Fiscal Year 2009 Annual Review of Amitiza®

Oklahoma Health Care Authority
April 2010

Current Prior Authorization of Amitiza®

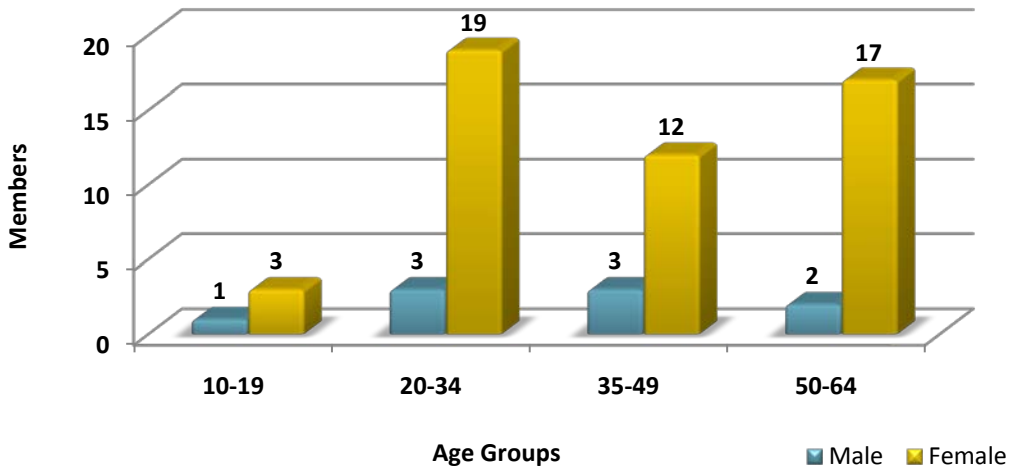
1. Chronic Idiopathic Constipation in males and females 18 years of age and older who meet the following criteria, or IBS-Constipation predominant in females 18 years of age or older:
    a. Have documentation that constipation-causing therapies for other disease states have been discontinued (excluding opioid pain medications for cancer patients).
    b. Documented and updated Colon Screening. (>50 years of age)
2. Hydration and treatment attempts with a minimum of three alternate products must be documented.
3. Initial approval for 12 weeks of therapy. An additional year approval may be granted if physician documents member is responding well to treatment.
4. Quantity limit of 100 units for a 50 day supply applies.

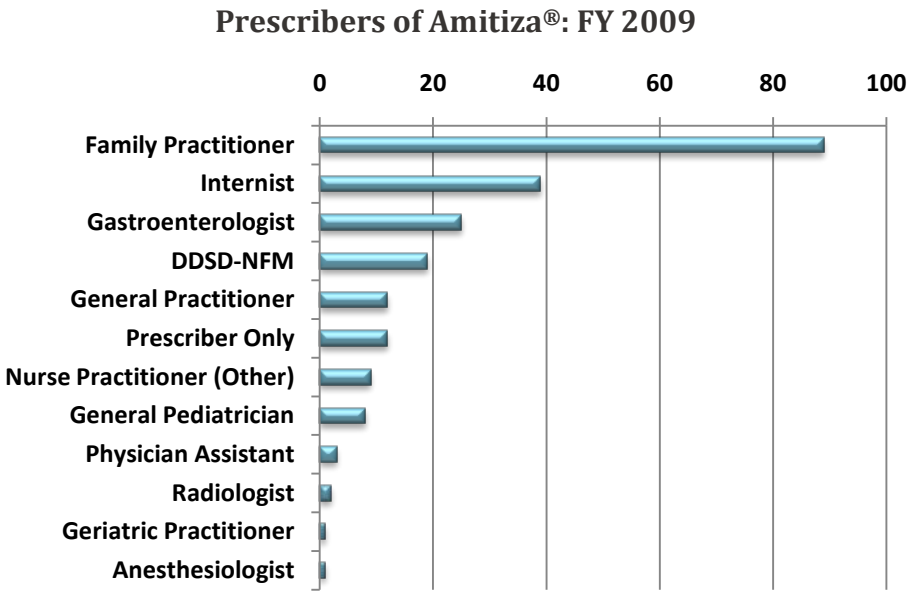
Utilization of Amitiza®

Comparison of Fiscal Year Utilization

Fiscal Year	Members	Claims	Paid	Paid/Claim	Perdiem	Units	Days
2008	57	202	$35,539.14	$175.94	$5.79	11,324	6,142
2009	60	220	$41,976.47	$190.80	$6.25	12,355	6,718
% Change	5.30%	8.90%	18.10%	8.40%	7.90%	9.10%	9.40%
Change	3	18	$6,437.33	$14.86	$0.46	1,031	576

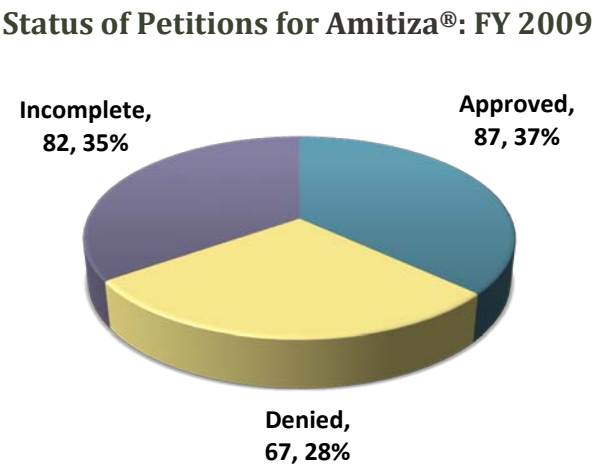
Demographics of Members Utilizing Amitiza®: FY 2009





Prior Authorization of Amitiza®Products

There were a total of 236 petitions submitted for this PBPA category during fiscal year 2009. The following shows the status of the submitted petitions.



Conclusion and Recommendations

The College of Pharmacy recommends no changes to this category at this time.

Medication	Claims	Units	Days	Members	Paid	Units/ Day	Claims/ Member	Per-diem
AMITIZA CAP 24MCG	213	11,965	6,508	55	$40,767.08	1.84	3.87	$6.26
AMITIZA CAP 8MCG	7	390	210	5	$1,209.39	1.86	1.4	$5.76
Totals	**220**	**12,355**	**6,718**	**60***	**$41,976.47**	**1.84**	**3.67**	**$6.25**

***Total Number of Unduplicated Members**