablet | Actavis, f,72 Teva, f,56 Impax f,57 | October 2018 ⁵⁶ |
| Levitra (GlaxoSmithKline) | Vardenafil tablet | Macleods, Teva | October 2018 ¹⁰ |
| Staxyn (Bayer) | Vardenafil orally disintegrating tablet | Actavis, Par ^{h,40} | October 2018 ^{d,40} |
| Vesicare (Astellas) | Solifenacin succinate | Actavis, Teva | October 2018 ²⁰ |
| Fortesta (Endo) | Testosterone gel | Actavis | November 2018 ^{d,65} |
| Lyrica (Pfizer) | Pregabalin | Capsule: Actavis, Alembic, Apotex, Lupin, Mylan, Sandoz, Teva, Wockhardt Oral solution: Apotex, Lupin | December 2018 ⁵⁰ |
| Exelon (Novartis) | Rivastigmine transdermal patch | Alvogen, Actavis, h.66 Novenh.64 | January 2019 ^d |
| Ranexa (Gilead) | Ranolazine | Lupin | February 2019 ⁸¹ |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|--|---------------------------------------|
| AzaSite (InSite Vision) | Azithromycin 1% ophthalmic solution | Mylan, h,16 Sandoz | March 2019 ^{d,16} |
| Emend (Merck) | Fosaprepitant injection | Accord, h,35 Sandoz | March 2019 ^{d,35} |
| Tarceva (OSI) | Erlotinib tablet | Mylan | May 2019 ⁷³ |
| Uloric (Takeda) | Febuxostat | Mylan, h,89 Roxane, h,106 | June 2019 ^{d,106} |
| Factive (Cornerstone) | Gemifloxacin tablet | Orchid | September 2019 ^{d,42} |
| Prezista (Janssen) | Darunavir tablet | Hetero, Lupin, Mylan, Teva | December 2019 ^{d,79} |
| Silenor (Somaxon) | Doxepin | Actavis, Mylan, Par, Zydus | January 2020 ³⁹ |
| Vigamox (Alcon) | Moxifloxacin ophthalmic | Actavis, Akorn, Apotex, Lupin, Teva | March 2020 ^{d,6} |
| Safyral (Bayer) | Drospirenone/Ethinyl estradiol/Levomefolate calcium | Actavis | April 2020 ^{d,46} |
| Chantix (Pfizer) | Varenicline | Apotex, Mylan, Teva | May 2020 ^{d,49} |
| Dexilant (Takeda) | Dexlansoprazole | Par, TWi ^{f,93} | June 2020 ¹⁰⁴ |
| Lialda (Shire) | Mesalamine delayed-release tablet | Zydus ^{h,76} | June 2020 ^d |
| Lescol XL (Novartis) | Fluvastatin extended-release | Mylan, Par, Teva | October 2020 ^{d,42} |
| Adcirca (Lilly) | Tadalafil | Synthon | November 2020 ^{d,18} |
| Sutent (Pfizer) | Sunitinib | Mylan | February 2021 |
| Absorica (Ranbaxy) | Isotretinoin | Actavis ^{h,88} | September 2021 ^d |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|--|--|---------------------------------------|
| Bystolic (Forest) | Nebivolol | Actavis, f,67 Alkem, f,67 Amerigen, f,67 Glenmark, f,63 Hetero, f,67 Indchemie, f,67 Torrent,67 | September 2021 ⁶³ |
| Emtriva (Gilead) | Emtricitabine | Aurobindo, Cipla, Matrix | September 2021 ^{d,4} |
| Truvada (Gilead) | Emtricitabine/Tenofovir disoproxil fumarate | Aurobindo, Cipla, Hetero, Matrix, Strides Arcolab, Teva | September 2021 ^{d,21} |
| Pristiq (Wyeth) | Desvenlafaxine succinate extended- release tablet | Actavis, h,33 Alembic, Achen, h,33 Apotex, h,33 Breckenridge, h,33 Mylan, Lupin, Roxane, h,33 Sandoz, Teva, h,33 Wockhardt, Lydus, 2ydus, 13 | March 2022 ^{d,33} |
| Vimpat (UCB) | Lacosamide | Tablet: Accord, Actavis, Alembic, Amneal, Aurobindo Oral solution: Amneal, Apotex | March 2022 ^{d,5} |
| Alimta (Lilly) | Pemetrexed | Hospira | May 2022 |
| Vimovo (AstraZeneca) | Naproxen/Esomeprazole magnesium delayed-release tablet | Actavis, h,77 Anchen, h,77 Dr. Reddy's, Lupin, h,77 Mylan h,77 | May 2022 ^{d,77} |
| Januvia (Merck) | Sitagliptin | Actavis, Apotex, Mylan, Sandoz, Sun, Teva | July 2022 ^{d,42,48} |
| Toviaz (Pfizer) | Fesoterodine extended-release tablet | Actavis, Accord, Alembic, Alkem, Anneal, Amerigen, Cadila, Alembic, Cadila, Anneal, Amerigen, Cadila, Anneal, Amerigen, Cadila, Anneal, Anneal, Sandoz, Sun, Wockhardt, Anneal, Anneal | July 2022 ^{d,82} |
| Selzentry (Pfizer) | Maraviroc | Hetero, Sandoz | November 2022 ^{d,42} |
| Xyrem (Jazz) | Sodium oxybate | Amneal, h,7 Par, h,7 Roxane h,7 | December 2022 ^{d,7} |
| Banzel (Eisai) | Rufinamide | Glenmark, Hetero, h.80 Lupin, h.80 Mylan, Roxane | May 2023 ^{d,80} |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---|---|---------------------------------------|
| Vyvanse (Shire) | Lisdexamfetamine | Amneal, Mylan, Roxane, Sandoz | June 2023 ^{d,55} |
| Gralise (Depomed) | Gabapentin | Actavis, Incepta, f,98 Zydus f,98 | January 2024 ^{62,98} |
| Pataday (Alcon) | Olopatadine 0.2% ophthalmic solution | Actavis, Apotex, Teva, Wockhardt ^{h,100} | May 2024 ^{d,100,101} |
| Norvir (Ritonavir) | Ritonavir 100 mg tablet | Cipla, Mylan, h.25 Hetero, h.25 Roxane | February 2025 ^{d,25} |
| Nucynta (Janssen) | Tapentadol tablet | Actavis, Roxane | June 2025 ^{d,42} |
| Natazia (Bayer) | Dienogest/estradiol valerate | Actavis, h,32 Lupinh,61 | May 2026 ^{d,32,61} |
| Aplenzin (Biovail) | Bupropion hydrobromide extended- release tablet | Actavis, Paddock ^{h,83} | June 2026 ^d |
| Nuedexta (Avanir) | Dextromethorphan/Quinidine | Par, Sandoz, f,103 Wockhardt f,85 | July 2026 ^{85,103} |
| AndroGel 1.62% (AbbVie) | Testosterone | Perrigo ^{h,58} | October 2026 ^d |
| Solodyn (Medicis) | Minocycline extended-release tablet 55 mg, 65 mg, 80 mg, 105 mg, 115 mg | Aurobindo, Mylan, Sandoz, Sun, Teva | March 2027 ^{d,42} |
| Ampyra (Acorda) | Dalfampridine | Accord, h,75 Actavis, h,75 Aurobindo, h,75 Roxane, h,75 Alkem, h,75 Mylanh,75 | May 2027 ^{d,75} |
| Lumigan (Allergan) | Bimatoprost ophthalmic solution 0.01% | Apotex, Sandoz | June 2027 |
| Axiron (Eli Lilly) | Testosterone transdermal solution | Actavis, Perrigo ^{h,112} | September 2027 ^d |
| Oracea (Galderma) | Doxycycline | Lupin, Mylan | December 2027 ^{d,110} |
| Janumet (Merck) | Sitagliptin/Metformin | Anchen, Apotex, Sandoz | July 2028 ^{d,42} |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|--|---|---------------------------------------|
| Nucynta ER | Tapentadol extended-release tablet | Actavis | September 2028 ^{d,42} |
| (Janssen) | | h 99 | N 1 2020d 99 |
| Onglyza C. 111 | Saxagliptin | Actavis ^{h,99} | November 2028 ^{d,99} |
| (Bristol-Myers Squibb) | 771 1 1 101 111 | h h h h h h h h 95 x . f 95 | F 1 2020d 95 |
| Lo Loestrin Fe | Ethinyl estradiol/Norethindrone | Actavis, h,11 Amneal, h,95 Lupin f,95 | February 2029 ^{d,95} |
| (Actavis) | acetate/Ferrous fumarate | | |
| Isentress | Raltegravir tablet | Hetero | March 2029 ^{d,42} |
| (Merck) | | | 4.42 |
| Remodulin | Treprostinil injection | Sandoz | March 2029 ^{d,42} |
| (United Therapeutics) | | | |
| Moxeza | Moxifloxacin ophthalmic solution | Lupin | May 2029 ^{d,42} |
| (Alcon) | | | |
| Qsymia | Phentermine/Topiramate extended- | Actavis ^{h,41} | June 2029 ^{d,41} |
| (Vivus) | release capsule | | |
| Intermezzo | Zolpidem sublingual tablet | Novel | August 2029 ^{d,42} |
| (Purdue) | | | |
| Savella | Milnacipran | Amneal, Mylan | September 2029 ^{d,14} |
| (Cypress) | | • | |
| Travatan Z | Travoprost 0.004% ophthalmic solution | Apotex | October 2029 ^{d,42} |
| (Alcon) | The state of the s | r · · · | |
| Contrave | Bupropion/Naloxone sustained release | Actavis ^{h,114} | February 2030 ^d |
| (Orexigen) | tablet | | |
| Suboxone | Buprenorphine/Naloxone sublingual film | Actavis ^{h,86} | March 2030 ^{d,86} |
| (Reckitt Benckiser) | | | |
| Copaxone | Glatiramer 40 mg/mL | Dr. Reddy's, h,94 Mylan, h,70 | August 2030 ^d |
| (Teva) | | Momenta, h,70 Sandozh,70 | 1108000 2000 |
| Jevtana | Cabazitaxel | Accord, Actavis, Breckenridge ^{h,54} | October 2030 ^d |
| (Sanofi Aventis) | CubuzituACi | riceord, rictavis, Breekeiniage | Setobel 2030 |
| Zubsolv | Buprenorphine/Naloxone sublingual | Actavis ^{h,84} | September 2032 ^d |
| (Orexo) | tablet | 100013 | September 2032 |
| Advicor | Lovastatin/Niacin | Teva ^{f,107} | Uncertain ⁹⁷ |
| (Abbott) | Lovastatiii/iviaciii | 1014 | Oncortain |
| (AUUUII) | | | |





| Brand ^a (Manufacturer) | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|--------------------------------------|---------------------------------------|--|---------------------------------------|
| Alocril | Nedocromil ophthalmic | Akorn | Uncertain ^g |
| (Allergan) | | | |
| Atralin | Tretinoin gel 0.05% | Spear | Uncertain ^g |
| (Coria) | | | |
| Avandamet | Rosiglitazone/Metformin (brand | Teva | Uncertain ²⁷ |
| (SB Pharmco) | discontinued) | | |
| Avandaryl | Rosiglitazone/Glimepiride (brand | Teva | Uncertain ²⁷ |
| (SB Pharmco) | discontinued) | | |
| Avandia | Rosiglitazone | Actavis, Dr. Reddy's, Mylan, | Uncertain ²⁷ |
| (SB Pharmco) | | Roxane, Sandoz, Teva, West- | |
| | | ward (Hikma) | |
| CellCept | Mycophenolate mofetil hydrochloride | Bedford Labs | Uncertain ^g |
| (Roche Palo) | injection | | |
| CellCept | Mycophenolate mofetil oral suspension | Alkem | Uncertain ^g |
| (Roche Palo) | | | |
| Exalgo | Hydromorphone extended-release tablet | Actavis ^{f,3} | Uncertain ^g |
| (Mallinckrodt) | 32 mg | | |
| Exelon | Rivastigmine oral solution | Ranbaxy | Uncertain ^g |
| (Novartis) | | | |
| Glyset | Miglitol tablets | Orient | Uncertain ^g |
| (Pharmacia & Upjohn) | | | |
| Învega | Paliperidone extended-release tablet | Actavis | Uncertain ^g |
| (Janssen) | | | |
| Latisse | Bimatoprost 0.03% | Apotex | Uncertain ⁴⁵ |
| (Allergan) | ^ | • | |
| Oxytrol | Oxybutynin transdermal patch | Teva | Uncertain ^{37,44} |
| (Actavis) | | | |
| Prandimet | Repaglinide/metformin tablet | Lupin | Uncertain ^g |
| (Novo Nordisk) | | • | |
| Renagel | Sevelamer hydrochloride (oral | Impax ^{f,15} | Uncertain |
| (Genzyme) | suspension) | ^ | |
| · · | | | |





| Brand ^a | Generic Name | Generic Manufacturer(s) ^{b,1} | Anticipated Availability ^c |
|-----------------------------|---|---|---------------------------------------|
| (Manufacturer) | | | |
| Renvela (Genzyme) | Sevelamer carbonate (oral suspension) | Impax ^{f,15} | Uncertain |
| Rezira (Hawthorn) | Hydrocodone/pseudoephedrine oral solution | Tris Pharma, Paddock (Perrigo) | Uncertain ^g |
| Sarafem (Warner Chilcott) | Fluoxetine tablet | Teva | Uncertain ^g |
| Welchol (Daiichi Sankyo) | Colesevelam tablet and oral suspension | Impax, f,22 Actavis, h,23,71 Glenmark f,59 | Uncertain ^{22,59} |
| Zyvox (Pfizer) | Linezolid oral suspension | Roxane | Uncertain ^{g,47} |

- This list is not all-inclusive.
- b. Current through August 2015. These are manufacturers with either approval or tentative approval to market the generic version of the drug unless otherwise noted. For drugs already available, manufacturers with tentative approval are not listed.
- c. Generic availability is subject to change as a result of litigations and patent exclusivities.
- d. Patent challenge filed; availability may be sooner than patent expiration date.
- e. Generic manufacturer has settled patent litigation with the brand manufacturer. Generic availability may be sooner than patent expiration date.
- f. Generic manufacturer has not received approval or tentative approval from the FDA, but has settled patent litigation with the brand manufacturer.
- g. Patents have expired; however, generics are not yet available.
- h. Generic manufacturer has not received approval or tentative approval from the FDA, but has filed patent challenge.
- i. A biosimilar is not a generic. Biosimilars and their reference product are complex biologic medicines that originate in living organisms. A biosimilar is not the exact duplicate of the reference biologic, but is very similar and is expected to have the same efficacy and safety for its approved indications.⁶⁰

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

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- 114.Anon. Orexigen announces receipt of paragraph IV certification notice. April 22, 2015. http://www.prnewswire.com/news-releases/orexigen-announces-receipt-of-paragraph-iv-certification-notice-300070030.html. (Accessed August 29, 2015).

Cite this document as follows: PL Detail-Document, Anticipated Availability of First-Time Generics. Pharmacist's Letter/Prescriber's Letter. September 2015.



Evidence and Recommendations You Can Trust...



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ORKAMBI 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 Orkambi must meet the following criteria:

- Must be used for treatment of cystic fibrosis, and
- Must be 12 years of age or older with laboratory confirmation of homozygous F508del mutation in the CFTR (cystic fibrosis transmembrane regulator) gene.

| Part I: RECIPIENT INFORMATION | ON (To be completed by physician's representa | ative or pharmacy): | |
|---|---|--|--|
| RECIPIENT NAME: | MEDICAID ID NUMBER: | RECIPIENT DATE OF BIRTH | |
| Part II: PHYSICIAN INFORMATION | DN (To be completed by physician's representa | ative 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: | Laboratory confirmation of homozygous F508del mutation in the CFTR gene: | |
| | | □ YES □ NO | |
| PHYSICIAN SIGNATURE: | | DATE: | |
| Part IV: PHARMACY INFORMA | TION | | |
| PHARMACY NAME: | | SD MEDICAID PROVIDER NUMBER: | |
| PHONE: (): | | FAX:: () | |
| DRUG: | | NDC#: | |
| Part V: FOR OFFICIAL USE ON | LY | , | |
| Date: | l l | Initials: | |
| Approved - Effective dates of PA: From: | 1 1 | To: / / | |
| Denied: (Reasons) | | | |



CHRONIC CONSTIPATION 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 for Amitiza, Movantik, or Linzess must meet the following criteria:

- Must be used for treatment of chronic idiopathic constipation, IBS with constipation, or opioid-induced constipation in patients being treated for chronic, non-cancer pain.
- Must be 18 years of age or older.
- Polyethylene glycol (e.g., Miralax) and lactulose do not require a prior authorization.

| Part I: RECIPIENT INFORMAT | ION (To be completed by physician's repres | esentative or pharmacy): |
|--|---|---|
| RECIPIENT NAME: | MEDICAID ID NUMBER: | RECIPIENT DATE OF BIRTH |
| | | |
| Dark III. DUVEICIAN INFORMAT | ION (To be completed by physician's repre | |
| PHYSICIAN INFORMAT | ION (To be completed by physician's repre PHYSICIAN DEA NUMBER | sentative or pnarmacy): R: |
| | | |
| CITY: | PHONE: () | FAX: () |
| | | |
| Part III: TO BE COMPLETED B | Y PHYSICIAN: | <u> </u> |
| Requested Drug: | Diagnosis for this Request: | Failed medications (please list all that apply) |
| | | |
| | | |
| | | |
| DUMOIOIANI CIONIATUDE. | | DATE |
| PHYSICIAN SIGNATURE: | | DATE: |
| | | |
| Part IV: PHARMACY INFORMA | ATION | |
| PHARMACY NAME: | | SD MEDICAID PROVIDER NUMBER: |
| | | I NOVIDEN NOWIDEN. |
| PHONE: (): | | FAX:: () |
| 22/10 | | NDO# |
| DRUG: | | NDC#: |
| Part V: FOR OFFICIAL USE O | ui V | |
| FAIL V. TOR OFFICIAL SOL SI | VL I | |
| Date: | 1 | Initials: |
| Approved - | | - |
| Effective dates of PA: From: Denied: (Reasons) | | To: / / |



VIBERZI 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 Viberzi must meet the following criteria:

- Must be used for treatment of irritable bowel syndrome with diarrhea (IBS-D).
- Must be 18 years of age or older.
- Loperamide and dicyclomine do not require prior authorization.

| RECIPIENT NAME: | MEDICAID ID NUMBER: | RECIPIENT DATE OF BIRTH |
|---|--|---|
| | | |
| Part II: PHYSICIAN INFORM | ATION (To be completed by physician's repr | esentative or pharmacy): |
| PHYSICIAN NAME: | PHYSICIAN DEA NUMBE | R: |
| CITY: | PHONE: () | FAX: () |
| Part III: TO BE COMPLETED | BY PHYSICIAN: | I |
| Requested Drug: | Diagnosis for this Request: | Failed medications (please list all that apply) |
| | | |
| | | |
| | | |
| PHYSICIAN SIGNATURE: | | DATE: |
| | | |
| | | |
| Part IV: PHARMACY INFOR | MATION | |
| PHARMACY NAME: | | SD MEDICAID PROVIDER NUMBER: |
| PHONE: (): | | FAX:: () |
| | | |
| DRUG: | | NDC#: |
| Part V: FOR OFFICIAL USE | ONLY | I |
| | | |
| Date: | / / | Initials: |
| Approved - Effective dates of PA: From | m: / | To: / / |



PCSK9 INHIBITORS 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 a PCSK9 inhibitor must meet the following criteria:

- Diagnosis of HeFH, HoFH, or clinical atherosclerotic cardiovascular disease with supporting documentation.
- Must be 18 years of age or older for the diagnosis of HeFH or clinical atherosclerotic cardiovascular disease or must be 13 years of age
 or older for the diagnosis of HoFH.
- Must be on high dose statin therapy for at least 3 months.

| Part I: RECIPIENT INFORMATION | N (To be comp | leted by physician's representat | tive or | pharmacy): |
|--------------------------------|----------------|-----------------------------------|---------|---------------------------------|
| RECIPIENT NAME: | | MEDICAID ID NUMBER: | | RECIPIENT DATE OF BIRTH |
| | | | | |
| | | | | |
| | | | | |
| Part II: PHYSICIAN INFORMATION | N (To be comp | leted by physician's representa | tive or | pharmacy): |
| PHYSICIAN NAME: | | PHYSICIAN DEA NUMBER: | | SPECIALIST INVOLVED IN THERAPY: |
| | | | | |
| | | | | |
| CITY: | | PHONE: () | | FAX: () |
| | | | | |
| | | | | |
| Part III: TO BE COMPLETED BY F | PHYSICIAN: | | | |
| Requested Drug: | Diagnosis for | r this Request: | | |
| | | | | |
| | Provide supp | orting documentation of diagnosis | s: | |
| | | | | |
| | Current statir | n therapy: | | |
| | | | | |
| | Mambar'a ba | seline LDL-C Current LDI | | Cool I DI C: |
| | Welliber's ba | seille LDL-C Current LDI | L-U | Goal LDL-C |
| | | | | |
| DUNGIGIANI GIONIATURE: | | | | - - |
| PHYSICIAN SIGNATURE: | | | DATE | :: |
| | | | | |
| | | | | |
| | | | | |
| Part IV: PHARMACY INFORMATI | ON | | | |
| PHARMACY NAME: | | | | SD MEDICAID PROVIDER NUMBER: |
| | | | | PROVIDER NOWIBER. |
| | | | | |
| PHONE: () | | | | FAX: () |
| DRUG: | | | NDC#: | |
| Divide. | | | | NDO#. |
| Part V: FOR OFFICIAL USE ONL | Y | | | |
| Data | , | | | Initiala |
| Date: / | / | | | Initials: |
| Approved - | | | | |
| Effective dates of PA: From: | / | 1 | | To: / / |
| Denied: (Reasons) | | | | |
| | | | | |

South Dakota Medicaid

Antipsychotic PA Review

Antipsychotic PA Overview July 2015

253 APPROVALS 371 DENIALS

Review of 371 denials:

326 ultimately approved for original drug requested (appeal process with additional documentation provided by the prescriber)

45 prior authorizations ultimately not approved

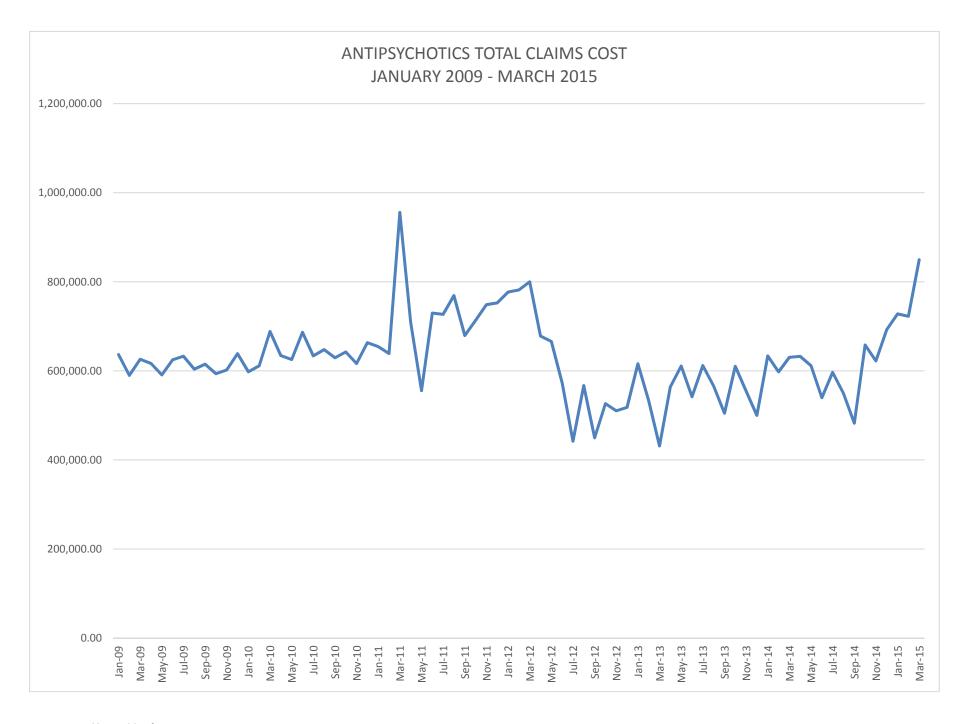
19 patients had eligibility issues

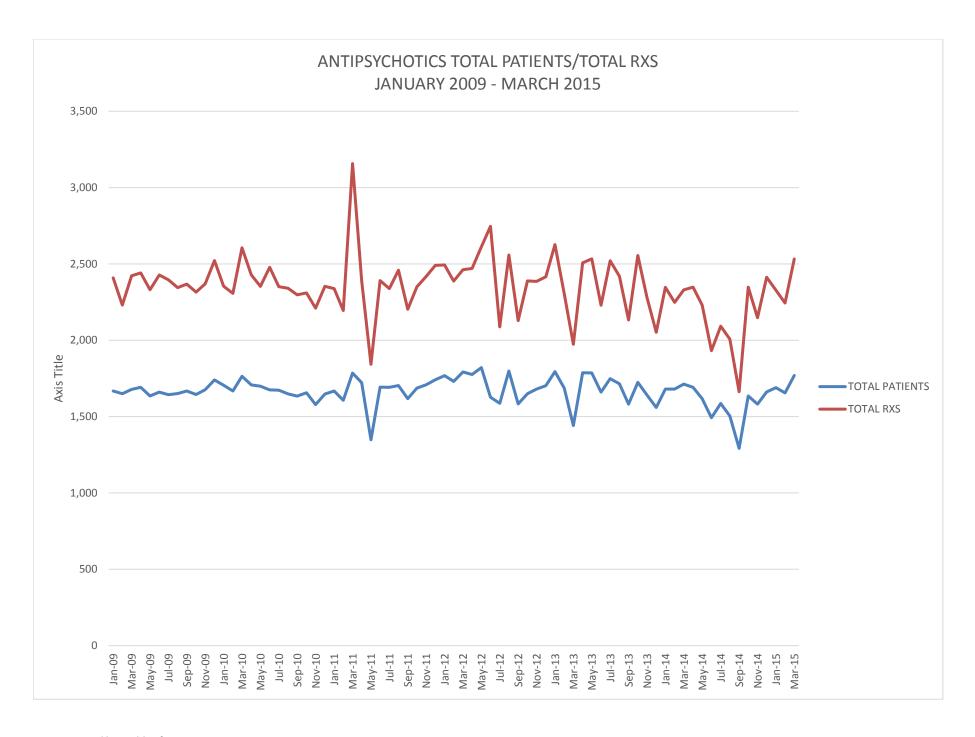
12 patients switched to preferred antidepressant

12 patients didn't fill anything

1 patient on a different antipsychotic than the one requested

1 patient on 2 other antipsychotics than the one requested





| SD Medicaid PPI Utilization | | | | |
|--------------------------------|---------------------|-----------------|---------------------|--|
| | 10/29/14 - 10/28/15 | | | |
| Label Name | Rx Num | Total Reimb Amt | Avg Cost per Script | |
| ACIPHEX DR 20 MG TABLET | 3 | \$1,244.51 | \$414.84 | |
| ACIPHEX SPRINKLE DR 10 MG CAP | 22 | \$10,674.97 | \$485.23 | |
| ACIPHEX SPRINKLE DR 5 MG CAP | 2 | \$544.57 | \$272.29 | |
| DEXILANT DR 30 MG CAPSULE | 132 | \$27,523.94 | \$208.51 | |
| DEXILANT DR 60 MG CAPSULE | 549 | \$115,781.64 | \$210.90 | |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 114 | \$26,943.20 | \$236.34 | |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 636 | \$161,306.26 | \$253.63 | |
| FIRST-LANSOPRAZOLE 3 MG/ML | 2 | \$122.60 | \$61.30 | |
| FIRST-OMEPRAZOLE 2 MG/ML SUSP | 23 | \$1,363.30 | \$59.27 | |
| LANSOPRAZOLE DR 15 MG CAPSULE | 428 | \$15,520.42 | \$36.26 | |
| LANSOPRAZOLE DR 30 MG CAPSULE | 1948 | \$55,995.71 | \$28.75 | |
| NEXIUM DR 10 MG PACKET | 152 | \$42,299.73 | \$278.29 | |
| NEXIUM DR 20 MG CAPSULE | 181 | \$42,857.81 | \$236.78 | |
| NEXIUM DR 40 MG CAPSULE | 700 | \$209,466.59 | \$299.24 | |
| NEXIUM DR 5 MG PACKET | 13 | \$2,446.32 | \$188.18 | |
| OMEPRAZOLE DR 10 MG CAPSULE | 237 | \$3,633.94 | \$15.33 | |
| OMEPRAZOLE DR 20 MG CAPSULE | 11886 | \$122,849.13 | \$10.34 | |
| OMEPRAZOLE DR 40 MG CAPSULE | 3725 | \$55,592.71 | \$14.92 | |
| OMEPRAZOLE-BICARB 40-1,100 CAP | 11 | \$3,473.80 | \$315.80 | |
| PANTOPRAZOLE SOD DR 20 MG TAB | 148 | \$1,207.79 | \$8.16 | |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1546 | \$15,285.14 | \$9.89 | |
| PREVACID 15 MG SOLUTAB | 1390 | \$443,120.22 | \$318.79 | |
| PREVACID 30 MG SOLUTAB | 634 | \$259,242.83 | \$408.90 | |
| PREVACID DR 30 MG CAPSULE | 20 | \$6,711.50 | \$335.58 | |
| PRILOSEC DR 10 MG SUSPENSION | 9 | \$2,414.40 | \$268.27 | |
| PRILOSEC DR 2.5 MG SUSPENSION | 7 | \$1,300.14 | \$185.73 | |
| PRILOSEC DR 20 MG CAPSULE | 1 | \$9.47 | \$9.47 | |
| PROTONIX 40 MG SUSPENSION | 2 | \$531.78 | \$265.89 | |
| RABEPRAZOLE SOD DR 20 MG TAB | 394 | \$12,510.25 | \$31.75 | |
| 5,324 recipients | 24915 | \$1,641,974.67 | | |

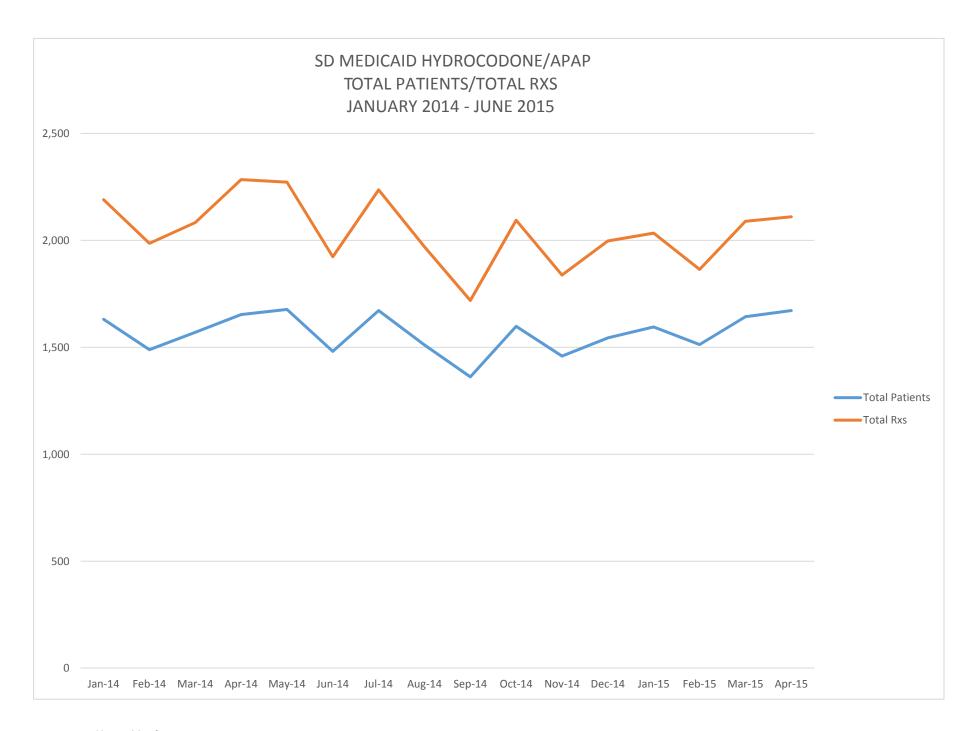
| PPI Summary by Age | | | | |
|---------------------|-------------|--|--|--|
| Age | Recip Count | | | |
| 0-5 | 411 | | | |
| 6-10 | 368 | | | |
| 11-15 | 522 | | | |
| 16-20 | 630 | | | |
| 21-25 | 283 | | | |
| 26-30 | 401 | | | |
| 31-35 | 454 | | | |
| 36-40 | 429 | | | |
| 41-45 | 365 | | | |
| 46-50 | 342 | | | |
| 51-55 | 404 | | | |
| 56-60 | 374 | | | |
| 61+ | 341 | | | |
| 90% Soltab use ≤ 13 | | | | |

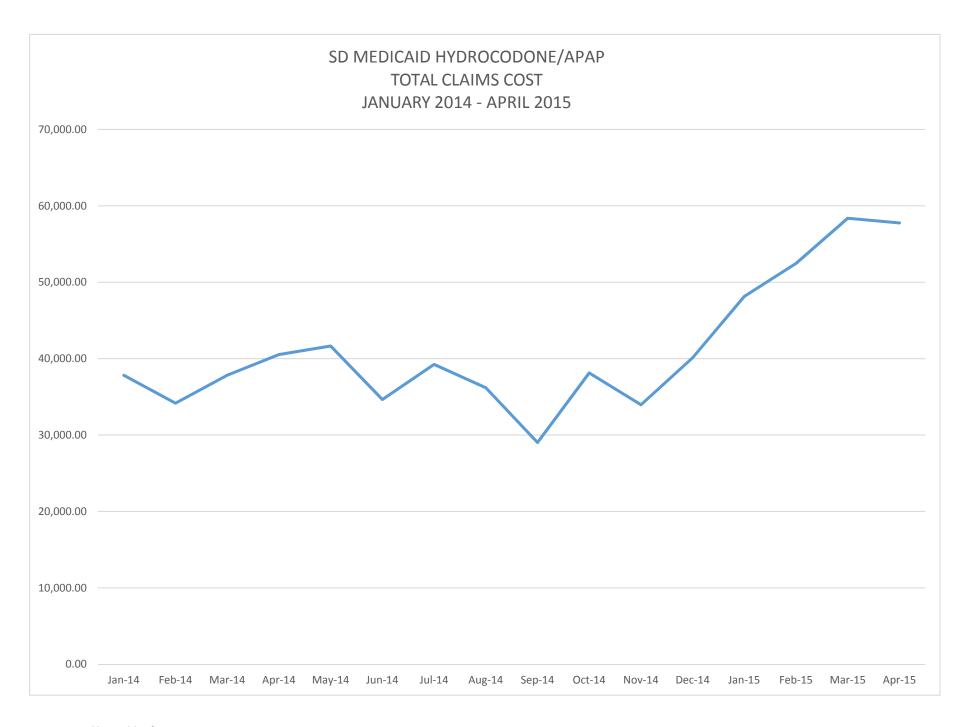
| SD Medicaid Enbrel/Humira Utilization | | | | | | |
|---------------------------------------|--------|-----------------|---------------------|--|--|--|
| 10/29/14 - 10/28/15 | | | | | | |
| Label Name | Rx Num | Total Reimb Amt | Avg Cost per Script | | | |
| HUMIRA 40 MG/0.8 ML SYRINGE | 40 | \$138,626.65 | \$3,465.67 | | | |
| HUMIRA 40 MG/0.8 ML PEN | 217 | \$758,209.04 | \$3,494.05 | | | |
| HUMIRA PEN CROHN'S-UC-HS START | 4 | \$39,226.74 | \$9,806.69 | | | |
| HUMIRA PEN PSORIASIS START PK | 3 | \$19,541.65 | \$6,513.88 | | | |
| HUMIRA 20 MG/0.4 ML SYRINGE | 13 | \$41,490.74 | \$3,191.60 | | | |
| ENBREL 25 MG KIT | 28 | \$43,849.09 | \$1,566.04 | | | |
| ENBREL 50 MG/ML SYRINGE | 31 | \$85,497.70 | \$2,757.99 | | | |
| ENBREL 50 MG/ML SURECLICK SYR | 153 | \$495,232.99 | \$3,236.82 | | | |
| 80 recipients | 489 | \$1,621,674.60 | | | | |

| Enbrel Diagnoses | |
|--|----|
| Rheumatoid Arthritis | 17 |
| Ankylosing Spondylitis | 1 |
| Psoriatic Arthropathy | 1 |
| Polyarticular Juv Rheumatoid Arthritis | 6 |
| Oth Psoriasis | 2 |
| No supporting diagnosis | 7 |
| | |
| Humira Diagnoses | |
| Rheumatoid Arthritis | 13 |
| Psoriatic Arthropathy | 6 |
| Ankylosing Spondylitis | 2 |
| Polyarticular Juv Rheumatoid Arthritis | 2 |
| Oth Psoriasis | 6 |
| Uns Inflammatory Polyarthropathy | 2 |
| No supporting diagnosis | 15 |
| | |

| SD Medicaid Lyrica Utilization | | | | | |
|--|-----|--------------|----------|--|--|
| 10/29/14 - 10/28/15 | | | | | |
| Label Name Rx Num Total Reimb Amt Avg Cost per Scrip | | | | | |
| LYRICA 100 MG CAPSULE | 541 | \$200,629.51 | \$370.85 | | |
| LYRICA 150 MG CAPSULE | 832 | \$290,372.54 | \$349.01 | | |
| LYRICA 200 MG CAPSULE | 238 | \$90,597.76 | \$380.66 | | |
| LYRICA 225 MG CAPSULE | 37 | \$11,833.69 | \$319.83 | | |
| LYRICA 25 MG CAPSULE | 25 | \$9,299.34 | \$371.97 | | |
| LYRICA 300 MG CAPSULE | 179 | \$57,554.97 | \$321.54 | | |
| LYRICA 50 MG CAPSULE | 440 | \$159,502.12 | \$362.50 | | |
| LYRICA 75 MG CAPSULE | 657 | \$212,768.67 | \$323.85 | | |
| 513 recipients 2949 \$1,032,558.60 | | | | | |

| Label Name | Avg tablets per day |
|---------------|---------------------|
| Lyrica 25 mg | 2.5 |
| Lyrica 50mg | 2.5 |
| Lyrica 75 mg | 2 |
| Lyrica 100 mg | 2.5 |
| Lyrica 150 mg | 2.5 |
| Lyrica 200 mg | 2.5 |
| Lyrica 225 mg | 2 |
| Lyrica 300 mg | 2 |





PRODUCT DETAILS OF OTREXUP (METHOTREXATE)

INDICATIONS AND USE:

- Management of patients with severe, active rheumatoid arthritis (RA) and polyarticular juvenile idiopathic arthritis (pJIA) who are intolerant of or had an inadequate response to first-line therapy.
- Symptomatic control of severe, recalcitrant, disabling psoriasis in adults who are not adequately responsive to other forms of therapy.

DOSAGE FORMS:

■ Injection: Single-dose auto-injector delivering 0.4 mL of methotrexate in the following dosage strengths – 7.5 mg, 10 mg, 15 mg, 20 mg, and 25 mg.

ADMINISTRATION:

- Otrexup is for once weekly subcutaneous use only.
- Administer in the abdomen or thigh.
- Use another formulation of methotrexate for patients requiring oral, intramuscular, intravenous, intra-arterial, or intrathecal dosing, doses less than 7.5 mg per week, doses above 25 mg per week, high-dose regimens, or dose adjustments of less than 5 mg increments.
- Starting doses of methotrexate: RA 7.5 mg once weekly; pJIA: 10 mg/m² once weekly; Psoriasis:
 10 to 25 mg once weekly of an oral, intramuscular, subcutaneous, or intravenous formulation.

CONTRAINDICATIONS:

- Pregnancy
- Nursing mothers
- Alcoholism or liver disease
- Immunodeficiency syndromes
- Preexisting blood dyscrasias
- Hypersensitivity to methotrexate

WARNINGS AND PRECAUTIONS:

- Organ system toxicity
- Embryo-fetal toxicity
- May cause impairment of fertility, oligospermia, and menstrual dysfunction
- Monitor complete blood counts, renal function, and liver function tests
- Risks from improper dosing
- Patients with impaired renal function, ascites, or pleural effusions
- Dizziness and fatigue

ADVERSE REACTIONS: Common adverse reactions are nausea, abdominal pain, dyspepsia, stomatitis/mouth sores, rash, nasopharyngitis, diarrhea, liver function test abnormalities, vomiting, headache, bronchitis, thrombocytopenia, alopecia, leucopenia, pancytopenia, dizziness, photosensitivity, and "burning of skin lesions."

COST

• Otrexup – approximately \$570 per month.

| References: |
|-------------|
|-------------|

1. Otrexup [package insert]. Ewing, NJ: Antares Pharma, Inc.; November 2014.

PRODUCT DETAILS OF DURLAZA (ASPIRIN)

INDICATIONS AND USE:

- Nonsteroidal anti-inflammatory drug indicated to reduce the risk of death and myocardial infarction (MI) in patients with chronic coronary artery disease, such as patients with a history of MI or unstable angina pectoris or with chronic stable angina and to reduce the risk of death and recurrent stroke in patients who have had an ischemic stroke or transient ischemic attack
- Use immediate-release aspirin (not Durlaza) in situations where a rapid onset of action is required.

DOSAGE FORMS:

Capsules: 162.5 mg

ADMINISTRATION:

• The recommended dose 162.5 mg per day with a full glass of water at the same time each day.

CONTRAINDICATIONS:

- Hypersensitivity to nonsteroidal anti-inflammatory drug products.
- Asthma, rhinitis, and nasal polyps.

WARNINGS AND PRECAUTIONS:

Increased risk of bleeding.

ADVERSE REACTIONS:

Most common adverse reactions are gastrointestinal.

COST

Durlaza – approximately \$200 per month.

References:

1. Durlaza [package insert]. North Haven, CT: New Haven Pharmaceuticals, Inc.; September 2015.