

South Dakota Department of Social Services

Medicaid P&T Committee Meeting

September 20, 2013

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



DEPARTMENT OF SOCIAL SERVICES

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

**Sioux Falls Convention Center
Exhibit Hall 1
1201 N. West Avenue
Sioux Falls, SD
Friday, September 20, 2013
1:00 – 3:00 PM**

Call to Order

Approval of Minutes of Previous Meeting

Prior Authorization Update

Review of Top 15 Therapeutic Categories/Top 25 Drugs

Prescription Drug Monitoring Program Presentation

Old Business

**Opiate Agonists
Proton Pump Inhibitors
Diclegis
Ambien/Ambien CR**

New Business

**Diabetic Test Strips
Giazio
Delzicol
Auvi-Q**

Oral Presentations and Comments by Manufacturers' Representatives

Next Meeting Date/Adjournment

**Minutes of the June 8, 2013
Pharmacy & Therapeutics (P&T) Committee Meeting
SD Department of Social Services, Medical Services Division**

Members present

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

Members absent

James Engelbrecht, MD

DSS staff present

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

HID staff present

Candace Rieth, PharmD

Administrative Business

The P&T meeting was called to order by D. Darger at approximately 1:00pm. The minutes of the March 8, 2013 meeting were presented. D. Farver made a motion to approve. K. Oehlke seconded the motion. The motion was approved unanimously.

Prior Authorization Update and Statistics

C. Rieth presented an overview of the prior authorization (PA) activity for May 2013. There were a total of 2,513 PAs processed in the month of May, with 99.52% of those requests responded to in less than 8 hours. There were 1,882 (75%) requests received electronically and 631 (25%) requests received by fax.

Analysis of the Top 15 Therapeutic Classes

C. Rieth reviewed the Top 15 Therapeutic Classes by total cost of claims from 01/01/2013 – 03/31/2013. The top five classes were antipsychotics, respiratory and CNS stimulants, amphetamines, corticosteroids (respiratory tract) and central nervous system agents, misc. The top 15 therapeutic classes make up 39.05% of total claims. C. Rieth also reviewed the top 25 drugs based on total claims cost and number of claims. The top 25 drugs by claims cost make up 11.08% of total claims. The committee requested that diabetic test strip utilization be presented at the September meeting.

Review of Drug Spend

C. Rieth reviewed SD Medicaid's drug spend for 2010-2012. M. Jockheck stated there were approximately 95,000-100,000 recipients pre-recession and now there are approximately 116,000.

Opiates Review

At the March 2013 meeting, the committee reviewed opiate utilization. The topic was brought back with additional utilization reports including de-identified recipient profiles. In March, the committee suggested that a top prescriber mailing be sent from the state. M. Jockheck stated that the draft is complete and the letter will go out soon. The committee requested that an update on the letter be presented at the September meeting along with information from other state Medicaid programs on how they are managing opiates. There was no public comment.

Proton Pump Inhibitor Review

C. Rieth presented utilization information for the proton pump inhibitors. This topic was tabled for the September meeting.

Sedative/Hypnotics Review

C. Rieth presented utilization and clinical information regarding the new FDA recommendations for zolpidem products. There was no public comment. R. Holm made a motion to require zolpidem IR 5mg for first time zolpidem prescriptions. B. Ladwig seconded the motion. The motion was approved unanimously. A trial of zolpidem IR 5mg will be required before zolpidem CR 6.25mg will be approved.

Onmel Review

C. Rieth presented clinical information for Onmel. There was no public comment. R. Holm made a motion to place Onmel on prior authorization. D. Farver seconded the motion. The motion was approved unanimously.

Giazo Review

C. Rieth presented clinical information for Giazo. This topic was tabled for the September meeting.

Delzicol Review

C. Rieth presented clinical information for Delzicol. This topic was tabled for the September meeting.

Diclegis Review

C. Rieth presented clinical information for Diclegis. There was no public comment. K. Oehlke made a motion to place Diclegis on prior authorization. D. Farver seconded the motion. The motion was approved unanimously.

The next meeting date is scheduled for September 20, 2013. A motion was made by D. Farver to adjourn the SD Medicaid P&T meeting. K. Oehlke seconded the motion. Motion passed unanimously and the meeting was adjourned.



**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2013 – July 31, 2013**

Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
2,412	2,410	2	99.92%	0.08%

By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	98	129
AFX	Amrix and Fexmid	0	2
ALT	Altabax	2	1
AMB	Ambien CR	4	11
ANF	Anti-Infectives(anti-biotic)	0	2
ANT	Antihistamines	8	34
APS	Antipsychotic	221	216
ARB	ARBS	5	4
COA	Oral Anticoagulants	4	11
DAW	Dispense As Written	13	39
GRH	Growth Hormone	8	12
HLM	Head Lice Medication	3	50
LID	Lidoderm	2	99
MAX	Max Units Override	59	776
MSA	Multiple Sclerosis Agents	1	1
NAR	Name Brand Narcotics	3	0
NUC	Opioids	5	29
ONF	Onfi	3	5
OPH	Ophthalmic Antihistamines	2	46
PPI	Proton Pump Inhibitors	39	84
STE	Nasal Steroids	6	110
STI	Stimulants	5	10
SUB	Suboxone/Subutex	3	3
TIM	Targeted Immune Modulators	5	3
TOP	Topical Acne Agents	22	130
TRP	Triptans	11	40
ULT	Ultram ER	3	8
XIF	Xifaxan	0	17
XOI	Xanthine Oxidase Inhibitor	2	3
Totals		537	1875

**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2013 – July 31, 2013**

By Request Type

07/01/13 - 07/31/13	# of Requests	Electronic Requests		Faxed Requests	
		#	%	#	%
Prior Authorizations:					
Antidepressant	227	170	75%	57	25%
Amrix and Fexmid	2	2	100%	0	0%
Altabax	3	3	100%	0	0%
Ambien CR	15	15	100%	0	0%
Anti-Infectives(anti-biotic)	2	2	100%	0	0%
Antihistamines	42	34	81%	8	19%
Antipsychotic	437	233	53%	204	47%
ARBS	9	7	78%	2	22%
Oral Anticoagulants	15	10	67%	5	33%
Dispense As Written	52	35	67%	17	33%
Growth Hormone	20	8	40%	12	60%
Head Lice Medication	53	30	57%	23	43%
Lidoderm	101	80	79%	21	21%
Max Units Override	835	767	92%	68	8%
Multiple Sclerosis Agents	2	0	0%	2	100%
Name Brand Narcotics	3	0	0%	3	100%
Opioids	34	33	97%	1	3%
Onfi	8	3	38%	5	63%
Ophthalmic Antihistamines	48	39	81%	9	19%
Proton Pump Inhibitors	123	104	85%	19	15%
Nasal Steroids	116	102	88%	14	12%
Stimulants	15	9	60%	6	40%
Suboxone/Subutex	6	2	33%	4	67%
Targeted Immune Modulators	8	2	25%	6	75%
Topical Acne Agents	152	117	77%	35	23%
Triptans	51	41	80%	10	20%
Ultram ER	11	8	73%	3	27%
Xifaxan	17	17	100%	0	0%
Xanthine Oxidase Inhibitor	5	2	40%	3	60%
Prior Authorization Totals	2412	1875	78%	537	22%



**South Dakota Medicaid
Monthly Prior Authorization Report
July 1, 2013 – July 31, 2013**

Electronic PAs (unique)

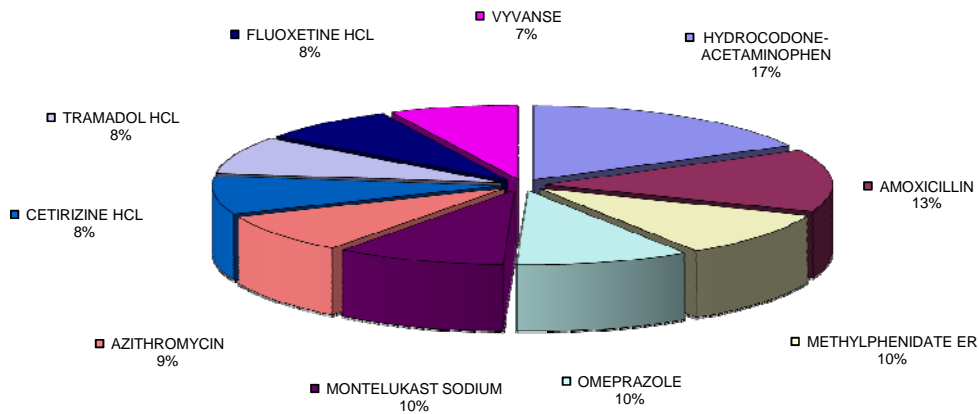
07/01/13 - 07/31/13	# Unique Approved	# Unique Denied	# Unique Incomplete	Unique Total	Approval %	Total Transactions
Prior Authorizations:						
Antidepressant	68	93	0	161	42.20%	170
Amrix and Fexmid	0	2	0	2	0.00%	2
Altabax	2	1	0	3	66.70%	3
Ambien CR	4	10	0	14	28.60%	15
Anti-Infectives(anti-biotic)	0	2	0	2	0.00%	2
Antihistamines	7	27	0	34	20.60%	34
Antipsychotic	66	160	0	226	29.20%	233
ARBS	3	4	0	7	42.90%	7
Oral Anticoagulants	1	7	0	8	12.50%	10
Dispense As Written	0	32	0	32	0.00%	35
Growth Hormone	0	8	0	8	0.00%	8
Head Lice Medication	0	29	0	29	0.00%	30
Lidoderm	0	78	0	78	0.00%	80
Max Units Override	23	703	0	726	3.20%	764
Opioids	5	24	0	29	17.20%	33
Onfi	0	3	0	3	0.00%	3
Ophthalmic Antihistamines	2	37	0	39	5.10%	39
Proton Pump Inhibitors	31	72	0	103	30.10%	104
Nasal Steroids	5	95	0	100	5.00%	102
Stimulants	1	8	0	9	11.10%	9
Suboxone/Subutex	0	2	0	2	0.00%	2
Targeted Immune Modulators	2	0	0	2	100.00%	2
Topical Acne Agents	8	108	0	116	6.90%	117
Triptans	6	32	0	38	15.80%	41
Ultram ER	1	6	0	7	14.30%	8
Xifaxan	0	17	0	17	0.00%	17
Xanthine Oxidase Inhibitor	1	1	0	2	50.00%	2
TOTALS	236	1561	0	1797	13.10%	1875

TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 04/01/2013 - 06/30/2013

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	6,590	\$ 87,046.59	\$ 13.21	3.39%
AMOXICILLIN	PENICILLINS	5,136	\$ 42,261.35	\$ 8.23	2.65%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,758	\$ 634,498.85	\$ 168.84	1.94%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,710	\$ 42,768.84	\$ 11.53	1.91%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,620	\$ 78,095.35	\$ 21.57	1.86%
AZITHROMYCIN	MACROLIDES	3,249	\$ 47,912.96	\$ 14.75	1.67%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	3,126	\$ 25,293.04	\$ 8.09	1.61%
TRAMADOL HCL	OPIATE AGONISTS	3,082	\$ 29,396.75	\$ 9.54	1.59%
FLUOXETINE HCL	ANTIDEPRESSANTS	2,913	\$ 23,359.06	\$ 8.02	1.50%
VYVANSE	AMPHETAMINES	2,721	\$ 450,872.60	\$ 165.70	1.40%
LEVOTHYROXINE SODIUM	THYROID AGENTS	2,576	\$ 20,967.81	\$ 8.14	1.33%
SERTRALINE HCL	ANTIDEPRESSANTS	2,459	\$ 18,886.91	\$ 7.68	1.27%
DEXTROAMPHETAMINE-AMPHETAMINE	AMPHETAMINES	2,211	\$ 313,483.93	\$ 141.78	1.14%
TRAZODONE HCL	ANTIDEPRESSANTS	2,204	\$ 12,961.65	\$ 5.88	1.14%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	2,135	\$ 37,968.62	\$ 17.78	1.10%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,105	\$ 12,793.85	\$ 6.08	1.08%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2,018	\$ 11,094.56	\$ 5.50	1.04%
INTUNIV	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,924	\$ 373,985.58	\$ 194.38	0.99%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,870	\$ 28,134.08	\$ 15.04	0.96%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,849	\$ 14,114.54	\$ 7.63	0.95%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,823	\$ 81,291.32	\$ 44.59	0.94%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,795	\$ 13,580.88	\$ 7.57	0.92%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,759	\$ 12,100.38	\$ 6.88	0.91%
CEPHALEXIN	CEPHALOSPORINS	1,734	\$ 18,068.15	\$ 10.42	0.89%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,670	\$ 9,638.57	\$ 5.77	0.86%
TOTAL TOP 25		68,037	\$ 2,440,576.22	\$ 35.87	35.05%

Total Rx Claims From 04/01/2013 - 06/30/2013	194,140
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Top 10 Drugs
Based on Number of Claims

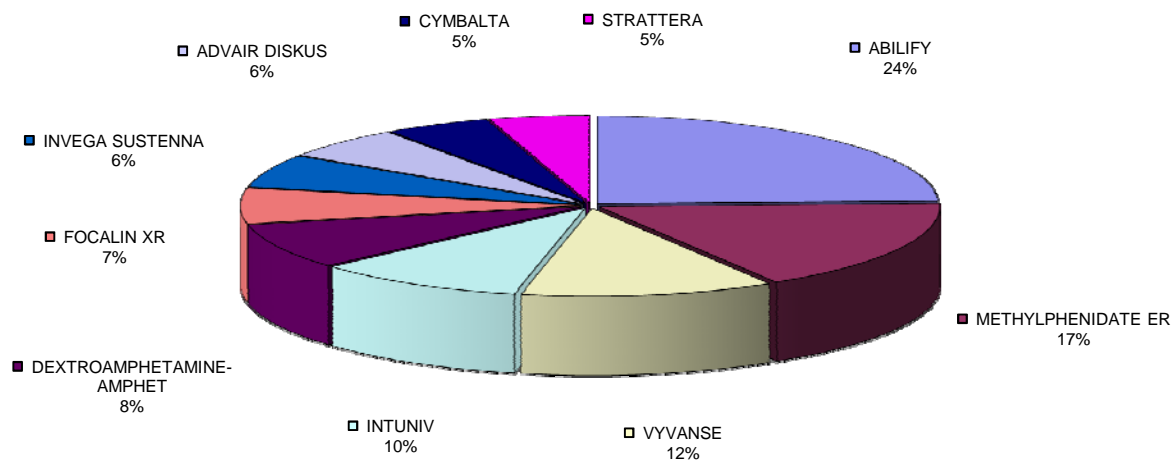


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 04/01/2013 - 06/30/2013

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ABILIFY	ANTIPSYCHOTIC AGENTS	1,541	\$ 915,364.66	\$ 594.01	0.79%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,758	\$ 634,498.85	\$ 168.84	1.94%
VYVANSE	AMPHETAMINES	2,721	\$ 450,872.60	\$ 165.70	1.40%
INTUNIV	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,924	\$ 373,985.58	\$ 194.38	0.99%
DEXTROAMPHETAMINE-AMPHET	AMPHETAMINES	2,211	\$ 313,483.93	\$ 141.78	1.14%
FOCALIN XR	RESPIRATORY AND CNS STIMULANTS	1,208	\$ 244,435.30	\$ 202.35	0.62%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	173	\$ 229,308.26	\$ 1,325.48	0.09%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	837	\$ 221,402.37	\$ 264.52	0.43%
CYMBALTA	ANTIDEPRESSANTS	765	\$ 188,578.73	\$ 246.51	0.39%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	879	\$ 177,919.56	\$ 202.41	0.45%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	68	\$ 169,774.51	\$ 2,496.68	0.04%
PREVACID	PROTON-PUMP INHIBITORS	654	\$ 158,316.40	\$ 242.07	0.34%
PULMOZYME	MUCOLYTIC AGENTS	53	\$ 154,124.33	\$ 2,908.01	0.03%
OXYCONTIN	OPIATE AGONISTS	459	\$ 151,417.92	\$ 329.89	0.24%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	571	\$ 135,850.46	\$ 237.92	0.29%
COPAXONE	BIOLOGIC RESPONSE MODIFIERS	28	\$ 134,206.88	\$ 4,793.10	0.01%
HELIXATE FS	HEMOSTATICS	4	\$ 131,724.01	\$ 32,931.00	0.00%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	753	\$ 114,687.29	\$ 152.31	0.39%
LANTUS SOLOSTAR	INSULINS	427	\$ 114,564.15	\$ 268.30	0.22%
NEXIUM	PROTON-PUMP INHIBITORS	471	\$ 108,086.22	\$ 229.48	0.24%
ONE TOUCH ULTRA TEST STRIPS	DIABETES MELLITUS	630	\$ 107,393.71	\$ 170.47	0.32%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	389	\$ 107,244.29	\$ 275.69	0.20%
NOVOLOG	INSULINS	410	\$ 105,220.83	\$ 256.64	0.21%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	217	\$ 104,346.03	\$ 480.86	0.11%
LATUDA	ANTIPSYCHOTIC AGENTS	180	\$ 98,723.37	\$ 548.46	0.09%
TOTAL TOP 25		21,331	\$ 5,645,530.24	\$ 264.66	10.99%

Total Rx Claims	194,140
From 04/01/2013 - 06/30/2013	

**Top 10 Drugs
Based on Total Claims Cost**



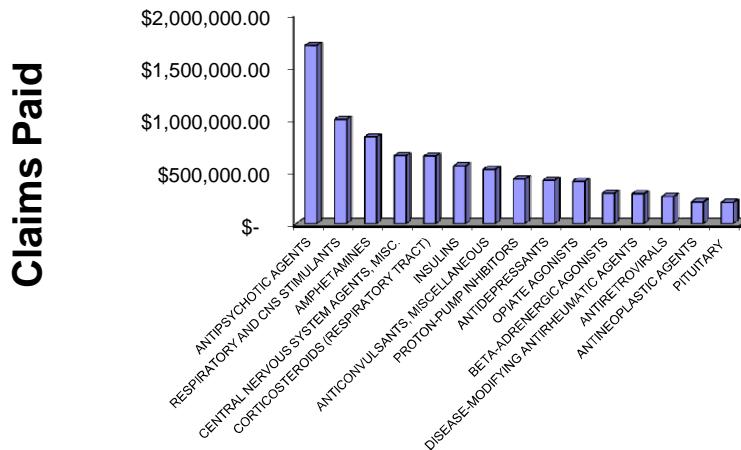
**SOUTH DAKOTA MEDICAID
Cost Management Analysis**

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 04/01/2013 - 06/30/2013

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	7,223	\$ 1,703,869.33	\$ 235.89	3.72%
RESPIRATORY AND CNS STIMULANTS	6,359	\$ 997,457.02	\$ 156.86	3.28%
AMPHETAMINES	5,800	\$ 830,023.88	\$ 143.11	2.99%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,861	\$ 650,732.26	\$ 227.45	1.47%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,852	\$ 646,587.06	\$ 226.71	1.47%
INSULINS	2,208	\$ 553,200.80	\$ 250.54	1.14%
ANTICONVULSANTS, MISCELLANEOUS	8,360	\$ 520,372.04	\$ 62.25	4.31%
PROTON-PUMP INHIBITORS	6,072	\$ 426,925.92	\$ 70.31	3.13%
ANTIDEPRESSANTS	15,984	\$ 414,808.35	\$ 25.95	8.23%
OPIATE AGONISTS	14,475	\$ 404,784.65	\$ 27.96	7.46%
BETA-ADRENERGIC AGONISTS	5,945	\$ 292,380.96	\$ 49.18	3.06%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	141	\$ 287,339.59	\$ 2,037.87	0.07%
ANTIRETROVIRALS	239	\$ 260,923.66	\$ 1,091.73	0.12%
ANTINEOPLASTIC AGENTS	457	\$ 210,381.34	\$ 460.35	0.24%
PITUITARY	484	\$ 205,067.61	\$ 423.69	0.25%
TOTAL TOP 15	79,460	\$ 8,404,854.47	\$ 105.77	40.93%

Total Rx Claims From 04/01/2013 - 06/30/2013	194,140
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**Top 15 Therapeutic Classes
Based on Total Cost of Claims**



SD Medicaid Opiate Agonist Utilization (AHFS 280808)			
01/01/12 - 12/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ACETAMINOPH-CAFF-DIHYDROCODEIN	8	\$452.40	\$56.55
ACETAMINOPHEN/COD ELIXIR	4	\$36.47	\$9.12
ACETAMINOPHEN-COD #2 TABLET	11	\$84.82	\$7.71
ACETAMINOPHEN-COD #3 TABLET	3299	\$30,429.70	\$9.22
ACETAMINOPHEN-COD #4 TABLET	27	\$540.75	\$20.03
ACETAMINOPHEN-CODEINE SOLUTION	1413	\$10,238.30	\$7.25
ASCOMP WITH CODEINE CAPSULE	41	\$1,329.32	\$32.42
BELLADONNA-OPIUM 16.2-30 SUPP	2	\$218.17	\$109.09
BUTALB-CAFF-ACETAMINOPH-CODEIN	63	\$1,124.66	\$17.85
BUTALBITAL COMP-CODEINE #3 CAP	39	\$1,308.72	\$33.56
CAPITAL WITH CODEINE SUSP	3	\$353.32	\$117.77
CODEINE SULFATE 15 MG TABLET	1	\$7.48	\$7.48
CODEINE SULFATE 30 MG TABLET	2	\$17.40	\$8.70
DURAGESIC 25 MCG/HR PATCH	5	\$689.39	\$137.88
ENDOCET 10-325 MG TABLET	252	\$12,358.96	\$49.04
ENDOCET 10-650 MG TABLET	26	\$1,110.10	\$42.70
ENDOCET 5-325 TABLET	29	\$174.30	\$6.01
ENDOCET 7.5-325 MG TABLET	78	\$3,416.03	\$43.80
ENDOCET 7.5-500 MG TABLET	2	\$97.16	\$48.58
ENDODAN 4.83-325 MG TABLET	6	\$206.00	\$34.33
EXALGO ER 16 MG TABLET	2	\$1,178.15	\$589.08
EXALGO ER 8 MG TABLET	24	\$10,256.20	\$427.34
FENTANYL 100 MCG/HR PATCH	266	\$63,567.26	\$238.97
FENTANYL 12 MCG/HR PATCH	155	\$12,586.82	\$81.21
FENTANYL 25 MCG/HR PATCH	360	\$20,542.83	\$57.06
FENTANYL 50 MCG/HR PATCH	485	\$58,628.88	\$120.88
FENTANYL 75 MCG/HR PATCH	267	\$41,131.61	\$154.05
HYDROCODON-ACETAMINOPH 2.5-500	11	\$137.73	\$12.52
HYDROCODON-ACETAMINOPH 7.5-300	1	\$52.72	\$52.72
HYDROCODON-ACETAMINOPH 7.5-325	1074	\$23,583.55	\$21.96
HYDROCODON-ACETAMINOPH 7.5-500	779	\$6,826.63	\$8.76
HYDROCODON-ACETAMINOPH 7.5-650	4	\$31.72	\$7.93
HYDROCODON-ACETAMINOPH 7.5-750	141	\$1,063.48	\$7.54
HYDROCODON-ACETAMINOPHEN 5-300	7	\$366.10	\$52.30
HYDROCODON-ACETAMINOPHEN 5-325	11691	\$154,663.62	\$13.23
HYDROCODON-ACETAMINOPHEN 5-500	6423	\$39,355.24	\$6.13
HYDROCODON-ACETAMINOPHN 10-325	4169	\$80,776.57	\$19.38
HYDROCODON-ACETAMINOPHN 10-500	796	\$11,833.43	\$14.87
HYDROCODON-ACETAMINOPHN 10-650	703	\$6,945.10	\$9.88
HYDROCODON-ACETAMINOPHN 10-660	12	\$145.20	\$12.10
HYDROCODON-ACETAMINOPHN 10-750	10	\$566.60	\$56.66
HYDROCODONE-ACETAMINOPHEN SOLN	1477	\$13,890.95	\$9.40
HYDROCODONE-IBUPROFEN 7.5-200	546	\$6,643.59	\$12.17

SD Medicaid Opiate Agonist Utilization (AHFS 280808)			
01/01/12 - 12/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
HYDROMORPHONE 1 MG/ML SOLUTION	1	\$14.32	\$14.32
HYDROMORPHONE 2 MG TABLET	217	\$3,009.38	\$13.87
HYDROMORPHONE 3 MG SUPPOS	4	\$1,218.36	\$304.59
HYDROMORPHONE 4 MG TABLET	183	\$3,732.98	\$20.40
HYDROMORPHONE 8 MG TABLET	35	\$2,825.78	\$80.74
KADIAN ER 10 MG CAPSULE	2	\$562.02	\$281.01
KADIAN ER 30 MG CAPSULE	1	\$310.68	\$310.68
KADIAN ER 50 MG CAPSULE	3	\$1,115.45	\$371.82
KADIAN ER 80 MG CAPSULE	1	\$405.21	\$405.21
LORTAB 5-500 TABLET	1	\$4.30	\$4.30
MEPERIDINE 50 MG TABLET	78	\$1,249.67	\$16.02
MEPERITAB 100 MG TABLET	1	\$52.00	\$52.00
METHADONE 10 MG/5 ML SOLUTION	2	\$30.39	\$15.20
METHADONE 5 MG/5 ML SOLUTION	24	\$169.10	\$7.05
METHADONE HCL 10 MG TABLET	444	\$9,010.21	\$20.29
METHADONE HCL 5 MG TABLET	36	\$314.54	\$8.74
MORPHINE 10 MG/ML SYRINGE	7	\$88.89	\$12.70
MORPHINE 10 MG/ML VIAL	3	\$49.03	\$16.34
MORPHINE 2 MG/ML SYRINGE	2	\$37.24	\$18.62
MORPHINE 300 MG/20 ML VIAL	1	\$12.46	\$12.46
MORPHINE SULF 10 MG/5 ML SOLN	52	\$421.80	\$8.11
MORPHINE SULF 100 MG/5 ML SOLN	22	\$434.96	\$19.77
MORPHINE SULF 20 MG/5 ML SOLN	1	\$4.67	\$4.67
MORPHINE SULF ER 100 MG TABLET	48	\$2,665.77	\$55.54
MORPHINE SULF ER 15 MG TABLET	329	\$6,780.55	\$20.61
MORPHINE SULF ER 200 MG TABLET	12	\$2,226.00	\$185.50
MORPHINE SULF ER 30 MG TABLET	470	\$15,372.82	\$32.71
MORPHINE SULF ER 60 MG TABLET	172	\$6,412.94	\$37.28
MORPHINE SULFATE ER 100 MG CAP	6	\$4,912.00	\$818.67
MORPHINE SULFATE ER 30 MG CAP	3	\$706.27	\$235.42
MORPHINE SULFATE ER 60 MG CAP	1	\$42.30	\$42.30
MORPHINE SULFATE ER 80 MG CAP	8	\$4,585.31	\$573.16
MORPHINE SULFATE IR 15 MG TAB	418	\$4,115.18	\$9.84
MORPHINE SULFATE IR 30 MG TAB	129	\$2,786.27	\$21.60
NUCYNTA 100 MG TABLET	43	\$15,390.85	\$357.93
NUCYNTA 50 MG TABLET	98	\$14,039.50	\$143.26
NUCYNTA 75 MG TABLET	44	\$10,127.29	\$230.17
NUCYNTA ER 100 MG TABLET	19	\$5,142.64	\$270.67
NUCYNTA ER 150 MG TABLET	13	\$4,664.66	\$358.82
NUCYNTA ER 200 MG TABLET	11	\$5,206.56	\$473.32
NUCYNTA ER 50 MG TABLET	8	\$1,169.61	\$146.20
OPANA 5 MG TABLET	3	\$1,120.06	\$373.35
OPANA ER 10 MG TABLET	53	\$10,965.34	\$206.89

SD Medicaid Opiate Agonist Utilization (AHFS 280808)			
01/01/12 - 12/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
OPANA ER 20 MG TABLET	70	\$25,738.55	\$367.69
OPANA ER 30 MG TABLET	33	\$19,448.89	\$589.36
OPANA ER 40 MG TABLET	28	\$27,667.21	\$988.11
OPANA ER 5 MG TABLET	16	\$1,840.30	\$115.02
OPANA ER 7.5 MG TABLET	3	\$411.36	\$137.12
OXYCODON-ACETAMINOPHEN 2.5-325	3	\$105.03	\$35.01
OXYCODON-ACETAMINOPHEN 7.5-325	138	\$4,293.67	\$31.11
OXYCODON-ACETAMINOPHEN 7.5-500	8	\$113.17	\$14.15
OXYCODONE CONC 20 MG/ML SOLN	4	\$590.10	\$147.53
OXYCODONE HCL 10 MG TABLET	269	\$7,083.36	\$26.33
OXYCODONE HCL 15 MG TABLET	426	\$16,503.84	\$38.74
OXYCODONE HCL 20 MG TABLET	34	\$2,238.07	\$65.83
OXYCODONE HCL 30 MG TABLET	73	\$2,705.12	\$37.06
OXYCODONE HCL 5 MG CAPSULE	116	\$2,356.59	\$20.32
OXYCODONE HCL 5 MG TABLET	1919	\$33,991.16	\$17.71
OXYCODONE HCL 5 MG/5 ML SOL	44	\$704.59	\$16.01
OXYCODONE HCL CR 20 MG TABLET	3	\$451.06	\$150.35
OXYCODONE HCL CR 80 MG TABLET	4	\$1,826.83	\$456.71
OXYCODONE-ACETAMINOPHEN 10-325	604	\$24,402.98	\$40.40
OXYCODONE-ACETAMINOPHEN 10-650	33	\$1,202.42	\$36.44
OXYCODONE-ACETAMINOPHEN 5-325	4411	\$28,088.77	\$6.37
OXYCODONE-ACETAMINOPHEN 5-500	182	\$986.78	\$5.42
OXYCODONE-ASA 4.5-0.38-325 TAB	2	\$64.60	\$32.30
OXYCODONE-ASPIRIN 4.83-325 MG	7	\$358.87	\$51.27
OXYCONTIN 10 MG TABLET	351	\$34,642.13	\$98.70
OXYCONTIN 15 MG TABLET	59	\$9,050.31	\$153.40
OXYCONTIN 20 MG TABLET	540	\$133,307.26	\$246.87
OXYCONTIN 30 MG TABLET	189	\$64,027.68	\$338.77
OXYCONTIN 40 MG TABLET	454	\$168,093.38	\$370.25
OXYCONTIN 60 MG TABLET	131	\$67,113.83	\$512.32
OXYCONTIN 80 MG TABLET	136	\$128,609.22	\$945.66
OXYMORPHONE HCL 10 MG TABLET	11	\$6,125.20	\$556.84
OXYMORPHONE HCL 5 MG TABLET	18	\$5,626.69	\$312.59
OXYMORPHONE HCL ER 7.5 MG TAB	6	\$499.75	\$83.29
PERCOCET 2.5-325 MG TABLET	1	\$78.15	\$78.15
PERCOCET 5-325 MG TABLET	1	\$2.31	\$2.31
ROXICET 5-325 ORAL SOLUTION	25	\$660.74	\$26.43
ROXICET 5-325 TABLET	4	\$21.33	\$5.33
RYBIX ODT 50 MG TABLET	1	\$102.00	\$102.00
RYZOLT ER 300 MG TABLET	7	\$1,974.42	\$282.06
TRAMADOL ER 100 MG TABLET	1	\$59.46	\$59.46
TRAMADOL ER 200 MG TABLET	1	\$60.11	\$60.11
TRAMADOL ER 300 MG TABLET	13	\$3,243.03	\$249.46

SD Medicaid Opiate Agonist Utilization (AHFS 280808)			
01/01/12 - 12/31/12			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
TRAMADOL HCL 50 MG TABLET	11671	\$97,689.63	\$8.37
TRAMADOL HCL ER 100 MG TABLET	43	\$3,693.92	\$85.91
TRAMADOL HCL ER 200 MG TABLET	101	\$15,992.80	\$158.34
TRAMADOL HCL ER 300 MG TABLET	67	\$14,141.76	\$211.07
TRAMADOL-ACETAMINOPHN 37.5-325	279	\$6,506.12	\$23.32
ULTRAM 50 MG TABLET	3	\$34.17	\$11.39
ULTRAM ER 200 MG TABLET	11	\$2,096.62	\$190.60
ULTRAM ER 300 MG TABLET	16	\$5,151.02	\$321.94
VICODIN 5-500 TABLET	1	\$2.05	\$2.05
ZAMICET SOLUTION	53	\$3,064.41	\$57.82
Totals 14,919 recipients	60,347	\$1,737,315.61	2,730 prescribers

Prescriber Specialties (top 25)
14 Family Practice
3 NP/PA
2 Pain Management
2 Oral Surgery
1 OBGYN
1 Internist
1 ENT
1 Emergency Medicine
Top 25 prescribers make up ~ 18% of claims

78 recipients had 3 or more opiates filled using 3 or more prescribers in a 30 day period of time
12/01/12 - 12/31/12
1 recipient - 6 prescribers
2 recipients - 5 prescribers
11 recipients - 4 prescribers
64 recipients - 3 prescribers
30 recipients had 3 or more opiates filled using 3 or more pharmacies in a 30 day period of time
12/01/12 - 12/31/12
29 recipients - 3 pharmacies
1 recipient - 4 pharmacies

Summary by Age

Age	Recip Count	Rx Count
6	123	152
7	136	177
8	125	146
9	133	161
10	127	158
11	130	171
12	153	220
13	165	251
14	225	332
15	251	367
16	309	592
17	454	818
18	499	951
19	439	762
20	226	447
21	262	566
22	277	696
23	277	743
24	325	1026
25	313	866
26	346	1275
27	278	1005
28	262	967
29	277	1143
30	249	1059
31	227	991
32	220	1057
33	195	967
34	165	938
35	169	806
36	157	967
37	152	1015
38	132	801
39	112	831
40	122	779
41	118	787
42	115	751
43	106	795

Summary by Age

Age	Recip	Rx Count
44	97	929
45	85	639
46	77	846
47	78	578
48	91	763
49	112	1109
50	88	880
51	94	815
52	99	981
53	89	977
54	71	594
55	83	755
56	78	692
57	78	765
58	74	747
59	67	434
60	65	585
61	57	482
62	46	419
63	42	512
64	39	377
65	33	250
66	1	1
67	2	6
69	2	8
73	1	6
80	1	3

Narcotic Utilization Summary by County			
County	Recip Count	Rx Count	Total Dollars
Minnehaha	2060	9947	\$305,780.48
Pennington	1749	6352	\$222,695.98
Todd	448	2236	\$51,331.55
Shannon	374	1022	\$19,500.32
Brown	358	1857	\$47,402.23
Yankton	324	1483	\$80,539.45
Codington	291	846	\$12,317.12
Davison	261	905	\$19,061.32
Dewey	253	810	\$16,863.16
Meade	247	998	\$37,564.04
Hughes	238	972	\$24,201.63
Lawrence	231	972	\$32,239.36
Butte	183	567	\$18,934.28
Corson	175	930	\$12,729.73
Brookings	169	689	\$25,683.51
Charles Mix	163	633	\$39,139.29
Bennett	158	597	\$6,016.50
Lincoln	148	480	\$12,453.00
Beadle	144	636	\$22,844.15
Roberts	127	468	\$9,062.39
Clay	120	529	\$12,538.12
Jackson	103	215	\$2,442.43
Union	88	276	\$7,549.48
Tripp	86	418	\$8,977.51
Ziebach	78	223	\$2,091.54
Turner	77	399	\$5,979.41
Gregory	75	306	\$5,467.94
Walworth	74	590	\$24,866.10
Spink	73	358	\$5,854.71
Fall River	72	418	\$15,415.45
Lyman	61	379	\$12,192.66
Bon Homme	55	215	\$4,374.39
Day	54	230	\$5,998.77
Lake	54	254	\$13,471.19
Day	52	239	\$8,829.63
Mellette	52	240	\$3,620.70
Moody	49	227	\$6,141.64
Brule	48	246	\$5,512.80
Grant	48	262	\$10,906.12
Hamlin	47	132	\$1,620.48
Hutchinson	42	292	\$17,577.69
McCook	40	186	\$6,011.79
Buffalo	39	135	\$2,213.02

Narcotic Utilization Summary by County			
County	Recip Count	Rx Count	Total Dollars
Deuel	34	94	\$4,453.06
Stanley	31	91	\$1,542.64
Kingsbury	25	59	\$944.16
Douglas	23	97	\$2,461.13
Marshall	23	154	\$7,172.61
Sanborn	22	92	\$1,166.18
Aurora	20	38	\$325.88
Clark	18	145	\$1,926.25
Miner	18	111	\$6,103.50
Edmunds	16	33	\$309.36
Hand	16	73	\$3,045.35
Jones	15	55	\$6,876.59
Hanson	14	55	\$557.37
McPherson	14	51	\$639.31
Faulk	11	39	\$2,344.80
Haakon	11	65	\$1,210.67
Jerauld	11	50	\$603.58
Perkins	10	41	\$611.64
Potter	10	59	\$1,745.29
Sully	9	10	\$86.21
Harding	8	10	\$152.58
Campbell	4	15	\$163.61
Hyde	2	19	\$228.43

Opiate Edits in Other States

State Example 1

- Name Brand PA
- Narcotic/APAP PA (only allow 5/325 and 10/325 in preparation for FDA ruling that higher-dose formulations containing acetaminophen should be phased out by 2014)
- Edits (one long-acting, one short-acting, one combination product)
- Qty Limits

State Example 2

- Dose Optimization
- All short-acting formulations containing morphine, oxymorphone, oxycodone, or hydrocodone, above 180 units per 45 days (4 units per day) will require PA.
- All long-acting formulations containing buprenorphine, fentanyl, morphine, morphine/naltrexone, oxymorphone, or tapentadol, at units per day above DUR determined limit (see table below) require PA.

DUR Determined Limits

Generic Name	Brand Name	Limit (units/28 days)
Buprenorphine	Butrans®	10
Fentanyl	Duragesic®	31
Morphine Extended-Release/Naltrexone	Embeda®	124
Oxymorphone Extended-Release	Opana ER®	124
Morphine Extended-Release	Kadian ER®	124
Morphine Extended-Release	Avinza®	62
Morphine Controlled-Release	MS Contin®	186
Morphine Sustained-Release	Oramorph®	186
Tapentadol Extended-Release	Nucynta ER®	56

State Example 3

- Opiate combinations with acetaminophen or ibuprofen require a trial of ibuprofen plus any IR opioid analgesic used concomitantly and prescriber stating why a combination product must be used. One fill allowed for short term (7-10 days).
- Oral long-acting - patient must try at least sustained release morphine and fail by ineffectiveness at equivalent dosing or by tolerance AND a copy of a patient-specific management plan updated yearly OR patient has cancer-related pain and has been stabilized on a non-preferred drug. For oxycodone requests specifically, intolerance to morphine defined as patient has renal

insufficiency, patient has a true morphine allergy, patient develops morphine-related itching and patient cannot tolerate the nausea and vomiting of morphine

Oral opioid expected equianalgesic dosing

	Oxycodone total daily dose	Morphine daily dose range
Strengths available	10, 15, 20, 30, 40, 60, 80mg	15, 30, 60, 100 mg
Dosing frequency	Twice daily	Twice daily
Expected equianalgesic dosing	20 mg	30 - 40 mg
Represents total daily dose.	30 mg	45 - 60 mg
	40 mg	60 - 80 mg
	60 mg	90 - 120 mg
	80 mg	120 - 160 mg
	100 mg	150 - 200 mg

State Example 4

- Limit of 4 opioid claims per month (short-acting, long-acting, combo, and tramadol)
- Max of 90 consecutive days of a short-acting opioid without a PA
- Quantity Limits

State Example 5

- Therapeutic duplication edits
- Early refill edits
- Max unit edits (68 for all)
- Oral sustained-release opioid PA for those who have an appropriate diagnosis for long-term use

State Example 6

- Quantity limits
- Therapeutic duplication alerts
- Early refill alerts
- Suboxone with opioid or benzodiazepine requires PA

State Example 7

- Limit of 8 opiate claims in 60 days
- Limit of 150 day supply in 60 days
- Greater than 3 prescribers in 60 days
- Greater than 3 pharmacies in 60 days
- Malignant cancer diagnosis considered for override

State Example 8

- Only one long-acting, one short-acting and one combination will be allowed.
- Therapeutic Duplication Edits - multiple claims for similar products (for example Morphine IR and Oxycodone IR would trigger the edit while Hydrocodone/APAP and Morphine ER would not) during a 19 day look back period are denied.
- Quantity Limits
- Suboxone/Subutex PA-all claims for opioids will deny after Suboxone/Subutex PA approved.
- Overrides are given for hospice, cancer patients and long term care recipients.

State Example 9

- Long-acting narcotics – only one long acting opioid allowed

State Example 10

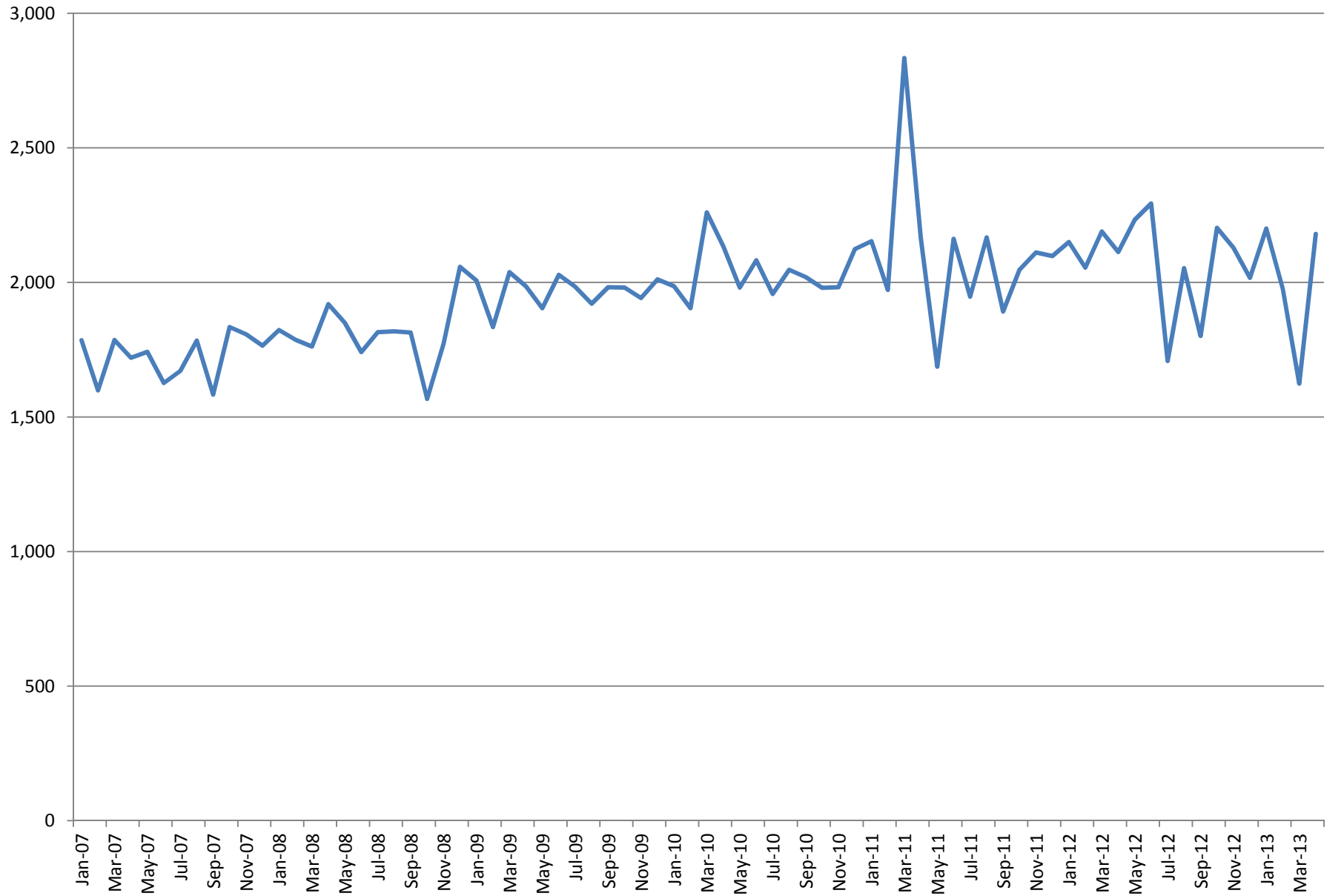
- One long-acting and one short-acting can be used concurrently
- Suboxone/Subutex PA

SD PPI Utilization (AHFS 562836)			
05/01/12 - 04/30/13			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
ACIPHEX DR 20 MG TABLET	498	\$155,039.55	\$311.32
DEXILANT DR 30 MG CAPSULE	60	\$10,306.27	\$171.77
DEXILANT DR 60 MG CAPSULE	481	\$67,754.61	\$140.86
FIRST-LANSOPRAZOLE 3 MG/ML	5	\$193.12	\$38.62
FIRST-OMEPRAZOLE 2 MG/ML SUSP	1	\$28.26	\$28.26
LANSOPRAZOLE DR 15 MG CAPSULE	508	\$30,973.08	\$60.97
LANSOPRAZOLE DR 30 MG CAPSULE	2315	\$176,734.52	\$76.34
LANSOPRAZOLE ODT 15 MG TABLET	9	\$975.77	\$108.42
LANSOPRAZOLE ODT 30 MG TABLET	26	\$998.68	\$38.41
NEXIUM DR 10 MG PACKET	124	\$32,543.84	\$262.45
NEXIUM DR 20 MG CAPSULE	226	\$46,665.79	\$206.49
NEXIUM DR 20 MG PACKET	39	\$6,799.85	\$174.36
NEXIUM DR 40 MG CAPSULE	1584	\$360,183.68	\$227.39
NEXIUM DR 40 MG PACKET	45	\$7,317.43	\$162.61
OMEPRAZOLE DR 10 MG CAPSULE	151	\$3,781.62	\$25.04
OMEPRAZOLE DR 20 MG CAPSULE	11880	\$142,649.31	\$12.01
OMEPRAZOLE DR 20 MG TABLET	1	\$19.74	\$19.74
OMEPRAZOLE DR 40 MG CAPSULE	2468	\$39,481.01	\$16.00
OMEPRAZOLE-BICARB 20-1,100 CAP	9	\$1,831.55	\$203.51
PANTOPRAZOLE SOD DR 20 MG TAB	115	\$1,377.77	\$11.98
PANTOPRAZOLE SOD DR 40 MG TAB	915	\$8,429.28	\$9.21
PREVACID 15 MG SOLUTAB	1933	\$386,896.71	\$200.15
PREVACID 30 MG SOLUTAB	975	\$223,483.56	\$229.21
PREVACID DR 30 MG CAPSULE	9	\$1,306.26	\$145.14
PREVPAC PATIENT PACK	7	\$2,156.56	\$308.08
PRILOSEC DR 10 MG SUSPENSION	8	\$2,458.35	\$307.29
PRILOSEC DR 2.5 MG SUSPENSION	9	\$3,735.25	\$415.03
PRILOSEC DR 20 MG CAPSULE	11	\$4,451.87	\$404.72
PROTONIX 40 MG SUSPENSION	5	\$898.71	\$179.74
Totals (5,635 recipients)	24417	\$1,719,472.00	

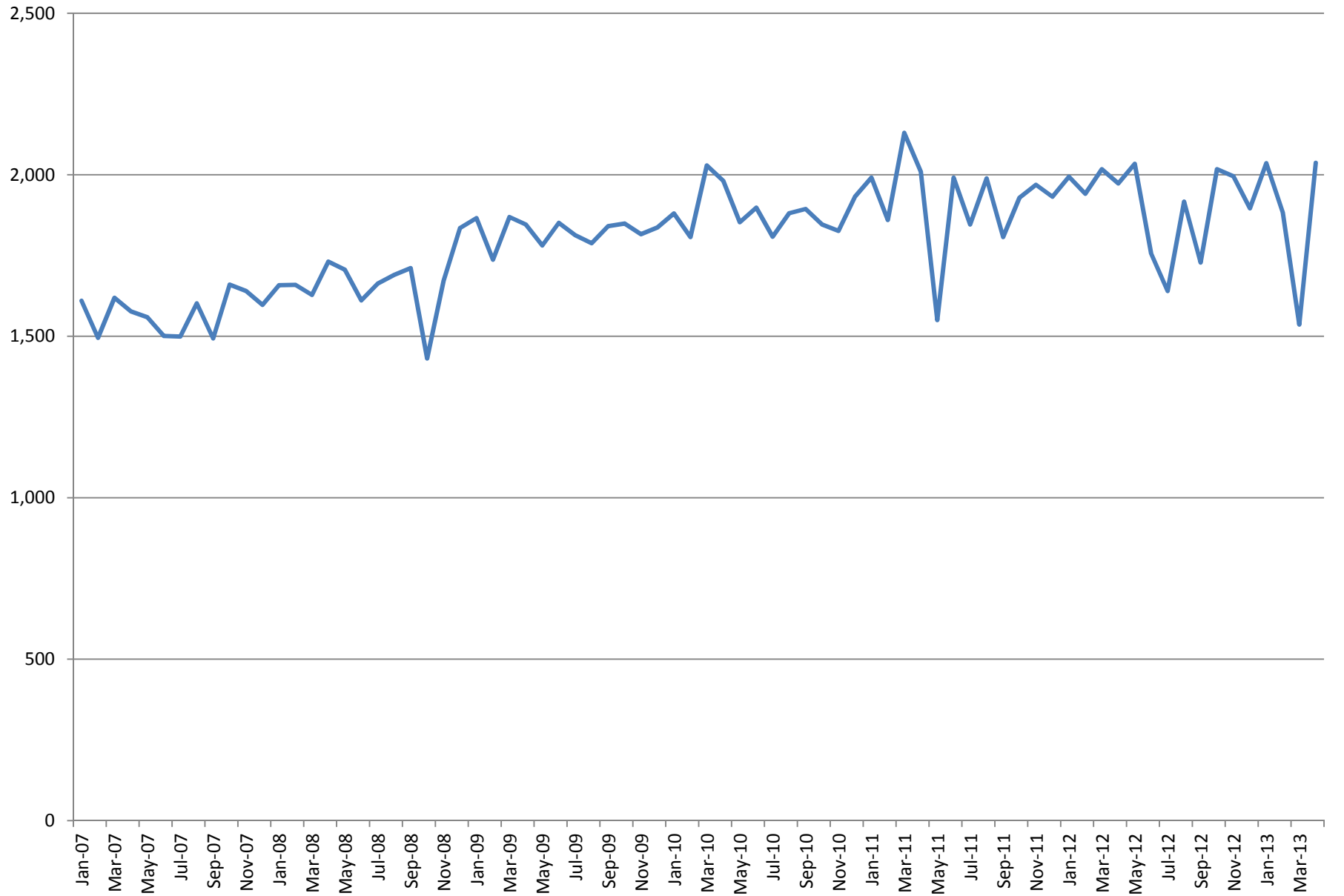
PPI Summary by Age

Age	Recip Count
0	167
1	185
2	81
3	74
4	63
5	60
6	88
7	83
8	86
9	84
10	85
11	108
12	100
13	101
14	127
15	122
16	138
17	158
18	201
19-64	3442
65 +	82

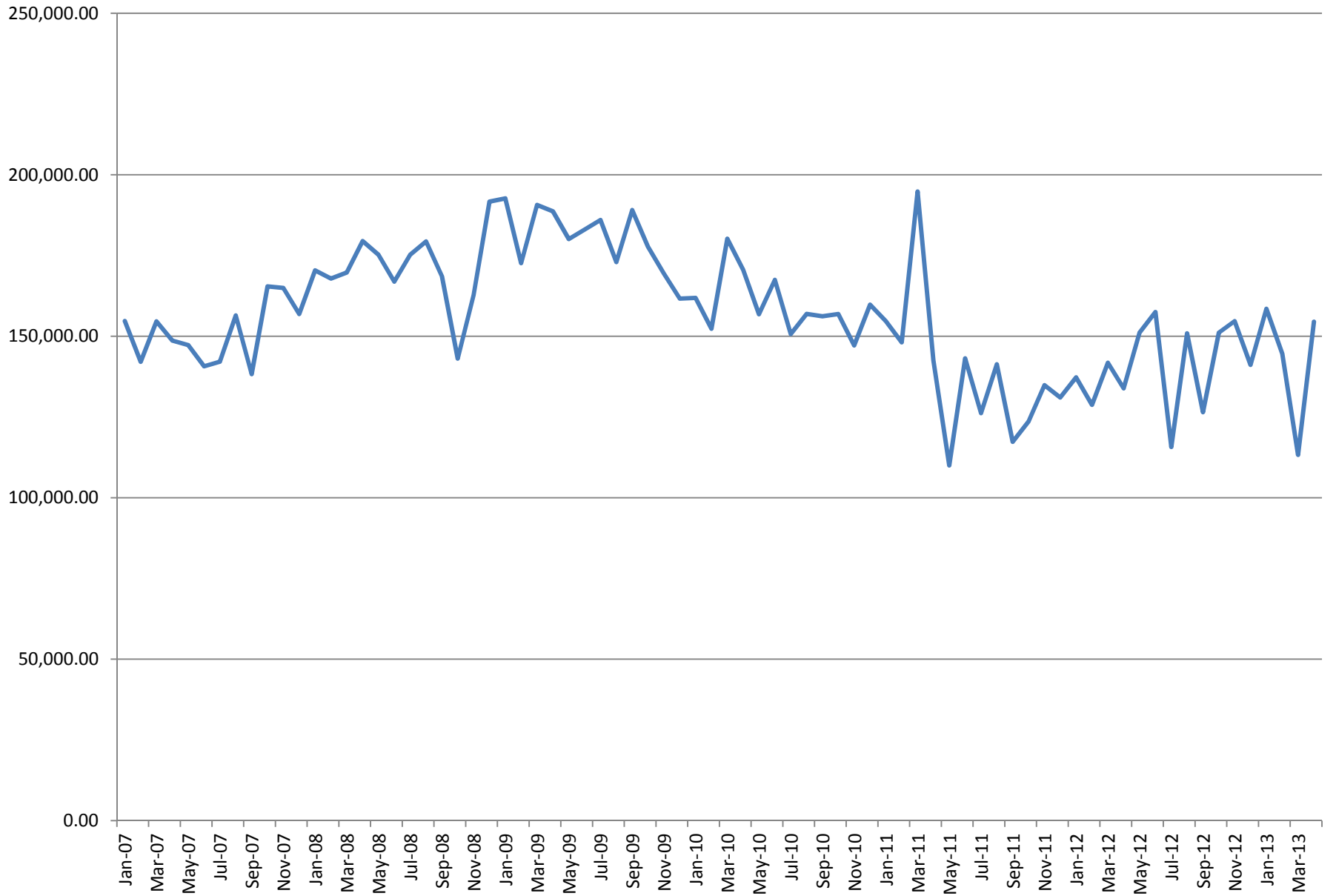
PPI TOTAL RXS



PPI TOTAL PATIENTS



PPI TOTAL CLAIMS COST





**DICLEGIS
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 Diclegis must meet the following criteria:

- Patient must have diagnosis of nausea and vomiting of pregnancy.
- Patient must try ondansetron for 7 days.

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 and Dosage: <input type="checkbox"/> Diclegis	Diagnosis for this request:
	Failed therapy (Drug and Dose)
	Start Date: _____ End Date: _____
PHYSICIAN SIGNATURE: _____ DATE: _____	

Part IV: PHARMACY INFORMATION

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

Part V: FOR OFFICIAL USE ONLY

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



ZOLPIDEM 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 a trial of zolpidem prior to receiving a prior authorization for Ambien CR.

- Patients must use generic zolpidem for a minimum of 14 days for the trial to be considered a failure.
- The recommended dose for women is 5mg for immediate-release products and 6.25mg for extended-release products.
- Use the lowest dose effective for the patient.
- Previous usage of Ambien CR does not count as a trial.

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

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	

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

PHYSICIAN NAME:	PHYSICIAN DEA NUMBER:
City: _____ PHONE: () _____	FAX: () _____

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Dosage: (must be completed)		
Diagnosis for this request:		
Qualifications for coverage:		
<input type="checkbox"/> Failed trial of zolpidem in the last 365 days	Was zolpidem trial for at least 14 days? <input type="checkbox"/> YES <input type="checkbox"/> NO	Zolpidem Dose: Zolpidem Frequency:
Adverse Reaction (attach FDA Medwatch form) or contraindication to zolpidem: (provide description below):		
Medical Justification for use of Ambien CR without trial of zolpidem:		
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 Diabetic Test Strip Utilization					
07/01/12 - 06/30/13					
Label Name	Rx Num	Qty Dispensed	Total Reimb Amt	Avg Cost per Claim	Avg Qty per Script
ACCU-CHEK AVIVA PLUS TEST STRP	290	26350	\$28,793.49	\$99.29	91
ACCU-CHEK AVIVA TEST STRIPS	44	5400	\$5,346.21	\$121.50	123
ACCU-CHEK CMFRT CURVE STRIP	34	2300	\$2,912.82	\$85.67	68
ACCU-CHEK COMPACT DRUM STRIPS	68	5610	\$6,789.19	\$99.84	83
ACCU-CHEK SMARTVIEW STRIP	161	19050	\$21,279.92	\$132.17	118
ASCENSIA AUTODISC TEST STRP	1	50	\$55.92	\$55.92	50
BG-STAR GLUCOSE TEST STRIPS	1	300	\$311.23	\$311.23	300
BREEZE 2 DISC TEST STRIP	100	8100	\$8,450.01	\$84.50	81
CONTOUR NEXT STRIPS	883	99725	\$91,201.90	\$103.29	113
EASY TOUCH GLUCOSE TEST STRIPS	3	350	\$279.89	\$93.30	117
FREESTYLE INSULINX TEST STRIP	18	1000	\$1,375.76	\$76.43	56
FREESTYLE LITE TEST STRIP	646	71600	\$84,657.10	\$131.05	111
FREESTYLE TEST STRIPS	87	17400	\$13,177.27	\$151.46	200
GLUCOCARD 01 SENSOR TEST STRIP	1	50	\$19.23	\$19.23	50
NOVA MAX GLUCOSE TEST STRIP	24	2600	\$1,516.12	\$63.17	108
ONE TOUCH ULTRA TEST STRIPS	2577	391325	\$422,556.79	\$163.97	152
ONE TOUCH VERIO TEST STRIP	114	18200	\$19,122.04	\$167.74	160
PRECISION XTRA TEST STRIPS	131	12350	\$15,119.56	\$115.42	94
PRODIGY AUTOCODE TEST STRIPS	3	250	\$126.23	\$42.08	83
PRODIGY NO CODING TEST STRIPS	12	1150	\$466.04	\$38.84	96
RELION CONFIRM-MICRO TEST STRP	5	500	\$196.78	\$39.36	100
RELION MICRO TEST STRIPS	11	700	\$324.76	\$29.52	64
RELION PRIME TEST STRIP	7	600	\$113.00	\$16.14	86
TRUETEST GLUCOSE TEST STRIPS	95	8725	\$4,762.09	\$50.13	92
TRUETRACK GLUCOSE TEST STRIPS	106	9075	\$4,237.05	\$39.97	86
ULTIMA TEST STRIPS	11	800	\$324.24	\$29.48	73
ULTRATRAK TEST STRIP	6	600	\$565.98	\$94.33	100
WAVESENSE PRESTO TEST STRIPS	16	800	\$479.00	\$29.94	50
1455 recipients	5455	704960	\$734,559.62		

Summary by Age	
Age	Recip Count
0-9	57
10-19	162
20-29	245
30-39	349
40-49	235
50-59	257
60-69	148
70-79	2

Summary by Diagnosis	
Diagnosis	Recip Count
Type I	469
Type II	1055
Both	408

South Dakota Department of Social Services
Pharmacotherapy Review
Giazo[®]

I. Indication

Giazo (balsalazide disodium) is a locally acting aminosalicylate indicated for the treatment of mildly to moderately active ulcerative colitis in male patients 18 years of age and older.

II. Warnings and Precautions

- Exacerbation of the symptoms of ulcerative colitis was reported. Observe patients closely for worsening of these symptoms while on treatment.
- Renal impairment may occur. Assess renal function at the beginning of treatment and periodically during treatment.
- Use with caution with pre-existing liver disease.

III. Contraindications

Giazo is contraindicated in patients with hypersensitivity to salicylates or to any of the components of Giazo tablets or balsalazide metabolites.

IV. Adverse Reactions

Most common adverse reactions (incidence $\geq 2\%$) in male ulcerative colitis patients are anemia, diarrhea, pharyngolaryngeal pain, and urinary tract infection.

V. Dosage and Administration

Three 1.1g Giazo tablets 2 times a day (6.6 g/day) with or without food for up to 8 weeks.

VI. Cost

Giazo costs approximately \$4.50 per tablet.

Reference

1. Giazio[®] [prescribing information]. Raleigh, NC. Salix Pharmaceuticals, Inc.; June 2012.

**South Dakota Department of Social Services
Pharmacotherapy Review
Delzicol[®]**

I. Indication

Delzicol (mesalamine) is an aminosalicylate indicated for the treatment of mildly to moderately active ulcerative colitis and for the maintenance of remission of ulcerative colitis.

II. Warnings and Precautions

- Renal impairment may occur. Assess renal function at the beginning of treatment and periodically during treatment.
- Mesalamine-induced acute intolerance syndrome has been reported. Observe patients closely for worsening of these symptoms while on treatment.
- Use caution when treating patients who are hypersensitive to sulfasalazine.
- Mesalamine-induced cardiac hypersensitivity reactions (myocarditis and pericarditis) have been reported.
- Hepatic failure has been reported in patients with pre-existing liver disease. Use caution when treating patients with liver disease.
- Upper gastrointestinal (GI) tract obstruction may delay onset of action.

III. Contraindications

Delzicol is contraindicated in patients with known hypersensitivity to salicylates or aminosalicylates or to any of the ingredients of Delzicol.

IV. Adverse Reactions

The most common adverse reactions (observed in $\geq 5\%$ of patients) were abdominal pain, eructation, pain, headache, back pain, diarrhea, rash, dyspepsia, rhinitis, flu syndrome, asthenia, flatulence, vomiting, fever, arthralgia, constipation, and gastrointestinal bleeding.

V. Drug Interactions

- Nephrotoxic agents including NSAIDs (renal reactions)
- Azathioprine or 6-mercaptopurine (blood disorders)

VI. Dosage and Administration

- For the treatment of mildly to moderately active ulcerative colitis, 800mg three times daily.
- For the maintenance of remission of ulcerative colitis, 1.6g daily, in divided doses.
- Swallow whole without cutting, breaking, or chewing.
- Dose at least 1 h before or 2 h after a meal.
- Two Delzicol 400mg capsules have not been shown to be bioequivalent to one Asacol HD delayed-release 800mg tablet.

VII. Utilization

Delzicol Utilization			
07/01/12 - 06/30/13			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
DELZICOL DR 400 MG CAPSULE	5	\$2,807.08	\$561.42
Total recipients 3	5	\$2,807.08	

Reference

1. Delzicol[®] [prescribing information]. Rockaway, NJ. Warner Chilcott (US), LLC; February 2013.

**South Dakota Medicaid
Pharmacotherapy Review
Epinephrine Auto-Injection Devices**

I. Indication

Epinephrine auto-injection is indicated in the emergency treatment of allergic reactions (Type 1) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitos), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis.

Epinephrine auto-injection is intended for immediate administration in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Such reactions may occur within minutes after exposure and consist of flushing, apprehension, syncope, tachycardia, thread or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, wheezing, dyspnea due to laryngeal spasm, pruritus, rashes, urticaria or angioedema.

II. Dosage and Administration

Patients greater than or equal to 30kg (66 lbs) inject 0.3mg. Patients 15 to 30 kg (33 lbs – 66 lbs) inject 0.15mg. Inject intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. Each device is a single-use injection.

III. Warnings and Precautions

- In conjunction with use, seek immediate medical or hospital care.
- Do not inject intravenously, into buttock, or into digits, hands or feet.
- The presence of a sulfite in this product should not deter use.
- Administer with caution in patients with heart disease, including patients with cardiac arrhythmias, coronary artery or organic heart disease, or hypertension. In such patients, or in patients who are on drugs that may sensitize the heart to arrhythmias, epinephrine may precipitate or aggravate angina pectoris as well as produce ventricular arrhythmias.
- Some patients may be at greater risk of developing adverse reactions after epinephrine administration. These include the following: hyperthyroid persons, persons with cardiovascular disease, hypertension, or diabetes, elderly patients, pregnant women and pediatric patients.

IV. Adverse Reactions

Adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

V. Drug Interactions

- Patients who receive epinephrine while concomitantly taking cardiac glycosides or diuretics should be observed carefully for the development of cardiac arrhythmias.
- The effects of epinephrine may be potentiated by tricyclic antidepressants, monoamine oxidase inhibitors, levothyroxine sodium, and certain antihistamines.

- The cardiostimulating and bronchodilating effects of epinephrine are antagonized by beta-adrenergic blocking drugs.
- The vasoconstricting and hypertensive effects of epinephrine are antagonized by alpha-adrenergic blocking drugs.
- Ergot alkaloids may reverse the pressor effects of epinephrine.

VI. Utilization

SD Medicaid Epinephrine Auto-Injector Utilization			
07/01/12 - 06/30/13			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
EPIPEN 0.3 MG AUTO-INJECTOR	1	\$173.24	\$173.24
EPIPEN JR 0.15 MG AUTO-INJCT	5	\$538.22	\$107.64
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	432	\$96,124.88	\$222.51
EPIPEN JR 2-PAK 0.15 MG INJCTR	386	\$91,709.47	\$237.59
658 recipients	824	\$188,545.81	

Reference

1. EpiPen[®] [prescribing information]. Basking Ridge, NJ. Mylan Specialty L.P.; August 2012.
2. Auvi-Q[®] [prescribing information]. Bridgewater, NJ. Sanofi-Aventis U.S. LLC; September 2012.