

# South Dakota Department of Social Services

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Medicaid P&T Committee Meeting

March 31, 2017





**DEPARTMENT OF SOCIAL SERVICES**

MEDICAL SERVICES

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

**March 31, 2017**

**1:00 – 3:00 PM**

**Ramada Sioux Falls Airport Hotel  
1301 West Russell  
Sioux Falls, SD**

**Call to order**

**Approval of minutes of previous meeting**

**PA Update**

**Review of top 15 therapeutic categories/top 50 drugs**

**Old business**

**Opioid utilization and strategies for management**

**Review of Methadone**

**Review of OTC iron**

**Review of Nuplazid**

**Specialty drug definition and strategies for management**

**New business**

**Review of Emflaza**

**Review of Diclegis**

**Review of Eucrisa**

**Review of Onzetra**

**Review of Keveyis**

**Oral presentations and comments by manufacturers' representatives**

**Next meeting date/adjournment**

**Minutes of the December 9, 2016  
Pharmacy & Therapeutics (P&T) Committee Meeting  
South Dakota Department of Social Services, Division of Medical Services**

**Members Present**

Dana Darger, Mikal Holland, Bill Ladwig, Michelle Baack, Kelley Oehlke, Richard Holm, Lenny Petrik, James Engelbrecht, Timothy Soundy

**DSS Staff Present**

Mike Jockheck

**Administrative Business**

The meeting was called to order by Darger at 1:05 P.M. The minutes of the September meeting were presented. Ladwig made a motion to approve, Baack seconded the motion. The motion was approved unanimously.

**Prior Authorization Update (PA) and Statistics**

The committee reviewed the PA activity for September 2016. There were a total of 3,129 PAs processed in the month of September, with 99.74% of those requests responded to in less than eight hours. There were 2,422 requests (77%) received electronically and 707 requests (23%) received by fax. Baack noted a possible increase in the number of maximum units override requests.

**Analysis of the Top 15 Therapeutic Classes and Drug Spend**

The committee reviewed the top 15 therapeutic classes by total cost of claims from 7/1/2016 – 9/30/2016. The top five classes were antipsychotic agents, insulins, respiratory and CNS stimulants, amphetamines, and anticonvulsants, misc. The top 15 therapeutic classes make up 39.59% 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 14.79% of total claims. Darger questioned the inclusion of some physician administered drugs in the top 50.

**Patent Expiration Review**

The committee reviewed the anticipated availability of first-time generics. Darger asked if a biosimilar presentation with an emphasis on insulins would be helpful at the next meeting. Possible presenters will be researched. Holland recommended that committee members review a Frequently Asked Questions document produced by Prescribers Letter.

### **Methadone Second Review**

Methadone was reviewed at the September meeting. At that time the committee asked that a methadone PA form be developed and brought back to the December meeting for review. Baack motioned to add pediatric and adult abstinence syndrome to the list of covered diagnosis. Oehlke seconded. The motion was unanimously approved.

Jockheck gave an overview for a proposed opioid utilization plan. Ladwig suggested the Methadone PA should be clearer. The form will be brought back to the committee for review at the March meeting.

### **Opioid Strategies for Management Review**

At the September meeting the state asked the committee to provide insight on ways to manage opioid utilization. The committee asked that more information be provided at the December meeting pertaining to a Lock-In Program as well as morphine equivalent dosing. That information was presented for the Committees review. Ladwig suggested pain contracts. Darger suggested a review of the South Dakota Board of Medicine guidelines. Holland mentioned the South Dakota Legislature may also be looking at Legislation in this area. Baack mentioned that all Sanford affiliated prescribers are required to create an account with the South Dakota Prescription Drug Monitoring Program. Holland suggested that recipients also be included in any Lock-In related communications. Ladwig motioned to create a Lock-In program. Baack seconded. The motion passed unanimously. Holland moved to create morphine equivalent dosing limits. Ladwig Seconded. The motion passed unanimously. There was no public comment.

### **Zinbryta Second Review**

At the September meeting the committee requested a PA form be developed and presented at the December meeting for review. There was no public comment. Baack motioned to approve. Oehlke seconded. The motion passed unanimously.

### **Byvalson Second Review**

At the September meeting the committee requested a PA form be developed and presented at the December meeting for review. There was no public comment. Engelbrecht motioned to approve. Holm seconded. The motion passed unanimously.

### **Onfi Review**

PA requests for off-label use of Onfi have been increasing. The current Onfi PA form and utilization were presented for updated Committee recommendation. There was no public comment. Baack motioned to add language covering Onfi for intractable, treatment resistant seizure disorders, to remove the age restriction, and to require it to

be prescribed by a neurologist. Engelbrecht seconded. The motion passed unanimously.

### **Specialty Medication Review**

Engelbrecht suggested a review of specialty medications may be pertinent. Utilization of medications over \$5,000 was presented to the Committee. Engelbrecht gave an overview of the issues pertaining to specialty medications. Darger recommended the removal of physician administered drugs from pharmacy benefit coverage. Petrik noted an apparent error in the per prescription cost of Harvoni. Holm motioned that further study be done regarding how other Medicaid agencies control specialty medications. There was no public comment.

### **Over-the-counter (OTC) Iron**

The State requested the committee's insight whether OTC iron should be a covered product. There was no public comment. Holm requested information regarding what other State Medicaid's do with OTC Iron.

### **Orfadin Review**

No action was taken. There was no public comment.

### **Xiidra Review**

No action was taken. There was no public comment.

### **Nuplazid Review**

Nuplazid information was presented for review. There was no public comment. Engelbrech motioned a PA form be developed for the approved indications and which requires a neurologist or psychiatrist consult before being approved. Ladwig seconded. The motion passed unanimously.

### **Misc.**

Jockheck gave the Committee an update regarding the new Pharmacy Point of Sale Project.

The next meetings are scheduled for 3/31/2017, and 6/16/2017. Holm motioned to adjourn. Holland Seconded. The meeting adjourned at 2:19 P.M.

**South Dakota Medicaid  
Monthly Prior Authorization Report  
January 1, 2017 – January 31, 2017**

**Time Ratio**

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
3,545	3,450	95	97.32%	2.68%

**By Form Type**

Form Type	Description	Approve	Deny
ADP	Antidepressant	184	323
AFX	Amrix and Fexmid	1	0
ALT	Altabax	0	1
AMB	Ambien CR	4	11
ANF	Anti-Infectives (antibiotic)	1	0
ANT	Antihistamines	5	28
APS	Antipsychotic	295	377
ARB	ARBS	2	16
COA	Oral Anticoagulants	16	52
CON	Chronic Constipation Medications	7	12
DAW	Dispense As Written	12	2
GLP	GLP-1 Agonists	8	2
GRA	Gralise	0	4
GRH	Growth Hormone	5	0
GSM	Genitourinary SMR	11	32
HLM	Head Lice Medications	42	3
HOR	Horizant	0	2
LID	Lidoderm	1	120
LYR	Lyrica	0	8
MAX	Max Units Override	72	1270
MSA	Multiple Sclerosis Agents	1	1
NAR	Name Brand Narcotics	2	2
NUC	Opioids	5	13
ONF	Onfi	10	2
OPH	Ophthalmic Antihistamines	0	15
OTE	Otezla	1	1
PPI	Proton Pump Inhibitors	36	86
SMR	Skeletal Muscle Relaxants	0	17
STE	Nasal Steroids	8	80
STI	Stimulants	4	12
SUB	Suboxone/Subutex	9	26
TIM	Targeted Immune Modulators	8	8
TOP	Topical Acne Agents	20	109
TRP	Triptans	13	64
ULT	Ultram ER	1	1
UNK	UNKNOWN(online)	0	19
VIB	Viberzi	1	0
XIF	Xifaxan	4	32
XOI	Xanthine Oxidase Inhibitor	0	2
XOL	Xolair	2	1
<b>Totals</b>		<b>791</b>	<b>2754</b>

**South Dakota Medicaid  
Monthly Prior Authorization Report  
January 1, 2017 – January 31, 2017**

**By Request Type**

01/01/17 - 01/31/17	# of	Electronic Requests		Faxed Requests	
	Requests	#	%	#	%
<b>Prior Authorizations</b>					
Antidepressant	507	394	78%	113	22%
Amrix and Fexmid	1	0	0%	1	100%
Altanax	1	0	0%	1	100%
Ambien CR	15	11	73%	4	27%
Anti-Infectives (antibiotic)	1	0	0%	1	100%
Antihistamines	33	29	88%	4	12%
Antipsychotic	672	444	66%	228	34%
ARBS	18	16	89%	2	11%
Oral Anticoagulants	68	55	81%	13	19%
Chronic Constipation Medications	19	0	0%	19	100%
Dispense As Written	14	0	0%	14	100%
GLP-1 Agonists	10	0	0%	10	100%
Gralise	4	2	50%	2	50%
Growth Hormone	5	0	0%	5	100%
Genitourinary SMR	43	29	67%	14	33%
Head Lice Medications	45	0	0%	45	100%
Horizant	2	2	100%	0	0%
Lidoderm	121	105	87%	16	13%
Lyrica	8	8	100%	0	0%
Max Units Override	1361	1241	91%	120	9%
Multiple Sclerosis Agents	2	0	0%	2	100%
Name Brand Narcotics	4	0	0%	4	100%
Opioids	18	13	72%	5	28%
Onfi	12	0	0%	12	100%
Ophthalmic Antihistamines	15	14	93%	1	7%
Otezla	2	0	0%	2	100%
Proton Pump Inhibitors	122	96	79%	26	21%
Skeletal Muscle Relaxants	17	16	94%	1	6%
Nasal Steroids	88	74	84%	14	16%
Stimulants	16	11	69%	5	31%
Suboxone/Subutex	35	26	74%	9	26%
Targeted Immune Modulators	16	9	56%	7	44%
Topical Acne Agents	129	94	73%	35	27%
Triptans	77	62	81%	15	19%
Ultram ER	2	1	50%	1	50%
Viberzi	1	0	0%	1	100%
Xifaxan	36	28	78%	8	22%
Xanthine Oxidase Inhibitor	2	2	100%	0	0%
Xolair	3	0	0%	3	100%
<b>Prior Authorization Totals</b>	<b>3545</b>	<b>2782</b>	<b>78%</b>	<b>763</b>	<b>22%</b>

**South Dakota Medicaid  
Monthly Prior Authorization Report  
January 1, 2017 – January 31, 2017**

**Electronic PAs (Unique)**

<b>01/01/17 - 01/31/17</b>	<b># Unique Approved</b>	<b># Unique Denied</b>	<b># Unique Incomplete</b>	<b>Unique Total</b>	<b>Approval %</b>	<b>Total Transactions</b>
<b>Prior Authorizations:</b>						
Antidepressant	106	269	0	375	28%	394
Ambien CR	2	9	0	11	18%	11
Antihistamines	4	25	0	29	14%	29
Antipsychotic	131	266	0	397	33%	444
ARBS	2	14	0	16	13%	16
Oral Anticoagulants	6	33	0	39	15%	55
Gralise	0	2	0	2	0%	2
Genitourinary SMR	4	23	0	27	15%	29
Horizant	0	2	0	2	0%	2
Lidoderm	0	80	0	80	0%	105
Lyrica	0	4	0	4	0%	8
Max Units Override	8	1186	0	1194	1%	1241
Opioids	2	10	0	12	17%	13
Ophthalmic Antihistamines	0	13	0	13	0%	14
Proton Pump Inhibitors	21	71	0	92	23%	96
Skeletal Muscle Relaxants	0	14	0	14	0%	16
Nasal Steroids	4	59	0	63	6%	74
Stimulants	1	10	0	11	9%	11
Suboxone/Subutex	0	24	0	24	0%	26
Targeted Immune Modulators	4	5	0	9	44%	9
Topical Acne Agents	5	86	0	91	6%	94
Triptans	3	56	0	59	5%	62
Ultram ER	0	1	0	1	0%	1
Xifaxan	0	21	0	21	0%	28
Xanthine Oxidase Inhibitor	0	2	0	2	0%	2
<b>Total</b>	<b>303</b>	<b>2285</b>	<b>0</b>	<b>2588</b>	<b>12%</b>	<b>2782</b>

TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 10/01/2016 - 12/31/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	8,531	\$ 73,191.33	\$ 8.58	3.22%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	6,221	\$ 115,151.30	\$ 18.51	2.35%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	5,059	\$ 55,902.43	\$ 11.05	1.91%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	4,949	\$ 963,730.87	\$ 194.73	1.87%
AZITHROMYCIN	MACROLIDES	4,840	\$ 84,327.44	\$ 17.42	1.83%
FLUOXETINE HCL	ANTIDEPRESSANTS	4,796	\$ 55,604.57	\$ 11.59	1.81%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	4,504	\$ 30,828.93	\$ 6.84	1.70%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	4,393	\$ 72,652.35	\$ 16.54	1.66%
SERTRALINE HCL	ANTIDEPRESSANTS	4,314	\$ 31,678.00	\$ 7.34	1.63%
VYVANSE	AMPHETAMINES	4,247	\$ 1,011,125.01	\$ 238.08	1.60%
LEVOTHYROXINE SODIUM	THYROID AGENTS	4,161	\$ 65,047.35	\$ 15.63	1.57%
TRAZODONE HCL	ANTIDEPRESSANTS	3,490	\$ 22,174.46	\$ 6.35	1.32%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	3,281	\$ 60,355.60	\$ 18.40	1.24%
TRAMADOL HCL	OPIATE AGONISTS	3,271	\$ 26,157.71	\$ 8.00	1.24%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	3,235	\$ 52,682.69	\$ 16.29	1.22%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	3,039	\$ 16,684.98	\$ 5.49	1.15%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,681	\$ 15,521.18	\$ 5.79	1.01%
DEXTRORAMPHETAMINE-AMPHET ER	AMPHETAMINES	2,670	\$ 315,279.40	\$ 118.08	1.01%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,640	\$ 68,162.30	\$ 25.82	1.00%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	2,462	\$ 139,913.71	\$ 56.83	0.93%
AMOXICILLIN-CLAVULANATE POTASS	PENICILLINS	2,417	\$ 60,282.01	\$ 24.94	0.91%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	2,395	\$ 18,488.53	\$ 7.72	0.91%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	2,326	\$ 15,502.82	\$ 6.67	0.88%
FLUTICASON PROPRIONATE	CORTICOSTEROIDS (EENT)	2,325	\$ 29,054.36	\$ 12.50	0.88%
PREDNISONE	ADRENALS	2,231	\$ 16,407.78	\$ 7.35	0.84%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	2,179	\$ 128,821.63	\$ 59.12	0.82%
POLYETHYLENE GLYCOL 3350	CATHARTICS AND LAXATIVES	2,167	\$ 56,506.15	\$ 26.08	0.82%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	2,146	\$ 58,329.78	\$ 27.18	0.81%
CEFIDINIR	CEPHALOSPORINS	2,135	\$ 80,482.49	\$ 37.70	0.81%
CEPHALEXIN	CEPHALOSPORINS	2,094	\$ 32,345.06	\$ 15.45	0.79%
METFORMIN HCL	BIGUANIDES	2,057	\$ 15,647.95	\$ 7.61	0.78%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,881	\$ 13,852.17	\$ 7.36	0.71%
ARIPIRAZOLE	ANTIPSYCHOTIC AGENTS	1,873	\$ 220,071.24	\$ 117.50	0.71%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,846	\$ 11,339.37	\$ 6.14	0.70%
VITAMIN D2	VITAMIN D	1,831	\$ 11,076.01	\$ 6.05	0.69%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	1,819	\$ 12,267.25	\$ 6.74	0.69%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,759	\$ 24,272.51	\$ 13.80	0.66%
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	1,750	\$ 24,560.16	\$ 14.03	0.66%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,735	\$ 20,162.83	\$ 11.62	0.66%
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	1,697	\$ 16,164.90	\$ 9.53	0.64%
CYCLOBENZAPRINE HCL	CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	1,684	\$ 10,975.39	\$ 6.52	0.64%
TRIAMCINOLONE ACETONIDE	ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)	1,637	\$ 20,934.87	\$ 12.79	0.62%
ATORVASTATIN CALCIUM	HMG-COA REDUCTASE INHIBITORS	1,597	\$ 16,205.10	\$ 10.15	0.60%
VENLAFAXINE HCL ER	ANTIDEPRESSANTS	1,507	\$ 31,845.47	\$ 21.13	0.57%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	1,503	\$ 12,092.74	\$ 8.05	0.57%
ONDANSETRON ODT	5-HT3 RECEPTOR ANTAGONISTS	1,498	\$ 20,363.59	\$ 13.59	0.57%
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	1,496	\$ 36,899.16	\$ 24.67	0.57%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,466	\$ 294,303.70	\$ 200.75	0.55%
BUPROPION XL	ANTIDEPRESSANTS	1,436	\$ 32,615.47	\$ 22.71	0.54%
MIRTAZAPINE	ANTIDEPRESSANTS	1,416	\$ 18,158.81	\$ 12.82	0.54%
TOTAL TOP 25		138,687	\$ 4,636,210.91	\$ 33.43	52.41%

Total Rx Claims From 10/01/2016 - 12/31/2016	264,614
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TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 10/01/2016 - 12/31/2016

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
VYVANSE	AMPHETAMINES	4,247	\$ 1,011,125.01	\$ 238.08	1.60%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	4,949	\$ 963,730.87	\$ 194.73	1.87%
LATUDA	ANTIPSYCHOTIC AGENTS	580	\$ 587,478.56	\$ 1,012.89	0.22%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,208	\$ 503,284.39	\$ 416.63	0.46%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	1,072	\$ 440,355.00	\$ 410.78	0.41%
HUMIRA PEN	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	81	\$ 436,742.42	\$ 5,391.88	0.03%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	242	\$ 434,630.45	\$ 1,795.99	0.09%
ONFI	BENZODIAZEPINES (ANTICONVULSANTS)	283	\$ 322,752.94	\$ 1,140.47	0.11%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	2,670	\$ 315,279.40	\$ 118.08	1.01%
NOVOLOG FLEXPEN	INSULINS	565	\$ 313,127.99	\$ 554.21	0.21%
EPCLUSA	HCV ANTIVIRALS	12	\$ 312,210.96	\$26,017.58	0.00%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,466	\$ 294,303.70	\$ 200.75	0.55%
LANTUS SOLOSTAR	INSULINS	669	\$ 289,359.90	\$ 432.53	0.25%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	756	\$ 264,667.41	\$ 350.09	0.29%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	66	\$ 254,940.19	\$ 3,862.73	0.02%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	1,133	\$ 246,637.57	\$ 217.69	0.43%
PULMOZYME	MUCOLYTIC AGENTS	80	\$ 241,940.53	\$ 3,024.26	0.03%
NOVOLOG	INSULINS	521	\$ 240,951.97	\$ 462.48	0.20%
GATTEX	GI DRUGS, MISCELLANEOUS	7	\$ 233,398.88	\$33,342.70	0.00%
ARIPIPRAZOLE	ANTIPSYCHOTIC AGENTS	1,873	\$ 220,071.24	\$ 117.50	0.71%
PREVACID	PROTON-PUMP INHIBITORS	439	\$ 213,924.00	\$ 487.30	0.17%
NOVOEIGHT	HEMOSTATICS	7	\$ 198,817.11	\$28,402.44	0.00%
LEVEMIR FLEXTOUCH	INSULINS	396	\$ 190,570.35	\$ 481.24	0.15%
ADVATE	HEMOSTATICS	9	\$ 177,134.41	\$19,681.60	0.00%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	41	\$ 175,478.74	\$ 4,279.97	0.02%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	493	\$ 158,955.81	\$ 322.43	0.19%
PROMACTA	HEMATOPOIETIC AGENTS	15	\$ 153,487.20	\$10,232.48	0.01%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	230	\$ 152,207.69	\$ 661.77	0.09%
NORDITROPIN FLEXPRO	PITUITARY	59	\$ 146,431.82	\$ 2,481.90	0.02%
ORKAMBI	CYSTIC FIBROSIS (CFTR) POTENTIATORS	7	\$ 145,628.63	\$20,804.09	0.00%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	2,462	\$ 139,913.71	\$ 56.83	0.93%
RECOMBINATE	HEMOSTATICS	5	\$ 138,273.16	\$27,654.63	0.00%
OXYCONTIN	OPIATE AGONISTS	358	\$ 133,575.42	\$ 373.12	0.14%
TETRABENAZINE	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	17	\$ 132,211.79	\$ 7,777.16	0.01%
HARVONI	HCV ANTIVIRALS	4	\$ 131,548.40	\$32,887.10	0.00%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	2,179	\$ 128,821.63	\$ 59.12	0.82%
JANUVIA	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	348	\$ 125,212.44	\$ 359.81	0.13%
TECFIDERA	IMMUNOMODULATORY AGENTS	19	\$ 124,830.56	\$ 6,570.03	0.01%
GENOTROPIN	PITUITARY	42	\$ 120,340.28	\$ 2,865.24	0.02%
LANTUS	INSULINS	286	\$ 119,524.52	\$ 417.92	0.11%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	153	\$ 115,367.75	\$ 754.04	0.06%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	6,221	\$ 115,151.30	\$ 18.51	2.35%
COPAXONE	IMMUNOMODULATORY AGENTS	20	\$ 112,618.92	\$ 5,630.95	0.01%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	301	\$ 108,906.02	\$ 361.81	0.11%
IMBRUVICA	ANTINEOPLASTIC AGENTS	10	\$ 106,943.20	\$10,694.32	0.00%
REXULTI	ANTIPSYCHOTIC AGENTS	109	\$ 105,043.57	\$ 963.70	0.04%
ABILIFY MAINTENA	ANTIPSYCHOTIC AGENTS	58	\$ 104,855.00	\$ 1,807.84	0.02%
BANZEL	ANTICONVULSANTS, MISCELLANEOUS	61	\$ 101,257.39	\$ 1,659.96	0.02%
PALIPERIDONE ER	ANTIPSYCHOTIC AGENTS	128	\$ 100,520.84	\$ 785.32	0.05%
ADVAIR HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	298	\$ 100,515.78	\$ 337.30	0.11%
TOTAL TOP 25		37,255	\$ 12,005,056.82	\$ 322.24	14.08%

Total Rx Claims From 10/01/2016 - 12/31/2016	264,614
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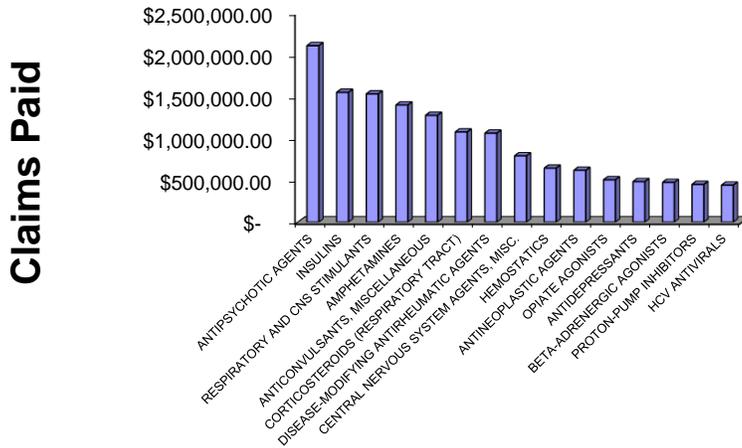
**SOUTH DAKOTA MEDICAID  
Cost Management Analysis**

**TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 10/01/2016 - 12/31/2016**

<b>AHFS Therapeutic Class</b>	<b>Rx</b>	<b>Paid</b>	<b>Paid/Rx</b>	<b>% Total Claims</b>
ANTIPSYCHOTIC AGENTS	8,898	\$ 2,111,030.36	\$ 237.25	3.36%
INSULINS	3,241	\$ 1,555,011.76	\$ 479.79	1.22%
RESPIRATORY AND CNS STIMULANTS	8,992	\$ 1,535,931.95	\$ 170.81	3.40%
AMPHETAMINES	8,222	\$ 1,404,153.68	\$ 170.78	3.11%
ANTICONSULSANTS, MISCELLANEOUS	12,841	\$ 1,280,960.96	\$ 99.76	4.85%
CORTICOSTEROIDS (RESPIRATORY TRACT)	3,927	\$ 1,080,945.93	\$ 275.26	1.48%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	276	\$ 1,067,038.57	\$ 3,866.08	0.10%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	3,982	\$ 795,453.68	\$ 199.76	1.50%
HEMOSTATICS	38	\$ 647,336.78	\$ 17,035.18	0.01%
ANTINEOPLASTIC AGENTS	566	\$ 621,762.15	\$ 1,098.52	0.21%
OPIATE AGONISTS	14,543	\$ 507,912.57	\$ 34.92	5.50%
ANTIDEPRESSANTS	25,442	\$ 485,748.26	\$ 19.09	9.61%
BETA-ADRENERGIC AGONISTS	9,043	\$ 476,496.35	\$ 52.69	3.42%
PROTON-PUMP INHIBITORS	7,794	\$ 452,008.06	\$ 57.99	2.95%
HCV ANTIVIRALS	16	\$ 443,759.36	\$ 27,734.96	0.01%
<b>TOTAL TOP 15</b>	<b>107,821</b>	<b>\$ 14,465,550.42</b>	<b>\$ 134.16</b>	<b>40.75%</b>

Total Rx Claims From 10/01/2016 - 12/31/2016	264,614
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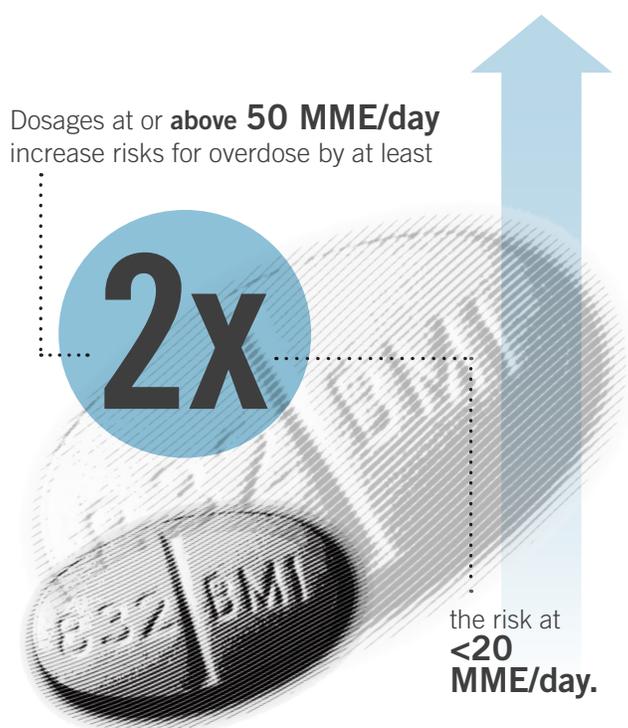
**Top 15 Therapeutic Classes  
Based on Total Cost of Claims**



# CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

## Higher Dosage, Higher Risk.

Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Higher dosages haven't been shown to reduce pain over the long term. One randomized trial found no difference in pain or function between a more liberal opioid dose escalation strategy (with average final dosage 52 MME) and maintenance of current dosage (average final dosage 40 MME).



## WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

**Patients prescribed higher opioid dosages are at higher risk of overdose death.**

In a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioids from 2004–2009, **patients who died** of opioid overdose were prescribed an average of **98 MME/day**, while **other patients** were prescribed an average of **48 MME/day**.

**Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.**

## HOW MUCH IS 50 OR 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS?

### 50 MME/day:

- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15 mg)
- 12 mg of methadone (<3 tablets of methadone 5 mg)

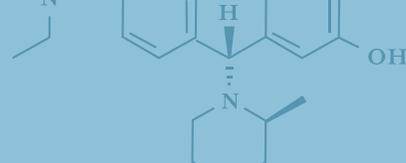
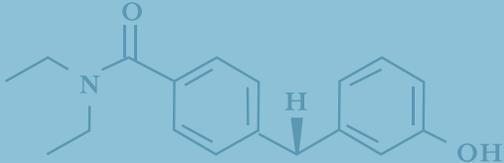
### 90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)



## HOW SHOULD THE TOTAL DAILY DOSE OF OPIOIDS BE CALCULATED?

1

**DETERMINE** the total daily amount of each opioid the patient takes.

2

**CONVERT** each to MMEs—multiply the dose for each opioid by the conversion factor. (see table)

3

**ADD** them together.



### Calculating morphine milligram equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.*

#### CAUTION:

- Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another—the new opioid should be lower to avoid unintentional overdose caused by incomplete cross-tolerance and individual differences in opioid pharmacokinetics. Consult the medication label.

#### USE EXTRA CAUTION:

- Methadone:** the conversion factor increases at higher doses
- Fentanyl:** dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors

## HOW SHOULD PROVIDERS USE THE TOTAL DAILY OPIOID DOSE IN CLINICAL PRACTICE?

- Use caution when prescribing opioids at any dosage and prescribe the lowest effective dose.
- Use extra precautions when increasing to ≥50 MME per day\* such as:
  - Monitor and assess pain and function more frequently.
  - Discuss reducing dose or tapering and discontinuing opioids if benefits do not outweigh harms.
  - Consider offering naloxone.
- Avoid or carefully justify increasing dosage to ≥90 MME/day.\*



\* These dosage thresholds are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication-assisted treatment for opioid use disorder.



## **PRODUCT DETAILS OF Iron (OTC)**

### **INDICATIONS AND USE:**

Iron salts are used to treat anemia, iron-deficiency anemia and as a nutritional supplement

### **DOSAGE AND ADMINISTRATION:**

- For the treatment of iron-deficiency anemia: 60mg elemental iron 1 to 3 times daily (adults) and 3 to 6 mg elemental iron/kg/day (divided into 1 to 3 doses daily) for term neonates, infants and children

### **DOSAGE FORM AND STRENGTHS:**

Varies

### **CONTRAINDICATIONS:**

- Hemochromatosis
- Hemosiderosis
- Sideroblastic anemia
- Thalassemia

### **WARNINGS AND PRECAUTIONS:**

- Accidental exposure (Black Box Warning)

### **MEDICAID COVERAGE:**

Coverage under other State Medicaid Programs vary. Some states do not cover any OTC iron products, while others limit coverage to patients who are pregnant or under the age of 21. Still other states cover OTC iron products for all patients, but may have preferred/non-preferred agents, or require the products to have a federal rebate.

### References:

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 6, 2017.



**NUPLAZID  
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 Byvalson must meet the following criteria:**

- Patient must have a diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis
- Medication must be prescribed by a Neurologist or Psychiatrist

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

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

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

**Part III: TO BE COMPLETED BY PHYSICIAN:**

Requested Drug:	Diagnosis for this Request:
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 Medications > \$5,000**

**Utilization CY 2016**

<b>Description</b>	<b>Dollar Total</b>	<b>Dollar/Rx</b>
ADEMPAS 2.5 MG TABLET	\$27,188.43	\$9,062.81
ADVATE 1,801-2,400 UNITS VIAL	\$969,047.61	\$88,095.24
ADVATE 200-400 UNITS VIAL	\$57,876.83	\$9,646.14
ADVATE 401-800 UNITS VIAL	\$31,069.02	\$15,534.51
ADVATE 401-800 UNITS VIAL	\$33,708.54	\$8,427.14
ADVATE 801-1,200 UNITS VIAL	\$19,323.71	\$19,323.71
AFINITOR 10 MG TABLET	\$69,808.90	\$11,634.82
AFINITOR 5 MG TABLET	\$24,337.42	\$12,168.71
AFINITOR 7.5 MG TABLET	\$119,610.74	\$11,961.07
ALECENSA 150 MG CAPSULE	\$12,874.21	\$12,874.21
ALPROLIX 1,000 UNIT NOMINAL	\$182,883.35	\$18,288.34
AUBAGIO 14 MG TABLET	\$73,136.52	\$5,625.89
AVONEX PREFILLED SYR 30 MCG KT	\$11,578.08	\$5,789.04
CATHFLO ACTIVASE 2 MG VIAL	\$38,116.07	\$6,352.68
CAYSTON 75 MG INHAL SOLUTION	\$31,108.49	\$5,184.75
CIMZIA 200 MG/ML STARTER KIT	\$20,952.66	\$10,476.33
COPAXONE 20 MG/ML SYRINGE	\$28,458.91	\$5,691.78
COPAXONE 40 MG/ML SYRINGE	\$375,142.46	\$5,599.14
CUPRIMINE 250 MG CAPSULE	\$8,203.38	\$8,203.38
EPCLUSA 400 MG-100 MG TABLET	\$130,087.90	\$26,017.58
GATTEX 5 MG 30-VIAL KIT	\$270,155.82	\$33,769.48
GENOTROPIN 12 MG CARTRIDGE	\$118,982.04	\$5,408.27
GENOTROPIN MINIQUICK 2 MG	\$65,868.48	\$6,586.85
GILENYA 0.5 MG CAPSULE	\$176,864.24	\$6,802.47
GLATOPA 20 MG/ML SYRINGE	\$5,134.75	\$5,134.75
GLEEVEC 100 MG TABLET	\$37,392.23	\$12,464.08
GLEEVEC 400 MG TABLET	\$73,984.63	\$12,330.77
HARVONI 90-400 MG TABLET	\$36,731.50	\$12,243.83
HELIXATE FS 1,000 UNIT VIAL	\$58,010.54	\$29,005.27
HELIXATE FS 500 UNIT VIAL	\$28,353.07	\$28,353.07
HUMIRA PEN CROHN-UC-HS STARTER	\$72,172.95	\$12,028.83
HUMIRA PEN PSORIASIS-UVEITIS	\$16,485.25	\$8,242.63
IBRANCE 125 MG CAPSULE	\$42,184.16	\$10,546.04
IBRANCE 75 MG CAPSULE	\$21,603.94	\$10,801.97
IMATINIB MESYLATE 400 MG TAB	\$78,923.30	\$9,865.41
IMBRUVICA 140 MG CAPSULE	\$128,331.84	\$10,694.32
INVEGA TRINZA 819 MG/2.625 ML	\$73,443.18	\$6,676.65
KALYDECO 150 MG TABLET	\$224,567.64	\$24,951.96
KUVAN 100 MG TABLET	\$43,133.23	\$6,161.89
LENVIMA 18 MG DAILY DOSE	\$15,076.45	\$15,076.45
LUPRON DEPOT-PED 30 MG 3MO KIT	\$47,858.95	\$6,836.99
LYNPARZA 50 MG CAPSULE	\$9,384.57	\$9,384.57
NEXAVAR 200 MG TABLET	\$15,033.44	\$15,033.44
NOVOEIGHT 2,000 UNIT VIAL	\$64,609.87	\$32,304.94

**SD Medicaid Medications > \$5,000**

**Utilization CY 2016**

NPLATE 250 MCG VIAL	\$6,329.58	\$6,329.58
NPLATE 500 MCG VIAL	\$91,908.48	\$11,488.56
NUTROPIN AQ 20 MG/2ML PEN CART	\$12,953.34	\$6,476.67
NUTROPIN AQ NUSPIN 20 INJECTOR	\$140,207.36	\$6,676.54
NUTROPIN AQ PEN CARTRIDGE	\$11,057.24	\$5,528.62
OLYSIO 150 MG CAPSULE	\$23,094.38	\$23,094.38
ORKAMBI 100 MG-125 MG TABLET	\$62,412.27	\$20,804.09
ORKAMBI 200 MG-125 MG TABLET	\$374,467.02	\$20,803.72
PROMACTA 25 MG TABLET	\$165,002.59	\$9,706.03
PROMACTA 25 MG TABLET	\$78,974.65	\$8,774.96
REBIF 44 MCG/0.5 ML SYRINGE	\$31,572.69	\$6,314.54
RECOMBINATE 1,241-1,800 UNIT V	\$303,644.56	\$37,955.57
RECOMBINATE 401-800 UNIT VIAL	\$63,738.45	\$9,105.49
REVLIMID 10 MG CAPSULE	\$32,338.20	\$16,169.10
REVLIMID 15 MG CAPSULE	\$12,709.64	\$6,354.82
SABRIL 500 MG POWDER PACKET	\$42,284.79	\$10,571.20
SOVALDI 400 MG TABLET	\$175,398.60	\$29,233.10
STELARA 45 MG/0.5 ML SYRINGE	\$89,724.11	\$8,972.41
STELARA 90 MG/ML SYRINGE	\$73,850.96	\$18,462.74
SUTENT 37.5 MG CAPSULE	\$135,107.59	\$13,510.76
SUTENT 50 MG CAPSULE	\$14,759.47	\$14,759.47
TARCEVA 150 MG TABLET	\$7,565.62	\$7,565.62
TECFIDERA DR 240 MG CAPSULE	\$344,241.57	\$6,374.84
TECFIDERA STARTER PACK	\$25,044.49	\$6,261.12
TETRABENAZINE 12.5 MG TABLET	\$18,951.35	\$6,317.12
TETRABENAZINE 12.5 MG TABLET	\$29,641.65	\$5,928.33
TETRABENAZINE 25 MG TABLET	\$96,392.16	\$12,049.02
TETRABENAZINE 25 MG TABLET	\$142,671.85	\$8,392.46
TOBI PODHALER 28 MG INHALE CAP	\$63,958.50	\$9,136.93
TRACLEER 125 MG TABLET	\$133,171.23	\$9,512.23
XALKORI 250 MG CAPSULE	\$118,097.04	\$14,762.13
XENAZINE 12.5 MG TABLET	\$103,237.25	\$7,941.33
XTANDI 40 MG CAPSULE	\$8,625.87	\$8,625.87
ZENPEP DR 40,000 UNITS CAPSULE	\$44,770.68	\$6,395.81
ZYTIGA 250 MG TABLET	\$71,153.53	\$7,905.95

## **PRODUCT DETAILS OF EMFLAZA (DEFLAZACORT)**

### **INDICATIONS AND USE:**

Emflaza is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 5 years of age and older.

### **DOSAGE AND ADMINISTRATION:**

- Recommended dose is 0.9mg/kg/day administered orally once daily.

### **DOSAGE FORM AND STRENGTHS:**

Tablets: 6 mg, 18 mg, 30 mg and 36 mg

Oral Suspension: 22.75 mg/mL

### **WARNINGS AND PRECAUTIONS:**

- Alterations in endocrine function with chronic use
- Immunosuppression and increased risk of infection
- Alterations in cardiovascular/renal function
- Gastrointestinal perforation
- Behavioral and mood disturbances
- Decrease in bone mineral density with chronic use
- Ophthalmic effects
- Do not administer live or live attenuated vaccines
- Serious skin rashes

### **ADVERSE REACTIONS:**

Most common adverse reactions include Cushingoid appearance, increased weight and appetite, upper respiratory tract infection, cough, pollakiuria, hirsutism, central obesity and nasopharyngitis.

### **DRUG INTERACTIONS:**

- Moderate or strong CYP3A4 inhibitors (reduce dose of deflazacort)
- Strong CYP3A4 Inducers (avoid use with deflazacort)

### **COST:**

Approximately \$7400 per month

References:

1. Emflaza [package insert]. Northbrook, IL: Marathon Pharmaceuticals, LLC; February 2016.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 1, 2017.

## **PRODUCT DETAILS OF DICLEGIS (DOXYLAMINE/PYRIDOXINE)**

\*Note: This product currently requires a prior authorization (requires a diagnosis of nausea and vomiting of pregnancy and a trial of ondansetron). This product is being re-reviewed at the request of an OB/GYN who has asked that we look at the prior use requirements.

### **INDICATIONS AND USE:**

Diclegis is indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

### **DOSAGE AND ADMINISTRATION:**

- Recommended dose is two tablets daily at bedtime – may increase to a maximum dosage of four tablets daily in divided doses.

### **DOSAGE FORM AND STRENGTHS:**

Delayed-release tablets: 10 mg doxylamine and 10 mg pyridoxine

### **WARNINGS AND PRECAUTIONS:**

- Central nervous system
- Anticholinergic actions

### **ADVERSE REACTIONS:**

Most common adverse reaction is somnolence.

### **DRUG INTERACTIONS:**

- Severe drowsiness can occur when used in combination with alcohol or other sedating medications

### **COST:**

Approximately \$6 per tablet

### References:

1. Diclegis [package insert]. Bryn Mawr, PA: Duchesnay Inc.; April 2013.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 1, 2017.

## **PRODUCT DETAILS OF EUCRISA (CRISABOROLE) OINTMENT**

### **INDICATIONS AND USE:**

Eucrisa is a phosphodiesterase 4 inhibitor indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

### **DOSAGE AND ADMINISTRATION:**

- Recommended dose is a thin layer applied twice daily.

### **DOSAGE FORM AND STRENGTHS:**

Ointment: 2%

### **WARNINGS AND PRECAUTIONS:**

- Hypersensitivity reactions

### **ADVERSE REACTIONS:**

Most common adverse reaction is application site pain.

### **DRUG INTERACTIONS:**

- None listed

### **COST:**

Approximately \$696/60 gm

### References:

1. Eucrisa [package insert]. Palo Alto, CA: Anacor Pharmaceuticals; December 2016.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 1, 2017.

## **PRODUCT DETAILS OF ONZETRA XSAIL (SUMATRIPTAN NASAL POWDER)**

### **INDICATIONS AND USE:**

Onzetra Xsail is a triptan indicated for the acute treatment of migraine with or without aura in adults.

### **DOSAGE AND ADMINISTRATION:**

- Recommended dose is 22 mg (11 mg in each nostril). Maximum dose should not exceed two doses (separated by at least 2 hours) in a 24-hour period.

### **DOSAGE FORM AND STRENGTHS:**

Capsule (in disposable nosepiece): 11 mg

### **CONTRAINDICATIONS:**

- History of coronary artery disease (CAD) or coronary vasospasm
- Wolff-Parkinson-White syndrome or other cardiac accessory conduction pathway disorders
- History of stroke, transient ischemic attack or hemiplegic or basilar migraine
- Peripheral vascular disease
- Ischemic bowel disease
- Uncontrolled hypertension
- Recent (within 24 hours) use of another triptan or of an ergotamine-containing medication
- Concurrent or recent (within the past 2 weeks) use of an MAO inhibitor
- Severe hepatic impairment

### **WARNINGS AND PRECAUTIONS:**

- Myocardial ischemia/infarction and Prinzmetal's angina
- Arrhythmias
- Chest/throat/neck/jaw pain, tightness, pressure or heaviness
- Cerebral hemorrhage, subarachnoid hemorrhage and stroke
- GI ischemia and infarction events, peripheral vasospastic reactions
- Medication overuse headache

- Serotonin syndrome
- Seizures

**ADVERSE REACTIONS:**

Most common adverse reactions are abnormal taste, nasal discomfort, rhinorrhea and rhinitis.

**DRUG INTERACTIONS:**

- Ergot containing drugs (use with sumatriptan within 24 hours of each other is contraindicated)
- MAO Inhibitors (use with sumatriptan is contraindicated)
- Other triptans (use with sumatriptan within 24 hours of each other is contraindicated)
- SSRIs, SNRIs and TCAs (cases of serotonin syndrome have been reported with concurrent use with sumatriptan)

**COST:**

Approximately \$624/16 sprays

## References:

1. Onzetra [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; January 2016.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 1, 2017.

## **PRODUCT DETAILS OF KEVEYIS (DICHLORPHENAMIDE)**

### **INDICATIONS AND USE:**

Keveyis is indicated for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis and related variants.

Note: response to dichlorphenamide may vary; therefore, it is recommended to evaluate patient's response after 2 months of treatment to determine if therapy should be continued.

### **DOSAGE AND ADMINISTRATION:**

- Initial dose is 50 mg twice daily. Patients should be titrated based on individual response to a maximum of 200 mg daily.

### **DOSAGE FORM AND STRENGTHS:**

Tablet: 50 mg

### **CONTRAINDICATIONS:**

- Hepatic insufficiency
- Severe pulmonary obstruction
- Concomitant use with high dose aspirin

### **WARNINGS AND PRECAUTIONS:**

- Hypersensitivity/Anaphylaxis/Idiosyncratic reactions
- Hypokalemia
- Metabolic acidosis
- Falls

### **ADVERSE REACTIONS:**

Most common adverse reactions are paresthesias, cognitive disorder, dysgeusia and confusional state

### **DRUG INTERACTIONS:**

- Aspirin (High-dose aspirin is contraindicated in patients receiving dichlorphenamide. Low dose aspirin should be used with caution.)

**COST:**

Approximately \$164/tablet

## References:

1. Keveyis [package insert]. Hawthorne, NY: Taro Pharmaceuticals USA, Inc.; August 2015.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 2, 2017.