

# South Dakota Department of Social Services

Medicaid P&T Committee Meeting  
September 29, 2017



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

**September 29, 2017  
1:00 – 3:00 PM**

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

Pierre  
Capitol Building  
DDN Room A  
500 East Capitol

Rapid City  
SD School of Mines & Technology  
Public Room  
501 East Joseph Street

**Call to order**

**Approval of minutes of previous meeting**

**Introductions**

**PA update**

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

**Old business**

**Opioid utilization and strategies for management, Division of Behavioral Health presentation**

**Review of Dupixent**

**Review of Xyrlix Kit**

**Review of Zorvolex/Zipsor/Cambia**

**New business**

**Optum overview**

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

**Next meeting date/adjournment**

**Minutes of the June 23, 2017  
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

**DSS Staff Present**

Mike Jockheck

**Administrative Business**

The meeting was called to order by Darger at 1:00 P.M. The minutes of the December meeting were presented. Ladwig made a motion to approve, Holm seconded the motion. The motion was approved unanimously.

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

The committee reviewed the PA activity for April 2017. There were a total of 3,071 PAs processed in the month of April, with 99.32% of those requests responded to in less than eight hours. There were 2,166 requests (71%) received electronically and 905 requests (29%) received by fax.

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

The committee reviewed the top 15 therapeutic classes by total cost of claims from 01/01/17 – 03/31/17. The top five classes were antipsychotic agents, respiratory and CNS stimulants, insulins, amphetamines, and anticonvulsants, misc. The top 15 therapeutic classes make up 38.32% 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 15.08% of total claims. In response to a request at the last meeting, a list of insulin products included in the insulin AHFS class was given. The drug spend and medication for hemophilia was also discussed.

**Opioid Strategies for Management Review**

The committee has requested a report that will review patients taking opiates and determine how many patients are at each MME breakpoint. There was also discussion of sending out educational information regarding MME's to prescribers of opiates. Further discussion of opioid utilization management will be added to the agenda for future meetings. There was no public comment.

### **Topical Immunomodulators Review**

A review of indications, cost comparisons and summary of criteria from other states was given for the topical immunomodulators, including Elidel, Protopic and Eucrisa There was no public comment.

### **Dupixent Review**

Dupixent information was presented for review. Kathryn Munoz, representative from Sanofi-Genzyme, spoke regarding the indications and use of Dupixent. The committee requested that a PA form be developed. The PA form will contain the following: prescribed in consultation with a dermatologist or allergist/immunologist, require diagnosis, require a trial of a first-line agent and be age appropriate. Bakke made a motion that the PA form be brought back for review during the September meeting. Ladwig seconded. The motion passed unanimously.

### **Insulin Review**

At the March meeting the committee requested a brief overview of available insulin products. Deidra Van Gilder, PharmD, from South Dakota State University College of Pharmacy gave a brief overview of available insulin products. Joseph Loftus, MD, representative from Novo Nordisk spoke.

### **Review of Codeine and Tramadol Utilization**

The recent FDA Drug Safety Communication regarding the use of codeine and tramadol in patients younger than 12 was reviewed. State utilization of these products was discussed. The committee considered ways to limit utilization in this population. It was decided to identify the number of providers that had prescribed to this group of patients and discuss at the September meeting. There was no public comment.

### **Xyrlix Kit Review**

Xyrlix information was presented for review. The committee requested that a PA form be developed. The PA form will contain the following: require a trial of diclofenac gel. There was no public comment. Ladwig made a motion that the PA form be brought back for review during the September meeting, as well as information as to how other states are handling this medication. Bakke seconded. The motion passed unanimously.

### **Zorvolex/Zipsor/Cambia Review**

Zorvolex, Zipsor and Cambia information was presented for review. The committee requested that a PA form be developed. The PA form will contain the following: require a trial of a generic diclofenac product. There was no public comment. Holm made a

motion that the PA form be brought back for review during the September meeting. Bakke seconded. The motion passed unanimously.

Jockheck addressed the committee, explaining that a new member was needed. There was discussion regarding about whether the candidate should be a pharmacist or physician and if it would be beneficial to the committee to have a provider with a specialty. Jockheck asked that all potential candidates be directed to his office for instructions on how to proceed with applying for the position.

The next meeting is scheduled for 09/29/2017. Holland motioned to adjourn. Holm seconded. The meeting adjourned at 2:50 P.M.

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### Time Ratio

Total PAs	Response Under 8 Hours	Response Over 8 Hours	% Under 8 Hours	% Over 8 Hours
2,595	2,440	155	94.03%	5.97%

### By Form Type

Form Type	Description	Approve	Deny
ADP	Antidepressant	78	106
AMB	Ambien CR	7	8
ANF	Anti-Infectives (antibiotics)	0	1
ANT	Antihistamines	8	43
APS	Antipsychotic	255	268
ARB	ARBS	1	0
AUB	Aubagio	1	0
COA	Oral Anticoagulants	15	25
CON	Chronic Constipation Medication	17	13
DAW	Dispense As Written	6	4
EME	Antiemetics	0	3
GLP	GLP-1 Agonists	9	3
GRH	Growth Hormone	3	2
GSM	Genitourinary SMR	8	11
HEP	Hepatitis Meds	2	4
HLM	Head Lice Medication	19	10
LID	Lidoderm	0	51
LYR	Lyrica	7	185
MAX	Max Units Override	58	404
NAR	Name Brand Narcotics	2	0
NUC	Opioids	9	15
ONF	Onfi	8	0
OPH	Ophthalmic Antihistamines	0	52
OTE	Otezla	0	1
PPI	Proton Pump Inhibitors	37	72
REL	Relistor	1	1
SMR	Skeletal Muscle Relaxants	1	19
STE	Nasal Steroids	3	13
STI	Stimulants	2	1
SUB	Suboxone/Subutex	10	24
TIM	Targeted Immune Modulators	16	6
TOP	Topical Acne Agents	16	94
TRP	Triptans	18	25
ULT	Ultram ER	1	0
UNK	UNKNOWN(online)	0	503
XIF	Xifaxan	1	8
XOL	Xolair	1	0
<b>Totals</b>		<b>620</b>	<b>1975</b>

### By Request Type

07/01/17 – 07/31/17	# of	Electronic Requests		Faxed Requests	
	Requests	#	%	#	%
<b>Prior Authorizations</b>					
Antidepressant	184	142	77%	42	23%
Ambien CR	15	11	73%	4	27%
Anti-Infectives (antibiotics)	1	1	100%	0	0%
Antihistamines	51	42	82%	9	18%
Antipsychotic	523	355	68%	168	32%
ARBS	1	1	100%	0	0%
Aubagio	1	0	0%	1	100%
Oral Anticoagulants	40	29	73%	11	28%
Chronic Constipation Medications	30	0	0%	30	100%
Dispense As Written	10	0	0%	10	100%
Antiemetics	3	3	100%	0	0%
GLP-1 Agonists	12	0	0%	12	100%
Growth Hormone	5	0	0%	5	100%
Genitourinary SMR	19	13	68%	6	32%
Hepatitis Meds	6	0	0%	6	100%
Head Lice Medication	29	0	0%	29	100%
Lidoderm	51	46	90%	5	10%
Lyrica	192	163	85%	29	15%
Max Units Override	462	352	76%	110	24%
Name Brand Narcotics	2	0	0%	2	100%
Opioids	24	17	71%	7	29%
Onfi	8	0	0%	8	100%
Ophthalmic Antihistamines	52	43	83%	9	17%
Otezla	1	0	0%	1	100%
Proton Pump Inhibitors	109	91	83%	18	17%
Relistor	2	1	50%	1	50%
Skeletal Muscle Relaxants	20	20	100%	0	0%
Nasal Steroids	16	13	81%	3	19%
Stimulants	3	1	33%	2	67%
Suboxone/Subutex	34	22	65%	12	35%
Targeted Immune Modulators	22	11	50%	11	50%
Topical Acne Agents	110	78	71%	32	29%
Triptans	43	35	81%	8	19%
Ultram ER	1	1	100%	0	0%
UNKNOWN(online)	503	503	100%		
Xifaxan	9	7	78%	2	22%
Xolair	1	0	0%	1	100%
<b>Prior Authorization Totals</b>	<b>2595</b>	<b>2001</b>	<b>77%</b>	<b>594</b>	<b>23%</b>



### Electronic PAs (Unique)

07/01/17 – 07/31/17	# Unique	#	# Unique	Unique	Approval	Total
	Approved	Unique	Incomplete	Total	%	Transactions
<b>Prior Authorizations:</b>						
Antidepressant	52	89	0	141	36.90%	142
Ambien CR	5	6	0	11	45.50%	11
Anti-Infectives (antibiotics)	0	1	0	1	0.00%	1
Antihistamines	6	35	0	41	14.60%	42
Antipsychotic	118	221	0	339	34.80%	355
ARBS	1	0	0	1	100.00%	1
Oral Anticoagulants	6	21	0	27	22.20%	29
Antiemetics	0	3	0	3	0.00%	3
Genitourinary SMR	4	8	0	12	33.30%	13
Lidoderm	0	39	0	39	0.00%	46
Lyrica	0	137	0	137	0.00%	163
Max Units Override	1	335	0	336	0.30%	352
Opioids	5	9	0	14	35.70%	17
Ophthalmic Antihistamines	0	40	0	40	0.00%	43
Proton Pump Inhibitors	27	59	0	86	31.40%	91
Relistor	0	1	0	1	0.00%	1
Skeletal Muscle Relaxants	1	18	0	19	5.30%	20
Nasal Steroids	3	10	0	13	23.10%	13
Stimulants	0	1	0	1	0.00%	1
Suboxone/Subutex	0	20	0	20	0.00%	22
Targeted Immune Modulators	6	5	0	11	54.50%	11
Topical Acne Agents	5	70	0	75	6.70%	78
Triptans	16	19	0	35	45.70%	35
Ultram ER	1	0	0	1	100.00%	1
UNKNOWN(online)	0	471	0	471	0.00%	503
Xifaxan	0	7	0	7	0.00%	7
<b>TOTALS</b>	<b>257</b>	<b>1625</b>	<b>0</b>	<b>1882</b>	<b>13.70%</b>	<b>2001</b>

## TOP 50 DRUGS BASED ON NUMBER OF CLAIMS FROM 04/01/2017 - 06/30/2017

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	5,294	\$ 44,471.31	\$ 8.40	2.70%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,385	\$ 76,002.78	\$ 17.33	2.23%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	4,101	\$ 28,567.79	\$ 6.97	2.09%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	3,714	\$ 32,214.25	\$ 8.67	1.89%
FLUOXETINE HCL	ANTIDEPRESSANTS	3,691	\$ 41,460.86	\$ 11.23	1.88%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,538	\$ 763,846.33	\$ 215.90	1.80%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	3,510	\$ 48,691.65	\$ 13.87	1.79%
VYVANSE	AMPHETAMINES	3,292	\$ 849,783.10	\$ 258.14	1.68%
SERTRALINE HCL	ANTIDEPRESSANTS	3,251	\$ 23,662.08	\$ 7.28	1.66%
LEVOTHYROXINE SODIUM	THYROID AGENTS	3,084	\$ 47,844.61	\$ 15.51	1.57%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	2,702	\$ 39,614.42	\$ 14.66	1.38%
TRAZODONE HCL	ANTIDEPRESSANTS	2,581	\$ 16,028.46	\$ 6.21	1.31%
LISINAPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2,336	\$ 12,423.08	\$ 5.32	1.19%
AZITHROMYCIN	MACROLIDES	2,303	\$ 31,251.99	\$ 13.57	1.17%
TRAMADOL HCL	OPIATE AGONISTS	2,279	\$ 18,194.24	\$ 7.98	1.16%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	2,147	\$ 12,569.44	\$ 5.85	1.09%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,102	\$ 52,893.74	\$ 25.16	1.07%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	1,991	\$ 32,505.25	\$ 16.33	1.01%
FLUTICASON PROPRIONATE	CORTICOSTEROIDS (EENT)	1,953	\$ 15,172.00	\$ 7.77	0.99%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,844	\$ 107,127.24	\$ 58.10	0.94%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,842	\$ 207,885.95	\$ 112.86	0.94%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,829	\$ 11,838.69	\$ 6.47	0.93%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	1,769	\$ 13,393.53	\$ 7.57	0.90%
METFORMIN HCL	BIGUANIDES	1,634	\$ 10,892.83	\$ 6.67	0.83%
POLYETHYLENE GLYCOL 3350	CATHARTICS AND LAXATIVES	1,603	\$ 41,277.99	\$ 25.75	0.82%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,598	\$ 98,562.64	\$ 61.68	0.81%
CEPHALEXIN	CEPHALOSPORINS	1,567	\$ 24,264.00	\$ 15.48	0.80%
PREDNISONE	ADRENALS	1,553	\$ 12,028.08	\$ 7.75	0.79%
AMOXICILLIN-CLAVULANATE POTASS	PENICILLINS	1,537	\$ 28,472.20	\$ 18.52	0.78%
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	1,535	\$ 14,848.11	\$ 9.67	0.78%
ARIPIRAZOLE	ANTIPSYCHOTIC AGENTS	1,512	\$ 74,516.95	\$ 49.28	0.77%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	1,387	\$ 23,184.13	\$ 16.72	0.71%
ATORVASTATIN CALCIUM	HMG-COA REDUCTASE INHIBITORS	1,386	\$ 13,927.70	\$ 10.05	0.71%
RISPERIDONE	ANTIPSYCHOTIC AGENTS	1,376	\$ 14,290.72	\$ 10.39	0.70%
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	1,351	\$ 17,603.26	\$ 13.03	0.69%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,346	\$ 10,027.75	\$ 7.45	0.69%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,343	\$ 14,287.87	\$ 10.64	0.68%
CITALOPRAM HBR	ANTIDEPRESSANTS	1,308	\$ 7,537.16	\$ 5.76	0.67%
VITAMIN D2	VITAMIN D	1,304	\$ 7,754.38	\$ 5.95	0.66%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	1,299	\$ 8,589.82	\$ 6.61	0.66%
CEFDINIR	CEPHALOSPORINS	1,282	\$ 32,997.92	\$ 25.74	0.65%
TRIAMCINOLONE ACETONIDE	ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)	1,273	\$ 15,294.31	\$ 12.01	0.65%
CYCLOBENZAPRINE HCL	CENTRALLY ACTING SKELETAL MUSCLE RELAXANT	1,257	\$ 8,067.16	\$ 6.42	0.64%
BUPROPION XL	ANTIDEPRESSANTS	1,165	\$ 22,014.02	\$ 18.90	0.59%
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	1,164	\$ 22,569.72	\$ 19.39	0.59%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,163	\$ 232,760.34	\$ 200.14	0.59%
ONDANSETRON ODT	5-HT3 RECEPTOR ANTAGONISTS	1,129	\$ 15,493.65	\$ 13.72	0.57%
MIRTAZAPINE	ANTIDEPRESSANTS	1,120	\$ 13,680.60	\$ 12.21	0.57%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	1,102	\$ 8,807.43	\$ 7.99	0.56%
TOPIRAMATE	ANTICONVULSANTS, MISCELLANEOUS	1,099	\$ 11,735.62	\$ 10.68	0.56%
TOTAL TOP 25		101,931	\$ 3,332,929.15	\$ 32.70	51.89%

Total Rx Claims From 04/01/2017 - 06/30/2017	196,432
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## TOP 50 DRUGS BASED ON TOTAL CLAIMS COST FROM 04/01/2017 - 06/30/2017

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
VYVANSE	AMPHETAMINES	3,292	\$ 849,783.10	\$ 258.14	1.68%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	3,538	\$ 763,846.33	\$ 215.90	1.80%
LATUDA	ANTIPSYCHOTIC AGENTS	411	\$ 476,899.95	\$ 1,160.34	0.21%
HUMIRA PEN	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	78	\$ 372,510.36	\$ 4,775.77	0.04%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	771	\$ 346,057.52	\$ 448.84	0.39%
NOVOLOG FLEXPEN	INSULINS	501	\$ 292,804.26	\$ 584.44	0.26%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	154	\$ 284,029.42	\$ 1,844.35	0.08%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	62	\$ 266,498.81	\$ 4,298.37	0.03%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	537	\$ 249,324.16	\$ 464.29	0.27%
ONFI	BENZODIAZEPINES (ANTICONVULSANTS)	231	\$ 247,262.03	\$ 1,070.40	0.12%
DEXMETHYLPHENIDATE HCL ER	RESPIRATORY AND CNS STIMULANTS	1,163	\$ 232,760.34	\$ 200.14	0.59%
ADVATE	HEMOSTATICS	7	\$ 215,148.52	\$30,735.50	0.00%
ORKAMBI	CYSTIC FIBROSIS (CFTR) POTENTIATORS	10	\$ 208,040.90	\$20,804.09	0.01%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,842	\$ 207,885.95	\$ 112.86	0.94%
NOVOLOG	INSULINS	408	\$ 205,773.68	\$ 504.35	0.21%
LANTUS SOLOSTAR	INSULINS	519	\$ 202,838.76	\$ 390.83	0.26%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	528	\$ 200,426.73	\$ 379.60	0.27%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	807	\$ 185,988.37	\$ 230.47	0.41%
GATTEX	GI DRUGS, MISCELLANEOUS	5	\$ 176,174.93	\$35,234.99	0.00%
PULMOZYME	MUCOLYTIC AGENTS	47	\$ 169,744.57	\$ 3,611.59	0.02%
PREVACID	PROTON-PUMP INHIBITORS	343	\$ 165,371.03	\$ 482.13	0.17%
LEVEMIR FLEXTOUCH	INSULINS	311	\$ 155,360.50	\$ 499.55	0.16%
COPAXONE	IMMUNOMODULATORY AGENTS	20	\$ 125,409.29	\$ 6,270.46	0.01%
RECOMBINATE	HEMOSTATICS	4	\$ 124,634.98	\$31,158.75	0.00%
NORDITROPIN FLEXPRO	PITUITARY	44	\$ 123,001.68	\$ 2,795.49	0.02%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	167	\$ 116,869.55	\$ 699.82	0.09%
IBRANCE	ANTINEOPLASTIC AGENTS	10	\$ 112,883.24	\$11,288.32	0.01%
GENOTROPIN	PITUITARY	32	\$ 112,636.82	\$ 3,519.90	0.02%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	1,844	\$ 107,127.24	\$ 58.10	0.94%
EPCLUSA	HCV ANTIVIRALS	4	\$ 104,070.32	\$26,017.58	0.00%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	21	\$ 102,055.59	\$ 4,859.79	0.01%
PROMACTA	HEMATOPOIETIC AGENTS	9	\$ 101,205.45	\$11,245.05	0.00%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	374	\$ 100,799.55	\$ 269.52	0.19%
JANUVIA	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	258	\$ 99,174.42	\$ 384.40	0.13%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	1,598	\$ 98,562.64	\$ 61.68	0.81%
STELARA	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	6	\$ 89,404.57	\$14,900.76	0.00%
BANZEL	ANTICONVULSANTS, MISCELLANEOUS	53	\$ 89,253.05	\$ 1,684.02	0.03%
REVLIMID	ANTINEOPLASTIC AGENTS	5	\$ 87,311.35	\$17,462.27	0.00%
INVEGA TRINZA	ANTIPSYCHOTIC AGENTS	14	\$ 86,403.66	\$ 6,171.69	0.01%
ARISTADA	ANTIPSYCHOTIC AGENTS	39	\$ 84,493.77	\$ 2,166.51	0.02%
LANTUS	INSULINS	199	\$ 83,239.19	\$ 418.29	0.10%
OXYCONTIN	OPIATE AGONISTS	239	\$ 82,847.36	\$ 346.64	0.12%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	215	\$ 82,377.88	\$ 383.15	0.11%
ADVAIR HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	228	\$ 79,749.94	\$ 349.78	0.12%
SYMBICORT	CORTICOSTEROIDS (RESPIRATORY TRACT)	251	\$ 77,669.70	\$ 309.44	0.13%
QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC AGENTS	158	\$ 77,285.81	\$ 489.15	0.08%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	4,385	\$ 76,002.78	\$ 17.33	2.23%
HUMALOG	INSULINS	131	\$ 75,700.52	\$ 577.87	0.07%
KALYDECO	CYSTIC FIBROSIS (CFTR) POTENTIATORS	3	\$ 74,855.88	\$24,951.96	0.00%
EPINEPHRINE	ALPHA- AND BETA-ADRENERGIC AGONISTS	219	\$ 74,698.08	\$ 341.09	0.11%
TOTAL TOP 25		26,095	\$ 9,124,254.53	\$ 349.66	13.28%

Total Rx Claims From 04/01/2017 - 06/30/2017	196,432
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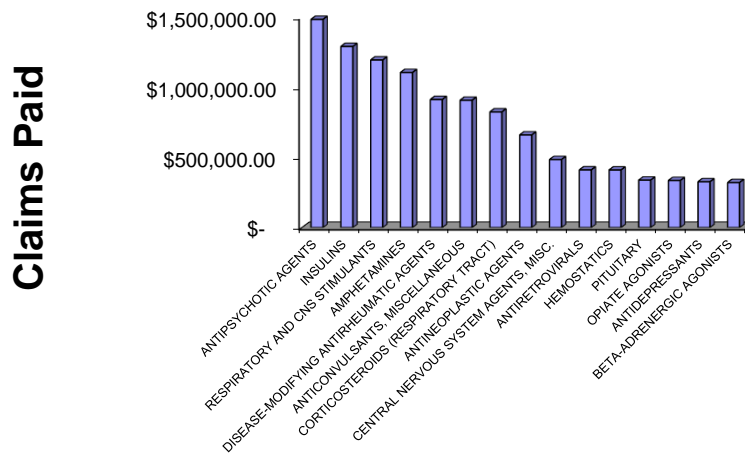
**SOUTH DAKOTA MEDICAID  
Cost Management Analysis**

**TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 04/01/2017 - 06/30/2017**

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	6,778	\$ 1,485,566.88	\$ 219.17	3.45%
INSULINS	2,619	\$ 1,292,709.29	\$ 493.59	1.33%
RESPIRATORY AND CNS STIMULANTS	6,503	\$ 1,196,612.43	\$ 184.01	3.31%
AMPHETAMINES	6,228	\$ 1,107,459.57	\$ 177.82	3.17%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	234	\$ 915,225.33	\$ 3,911.22	0.12%
ANTICONVULSANTS, MISCELLANEOUS	9,847	\$ 909,908.07	\$ 92.40	5.01%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,952	\$ 827,098.02	\$ 280.18	1.50%
ANTINEOPLASTIC AGENTS	482	\$ 662,918.40	\$ 1,375.35	0.25%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2,991	\$ 486,929.48	\$ 162.80	1.52%
ANTIRETROVIRALS	237	\$ 412,781.36	\$ 1,741.69	0.12%
HEMOSTATICS	23	\$ 412,044.79	\$ 17,914.99	0.01%
PITUITARY	550	\$ 339,850.23	\$ 617.91	0.28%
OPIATE AGONISTS	10,270	\$ 336,996.66	\$ 32.81	5.23%
ANTIDEPRESSANTS	19,540	\$ 328,108.77	\$ 16.79	9.95%
BETA-ADRENERGIC AGONISTS	6,147	\$ 322,504.84	\$ 52.47	3.13%
TOTAL TOP 15	75,401	\$ 11,036,714.12	\$ 146.37	38.39%

Total Rx Claims From 04/01/2017 - 06/30/2017	196,432
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**Top 15 Therapeutic Classes  
Based on Total Cost of Claims**





## Summary of Patient Morphine Equivalent Dosages (MEDs)

04/01/17 – 07/31/17

Morphine equivalent dosages (MEDs) were calculated by identifying patients taking opiate medications chronically. Those patients selected were taking opiates for a minimum of 90 days consecutively out of the 120 day reporting period, with no more than 5 days between prescription fills (to account for any slightly late fills). Any patient with a cancer diagnosis in the 365 days prior to the first opiate fill were excluded from the report. MEDs were calculated for any opiate prescription and those taken concurrently were added together. Patients were counted only once and their highest MED was reported.

MED	Unique Number of Patients
<50	118
50-99	99
100-199	91
200-249	40
250-300	16
> 300	114
<b>Total Number of Patients Identified</b>	<b>478</b>

Top Prescribers	Unique Number of Patients
Physician's Assistant A (Family Medicine)	29
Physician B (Physical and Rehabilitation Medicine)	17
Nurse Practitioner C (Pain Management)	15
Physician D (Family Medicine)	13
Physician's Assistant E (Pain Management)	12

CY 2016 Utilization of Tramadol and Codeine

Drug	Number of Claims	Cost	Unique # of Patients
Tramadol – All patients	11,442	\$106,775	2982
Tramadol < 12	12	\$64	10
Tramadol < 18	236	\$1478	164

Drug	Number of Claims	Cost	Unique Patients
Codeine – All patients	5001	\$64,361	3182
Codeine < 12	880	\$9070	758
Codeine < 18	1556	\$16,810	1314

\*Just codeine products; not including hydrocodone.

There were 384 unique prescribers of codeine for patients < 12 years of age.



**DUPIXENT  
PRIOR AUTHORIZATION**  
SD DEPARTMENT OF SOCIAL SERVICES  
MEDICAL SERVICES DIVISION

<p><b>Fax Completed Form to: 866-254-0761</b> <b>For questions regarding this Prior authorization, call 866-705-5391</b></p>
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**SD Medicaid requires that patients receiving a new prescription for Dupixent must meet the following criteria:**

- The medication must be prescribed in consultation with a dermatologist or allergist/immunologist
- Patient must have an FDA approved diagnosis
- Patient must be 5 years of age or older
- Patient must have a documented trial of a first-line agent

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

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

Requested Drug:	Diagnosis for this Request:
Has the patient had a trial of a first-line agent <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all medications tried/failed:	
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)	



**XYRLIX KIT  
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 Xyrlix Kit must meet the following criteria:**

- Patient must have a documented trial of diclofenac gel

**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:
Has the patient had a trial of a first-line agent <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all medications tried/failed:	
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)	





**Zorvolex / Zipsor / Cambia  
PRIOR AUTHORIZATION**  
SD DEPARTMENT OF SOCIAL SERVICES  
MEDICAL SERVICES DIVISION

<b>Fax Completed Form to: 866-254-0761</b> <b>For questions regarding this Prior authorization, call 866-705-5391</b>
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**SD Medicaid requires that patients receiving a new prescription for Zorvolex, Zipsor or Cambia must meet the following criteria:**

- Patient must have a documented trial of a generic diclofenac product

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

RECIPIENT NAME:	MEDICAID ID NUMBER:	RECIPIENT DATE OF BIRTH

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

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

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

Requested Drug:	Diagnosis for this Request:
Has the patient had a trial of a first-line agent <span style="float:right"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> List all medications tried/failed:	
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)	



## Optum Overview

Provides claims processing and administrative support services for five other state Medicaid programs.

Services provided for each state vary depending on state specific requirements, regulations and contracts. Optum does not set coverage or pricing rules and follows program/plan set-up as outlined by each Medicaid program.

State Medicaid	Claims Processing	Prior Auth Services	P&T Committee Support	DUR Board Support	MAC Support	Auditing	Drug Rebate Services
State of Washington	X						X
State of Georgia	X	X		X	X		
State of Nevada	X	X	X	X			X
State of Indiana	X	X	X	X	X	X	X
State of Arizona	X	X					
State of Virginia							X
State of South Dakota	X	X	X		X		X

## PA Overview

PA Call Center

Mon-Sat: 7 am to 7 pm Central

Fax 1-800-527-0531

## System Capabilities

PA Setup: 90 PA criteria

Step Therapy ~23

Silent Auth ~30

Silent Auth/Manual ~3

Manual ~18

## Reporting

Standard management reporting

Ad hoc reporting

Customized reporting capabilities

## P&T Committee support

- Drug Intelligence Team

- Utilization Management Team

- Monthly Medicaid meetings

  - Pipeline

  - New drug approvals under Therapeutic Category Overviews (TCO)

  - New drug approvals outside of TCO

  - New generics