Published Annual Reviews 2012

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Fiscal Year 2012 Review of Anti-Emetic Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Approval Criteria for granisetron (Kytril® and Sancuso®), dolasetron (Anzemet®), and aprepitant (Emend®):

- Approved Diagnosis
- A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.
- Approval length based on duration of need.
- Existing quantity limits apply (see chart below)

Approval Criteria for cannabinoids - dronabinol (Marinol® and Cesamet®):

- For the diagnosis of HIV related loss of appetite: approve for 6 months
- For chemotherapy induced nausea and vomiting: A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.
- Approval length based on duration of need.
- A quantity limit of 60 per 30 days also applies.

Zuplenz™ (ondansetron) prior authorization criteria (voted August 2011, imp immediate):

- FDA-approved indication.
- Must provide a clinically significant reason why the member cannot take all other available formulations of generic ondansetron.

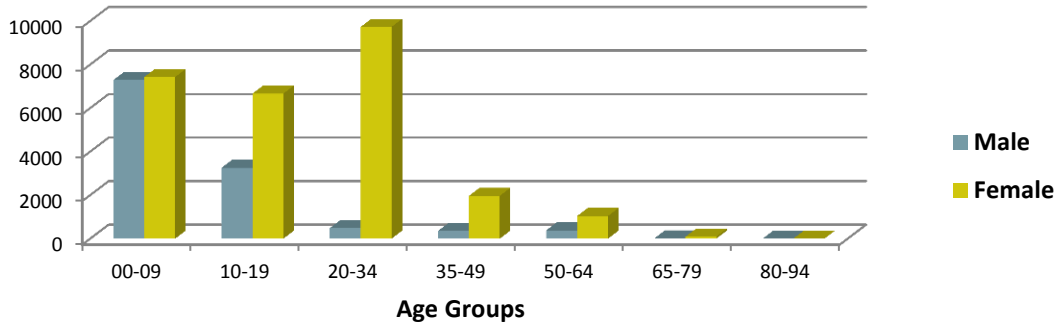
Anti-Emetics			
Drug	**Quantity Limits**	**Comments**	**FDA Daily Max**
Aprepitant (**Emend®**) capsules in convenience packs (1-125 mg capsule & 2-80 mg cap)	2 packs per 30 days	125 mg day 1, 80 mg days 2 & 3 for CINV	125mg
Aprepitant (**Emend®**) 80 mg capsules	4 capsules per 30 days	125 mg day 1, 80 mg days 2 & 3 for CINV	80mg
Aprepitant (**Emend®**) 125 mg capsules	2 capsules per 30 days	125 mg day 1, 80 mg days 2 & 3 for CINV	125mg
Aprepitant (**Emend®**) 40 mg capsules	5 capsules per 30 days	1 caps pre-surgical procedure	-
Dolasetron (**Anzemet®**) 50 and 100 mg tablets	10 tablets per 30 days	100mg once for CINV 100mg once for PONV	100mg
Drug	**Quantity Limits**	**Comments**	
Granisetron (**Kytril®**) 1mg tablets	20 tablets per 30 days	2mg 1 hour before chemo/1mg all others	
Ondansetron (**Zofran®**, **Zofran® ODT**) 4, 8mg tablets and orally disintegrating tablets	4 mg or 8 mg: 12 tablets per 30 days	CINV: 8mg Q12 hr x 2-3 days or 24 mg once; RINV: 8mg Q8 hr x 2-3 days PONV: 16mg once	
Palonosetron (**Aloxi®**) 0.25mg / 5 mL vial	4 vials per 28 days	Maximum dose is 0.25 mg before chemotherapy every 7 days	

Utilization of Antiemetic Medication: FY 2012

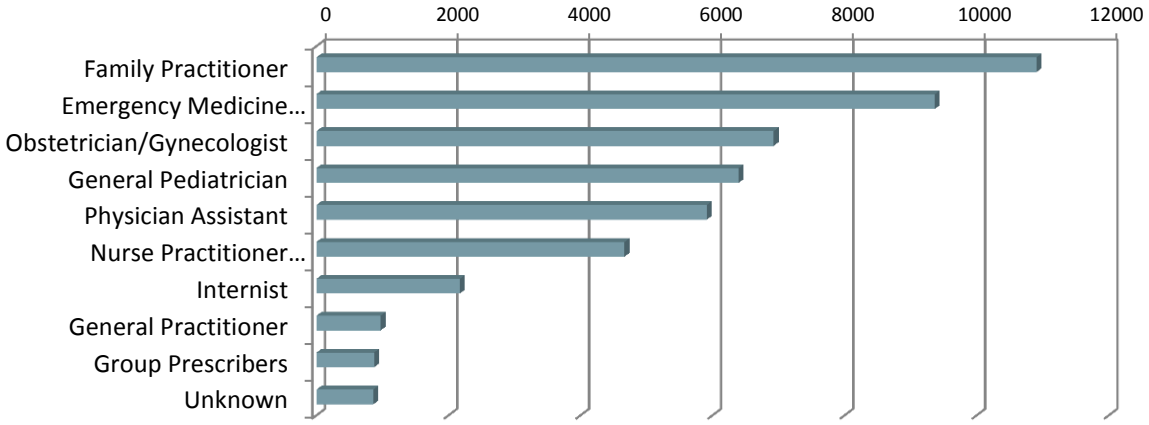
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	30,040	42,671	$648,663.22	$15.20	$0.62	476,118	1,047,086
2012	38,715	52,935	$769,050.43	$14.53	$0.57	600,332	1,347,959
% Change	**28.9%**	**24.1%**	**18.6%**	**-4.4%**	**-8.1%**	**26.1%**	**28.7%**
Change	**8,675**	**10,264**	**$120,387.21**	**$0.67**	**$0.05**	**124,214**	**300,873**

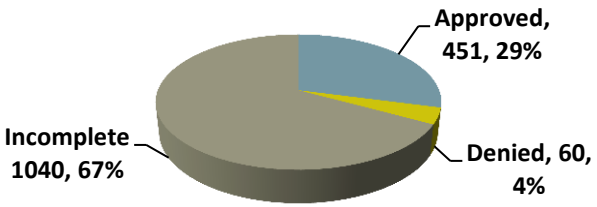
Demographics of Members Utilizing Antiemetic Medications: FY 2012



Prescribers of Antiemetic Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions for Antiemetic Medications: FY 2012



Market News and Updates

1. 06/29/2012: FDA Drug Safety Communication
    - Ondansetron (Zofran®) IV – QT prolongation
    - GlaxoSmithKline has removed 32mg single IV dose & updated label to state dose should not exceed 16mg.
2. 09/24/2012: Generic Drug Approval
    - Aprepitant Capsules 40mg, 80mg, & 125mg, however the generic is not currently available on the market.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details for Antiemetic Medications

MEDICATION NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
ONDANSETRON TAB 4MG ODT	27,065	246,735	22,836	$194,245.82	0.38	1.19	$0.30	25.26%
ONDANSETRON TAB 4MG	9,749	103,571	7,731	$75,023.31	0.39	1.26	$0.29	9.76%
ONDANSETRON TAB 8MG ODT	7,704	82,528	5,424	$78,326.37	0.39	1.42	$0.37	10.18%
ONDANSETRON TAB 8MG	5,218	61,459	3,522	$37,552.76	0.42	1.48	$0.26	4.88%
ONDANSETRON SOL 4MG/5ML	2,646	87,701	2,371	$171,012.06	1.48	1.12	$2.89	22.24%
EMEND PAK 80 & 125	220	795	84	$97,622.71	0.19	2.62	$23.67	12.69%
DRONABINOL CAP 5MG	92	5,883	27	$42,264.62	2.55	3.41	$18.34	5.50%
ONDANSETRON INJ 4MG/2ML	72	1,903	38	$1,097.68	4.09	1.89	$2.36	0.14%
DRONABINOL CAP 2.5MG	54	3,136	30	$9,872.24	2.18	1.80	$6.87	1.28%
DRONABINOL CAP 10MG	53	3,300	9	$41,207.30	2.08	5.89	$25.92	5.36%
GRANISETRON TAB 1MG	19	468	8	$1,387.75	1.25	2.38	$3.70	0.18%
ONDANSETRON INJ 40/20ML	18	2,666	12	$762.75	9.84	1.50	$2.81	0.10%
SANCUSO DIS 3.1MG	8	17	6	$5,949.04	0.09	1.33	$30.35	0.77%
ZOFRAN TAB 8MG ODT	6	47	6	$69.76	0.26	1.00	$0.39	0.01%
EMEND CAP 125MG	4	24	1	$3,915.84	1	4.00	$163.16	0.51%
EMEND CAP 80MG	4	58	3	$6,050.74	8.29	1.33	$864.39	0.79%
ANZEMET TAB 100MG	2	40	2	$2,684.69	1	1.00	$67.12	0.35%
ZOFRAN INJ 4MG/2ML	1	2	1	$4.99	2	1.00	$4.99	0.00%
TOTAL	52,935	600,333	38,715*	$769,050.43	0.45	1.37	$0.57	100%

*Total unduplicated number of members.

Fiscal Year 2012 Review of Antihistamine Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Members 21 and older require a prior authorization with appropriate diagnosis for approval of Tier-1 products. Tier-1 products do not require a petition for pediatric members aged 0-20.

Antihistamine Approval Criteria:

1. A 14 day trial each of OTC loratadine and cetirizine within the last month is required before a Tier 2 medication can be approved.
2. All Tier 2 products must be tried for 14 days each within the last 60 days before a Tier 3 medication can be approved
3. Diagnosis must be for a chronic allergic condition or asthma.
4. Prior authorization will be for 360 days.

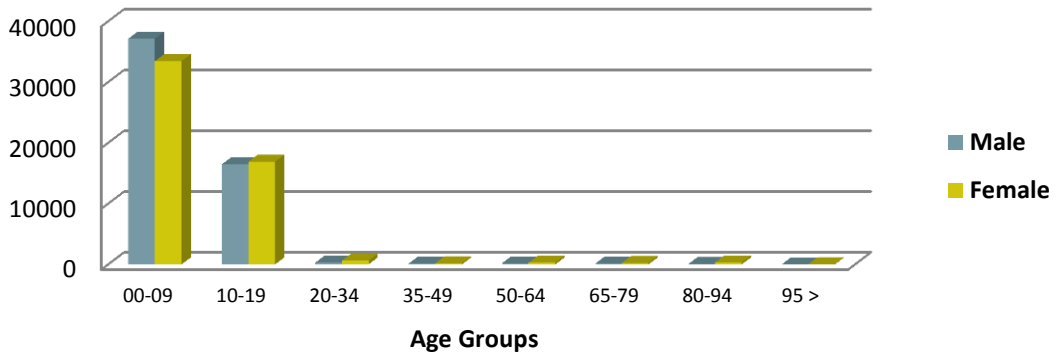
ORAL ANTIHISTAMINE MEDICATIONS		
Tier 1	**Tier 2**	**Tier 3**
OTC Loratadine (Claritin®)	levocetirizine (Xyzal®)	desloratadine (Clarinex®)
OTC Cetirizine (Zyrtec®)	Allegra Syrup®	clemastine

Utilization of Antihistamine Medications

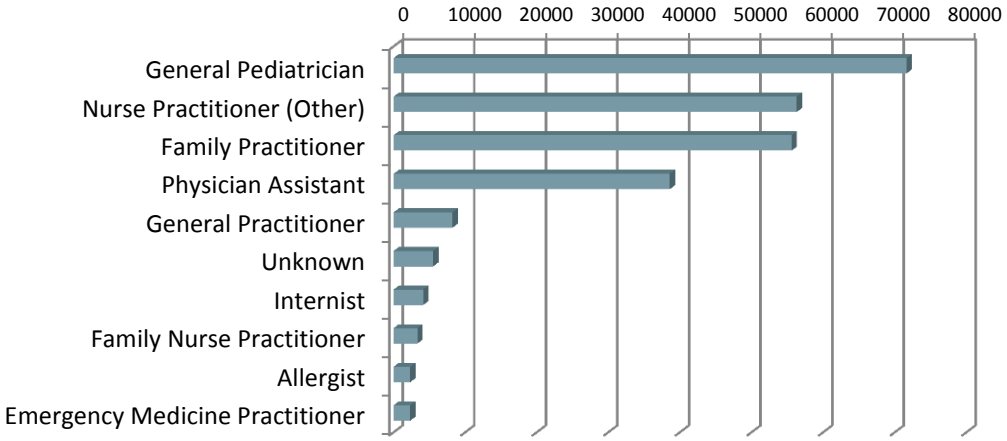
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	99,868	256,681	$2,609,313.43	$10.17	$0.35	21,062,509	7,520,032
2012	106,371	255,454	$2,706,890.59	$10.60	$0.36	38,742,052	7,568,420
% Change	**6.5%**	**-0.5%**	**3.7%**	**4.2%**	**2.9%**	**83.9%**	**0.6%**
Change	**6,503**	**-1,227**	**$97,577.16**	**$0.43**	**$0.01**	**17,679,543**	**48,388**

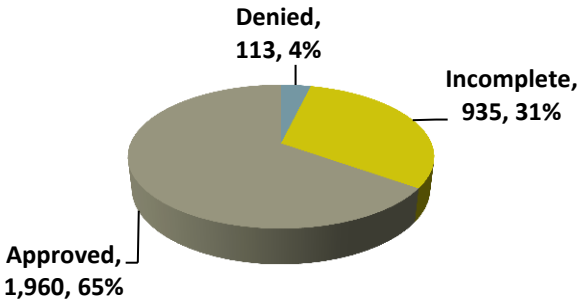
Demographics of Members Utilizing Antihistamine Medications: FY 2012



Prescribers of Antihistamine Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions for Antihistamine Medications: FY 2012



Market News and Updates:

1. 09/2012: FDA Safety Label Changes
    - Levocetirizine (Xyzal®): Urinary retention added to Warnings & Precautions
2. 11/07/2011: FDA New Generic Drug Approval:
    - Levocetirizine oral solution 0.5mg/ml
3. 04/26/2011: FDA Generic Drug Approval
    - Desloratadine & Pseudoephedrine ER tablets 5mg/240mg (not a covered product)

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details for Antihistamine Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
CETIRIZINE SYP 1MG/ML	78,090	9,602,271	40,249	$690,632.79	4.34	1.94	$0.31	25.51%
CETIRIZINE TAB 10MG	58,633	1,767,436	22,599	$416,327.12	0.99	2.59	$0.23	15.38%
LORATADINE TAB 10MG	43,617	1,418,876	17,392	$345,053.45	0.99	2.51	$0.24	12.75%
LORATADINE SYP 5MG/5ML	21,778	2,956,984	13,580	$262,034.96	5.07	1.60	$0.45	9.68%
LORATADINE SOL 5MG/5ML	12,781	1,787,967	7,916	$137,597.35	5.09	1.61	$0.39	5.08%
CETIRIZINE SYP 5MG/5ML	12,234	19,230,478	6,524	$547,930.22	54.99	1.88	$1.57	20.24%
ALLERGY RELF TAB 10MG (Loratadine)	5,165	165,061	2,203	$35,038.69	0.99	2.34	$0.21	1.29%
CETIRIZINE TAB 5MG	4,430	132,791	1,892	$36,857.43	1	2.34	$0.28	1.36%
CETIRIZINE SOL 5MG/5ML	3,868	493,457	2,793	$34,391.99	4.44	1.38	$0.31	1.27%
ALL DAY ALLG SYP 1MG/ML (Cetirizine)	2,595	313,169	1,680	$22,725.93	4.51	1.54	$0.33	0.84%
ALAVERT TAB 10MG	2,355	74,551	978	$29,822.88	0.98	2.41	$0.39	1.10%
SM LORATADIN SYP 5MG/5ML	1,840	229,355	1,107	$19,836.07	4.47	1.66	$0.39	0.73%
ALLERGY TAB 10MG (Loratadine)	1,240	37,521	554	$10,528.14	0.99	2.24	$0.28	0.39%
ALLERGY RELF SYP CHILD (Loratadine)	1,133	146,211	750	$13,102.01	4.76	1.51	$0.43	0.48%
ALL DAY ALLG TAB 10MG (Cetirizine)	1,064	31,674	445	$6,818.41	0.98	2.39	$0.21	0.25%
ALL DAY ALL SOL 5MG/5ML (Cetirizine)	902	110,253	526	$7,883.17	4.54	1.71	$0.32	0.29%
ALLERGY RELF TAB 10MG (Loratadine)	610	25,712	312	$7,937.41	0.99	1.96	$0.30	0.29%
ALL DAY ALLG SOL 1MG/ML (Cetirizine)	528	65,621	337	$4,713.69	4.82	1.57	$0.35	0.17%
FEXOFENADINE TAB 30MG	334	19,039	91	$7,583.24	1.98	3.67	$0.79	0.28%
ALLERGY TAB 10MG (Loratadine)	289	8,352	105	$3,833.55	0.95	2.75	$0.44	0.14%
LORATADINE 10MG TAB	280	9,365	130	$1,921.95	1	2.15	$0.21	0.07%
LEVOCETIRIZI TAB DHCL 5MG	245	7,764	76	$4,262.03	0.93	3.22	$0.51	0.16%
FEXOFENADINE TAB 60MG	230	11,682	87	$5,812.40	1.69	2.64	$0.84	0.21%
GNP ALL DAY TAB ALLERGY (Cetirizine)	186	5,497	99	$1,299.66	1	1.88	$0.24	0.05%
FEXOFENADINE TAB 180MG	166	8,081	75	$5,384.86	1.38	2.21	$0.92	0.20%
XYZAL SOL	121	14,137	34	$8,785.14	3.97	3.56	$2.47	0.32%
LEVOCETIRIZI SOL 2.5/5ML	118	16,821	49	$8,373.96	5.25	2.41	$2.62	0.31%
SM ALL DAY TAB ALLERGY (Cetirizine)	110	3,180	58	$822.44	0.99	1.90	$0.26	0.03%
CLARINEX SYP 0.5MG/ML	107	14,556	19	$7,353.10	4.67	5.63	$2.36	0.27%
LORATADINE TAB 10MG	95	3,170	51	$1,461.02	0.97	1.86	$0.45	0.05%
ALLEGRA SUS 30MG/5ML	92	18,150	42	$4,087.77	7.43	2.19	$1.67	0.15%
CLARINEX TAB 5MG	57	1,780	9	$8,038.89	1	6.33	$4.52	0.30%
ALLERGY COM SOL 1MG/ML(Cetirizine)	50	6,450	43	$454.70	4.65	1.16	$0.33	0.02%
SB ALLERGY TAB 10MG (Cetirizine)	42	1,200	20	$270.13	0.95	2.10	$0.21	0.01%
CLARINEX RDT TAB 2.5MG	38	1,140	5	$5,933.20	1	7.60	$5.20	0.22%
CETIRIZINE SOL 1MG/ML	14	1,470	10	$106.06	3.65	1.40	$0.26	0.00%
CLARINEX RDT TAB 5MG	10	300	2	$1,579.52	1	5.00	$5.27	0.06%
CLEMASTINE SYP 0.5/5ML	3	270	1	$24.72	3	3.00	$0.27	0.00%
XYZAL TAB 5MG	2	60	1	$188.54	1	2.00	$3.14	0.01%
CLEMASTINE TAB 2.68MG	1	100	1	$76.27	2	1.00	$1.53	0.00%
LORATADINE SYP ALLG REL	1	100	1	$5.73	33.33	1.00	$1.91	0.00%
Total:	**255,454**	**38,742,052**	**106,371***	**$2,706,890.59**	**5.12**	**2.40**	**$0.36**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Antihypertensive Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

To qualify for a Tier 2 antihypertensive medication (or Tier 3 medication when no Tier 2 medications exist) there must be

1. documented inadequate response to two Tier 1 medications (trials must include medication from all available classes where applicable), or
2. adverse drug reaction to all Tier 1 class of medications, or
3. previous stabilization on the Tier 2 medication, or
4. a unique indication for which the Tier 1 antihypertensives lack

To qualify for a Tier 3 antihypertensive medication there must be

1. documented inadequate response to two Tier 1 medications and documented inadequate response to all available Tier 2 medications, or
2. adverse drug reaction to all Tier 1 or Tier 2 classes of medications, or
3. previous stabilization on the Tier 3 medication, or
4. a unique indication for which the lower tiered antihypertensives lack

Calcium Channel Blockers (CCB medications)		
Tier-1	**Tier-2**	**Tier-3**
amlodipine (Norvasc®)	diltiazem (Cardizem® LA)	
diltiazem (Cardizem®)	nicardipine (Cardene® SR)	
diltiazem (Tiazac®, Taztia XT®)	verapamil (Covera-HS®)	
diltiazem CD (Cardizem® CD)	nisoldipine (Sular®)	
diltiazem ER (Cartia XT®, Diltia XT®)	amlodipine/atorvastatin (Caduet®)	
diltiazem SR (Cardizem® SR)	Diltiazem ER (Matzim LA®)	
diltiazem XR (Dilacor® XR)		
felodipine (Plendil®)		
isradipine (Dynacirc®, Dynacirc CR®)		
nicardipine (Cardene®)		
nifedipine (Adalat®, Procardia®)		
nifedipine CC (Adalat® CC)		
nifedipine ER		
nifedipine XL (Nifedical XL®, Procardia XL®)		
nimodipine (Nimotop®)		
verapamil (Calan®, Isoptin®, Verelan®)		
verapamil SR (Calan® SR, Isoptin® SR, Verelan® PM)		

ARBs (Angiotensin Receptor Blockers) and ARB Combination Products		
Tier-1	**Tier-2**	**Tier-3**
Any Tier-1 ACE Inhibitor:	amlodipine /valsartan (Exforge®)	candesartan (Atacand®)
benazepril (Lotensin®)	amlodipine /valsartan (Exforge® HCT)	candesartan / HCTZ (Atacand® HCT)
captopril (Capoten®)	amlodipine /olmesartan (Azor™)	eprosartan (Teveten®)
enalapril (Vasotec®)	amlodipine /olmesartan/HCTZ (Tribenzor®)	eprosartan / HCTZ (Teveten® HCT)
enalaprilat (Vasotec® IV)	valsartan (Diovan®)	telmisartan/amlodipine (Twynsta®)
fosinopril (Monopril®)	valsartan / HCTZ (Diovan HCT®)	telmisartan (Micardis®)
lisinopril (Prinivil®, Zestril®)	olmesartan (Benicar®)	telmisartan / HCTZ (Micardis® HCT)
moexipril (Univasc®)	olmesartan / HCTZ (Benicar HCT®)	irbesartan (Avapro®)
quinapril (Accupril®)	Azilsartan (Edarbi®)	irbesartan / HCTZ (Avalide®)
trandolapril (Mavik®)	Azilsartan / Chlorthalidone (Edarbyclor®)	
ramipril (Altace®)		
losartan (Cozaar®)		
losartan / HCTZ (Hyzaar®)		

Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)		
Tier-1	**Tier-2**	**Tier-3**
benazepril (Lotensin®)		perindopril erbumine (Aceon®)
captopril (Capoten®)		
enalapril (Vasotec®)		
enalaprilat (Vasotec® IV)		
fosinopril (Monopril®)		
lisinopril (Prinivil®, Zestril®)		
moexipril (Univasc®)		
quinapril (Accupril®)		
trandolapril (Mavik®)		
ramipril (Altace®)		
ACE Inhibitor / Calcium Channel Blocker Combinations		
Tier-1 ACE + Tier 1 CCB	trandolapril / verapamil (Tarka®)	
	benazepril / amlodipine (Lotrel®)	
	enalapril / felodipine (Lexxel®)	
ACE Inhibitor / HCTZ Combinations		
benazepril/HCTZ (Lotensin® HCT)		
captopril/HCTZ (Capozide®)		
enalapril/HCTZ (Vasoretic®)		
fosinopril/HCTZ (Monopril-HCT®)		
lisinopril/HCTZ (Prinzide®,Zestoretic®)		
moexipril/HCTZ (Uniretic®)		
quinapril/HCTZ (Accuretic®)		

Direct Renin inhibitors (Tekturna®)

Tier-3 authorization requires:

- FDA approved indication
- Recent trial, within the previous 6 months and at least 4 weeks in duration, of an ACE Inhibitor (or an ARB if previous trial of an ACEI) and a diuretic, used concomitantly at recommended doses, that did not yield adequate blood pressure control.

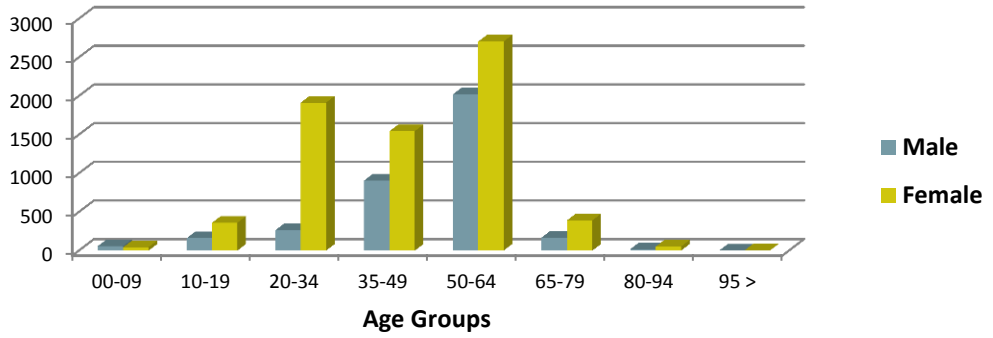
Tier-1	Tier-2	Tier-3
Tier-1 ACE Inhibitor + Diuretic	ARB + Diuretic	Aliskiren (Tekturna®)
		Aliskiren/HCTZ (Tekturna HCT®)
		Aliskiren/valsartan (Valturna®)
		Aliskiren/amlodipine (Tekamlo®)

Utilization of Calcium Channel Blockers

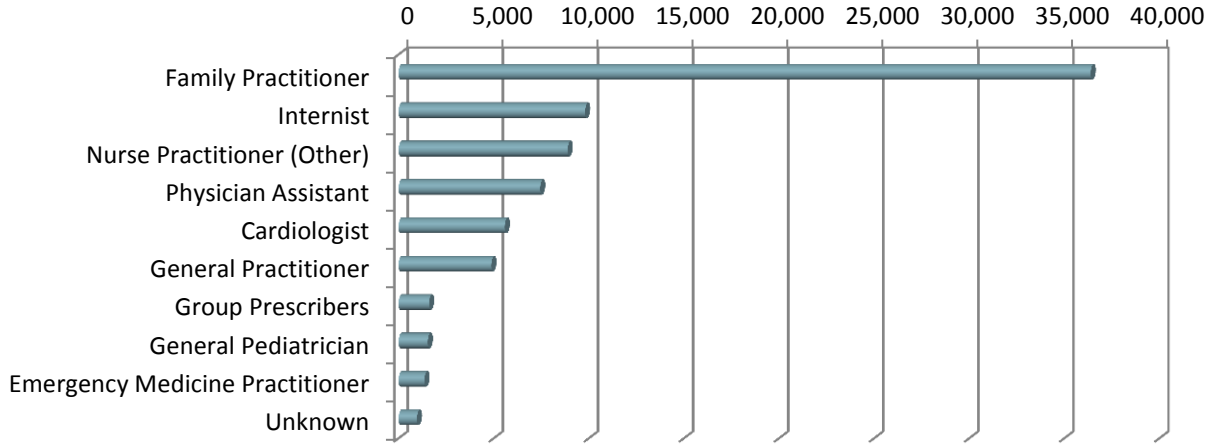
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	9,759	39,852	$930,995.36	$23.36	$0.62	1,752,431	1,494,197
2012	10,618	43,438	$934,359.28	$21.51	$0.57	1,928,379	1,648,846
% Change	**8.8%**	**9.0%**	**0.4%**	**-7.9%**	**-8.1%**	**10.0%**	**10.3%**
Change	**859**	**3,586**	**$3,363.92**	**-$1.85**	**-$0.05**	**175,948**	**154,649**

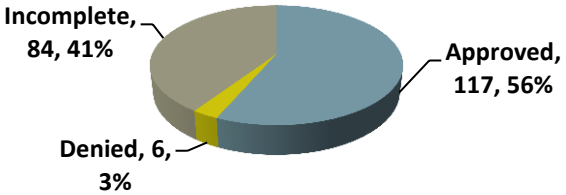
Demographics of Members Utilizing Calcium Channel Blocker Medications: FY 2012



Prescribers of Calcium Channel Blocker Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions for Calcium Channel Blocker Medications: FY 2012



Utilization Details of Calcium Channel Blocker Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
AMLODIPINE TAB 10MG	14,240	575,280	3,452	$120,129.87	1.02	4.13	$0.21	12.86%
AMLODIPINE TAB 5MG	10,789	452,458	3,006	$88,605.55	1.08	3.59	$0.21	9.48%
VERAPAMIL TAB 240MG ER	1,348	59,776	275	$19,486.07	1.14	4.90	$0.37	2.09%
NIFEDIPINE CAP 10MG	1,281	90,059	958	$66,741.27	4	1.34	$2.97	7.14%
AMLODIPINE TAB 2.5MG	1,261	51,912	387	$10,068.75	1.16	3.26	$0.23	1.08%
NIFEDIPINE TAB 30MG ER	901	33,875	328	$18,562.45	1.11	2.75	$0.61	1.99%
NIFEDIPINE TAB 90MG ER	810	35,775	189	$37,275.12	1.11	4.29	$1.16	3.99%
NIFEDIPINE TAB 60MG ER	726	31,755	229	$30,599.30	1.19	3.17	$1.14	3.27%
DILTIAZEM CAP 240MG CD	674	27,086	159	$22,952.53	1.1	4.24	$0.93	2.46%
NIFEDICAL XL TAB 30MG	628	25,886	291	$13,917.53	1.21	2.16	$0.65	1.49%
NIFEDICAL XL TAB 60MG	558	26,048	167	$24,972.22	1.21	3.34	$1.16	2.67%
DILTIAZEM CAP 120MG CD	529	23,995	141	$12,696.69	1.19	3.75	$0.63	1.36%
VERAPAMIL TAB 120MG ER	529	23,838	145	$9,008.45	1.2	3.65	$0.45	0.96%
VERAPAMIL TAB 180MG ER	502	23,326	128	$7,995.18	1.2	3.92	$0.41	0.86%
DILTIAZEM CAP 180MG CD	501	22,408	138	$15,480.23	1.19	3.63	$0.82	1.66%
DILTIAZEM CAP 240MG ER	420	18,657	109	$12,875.85	1.07	3.85	$0.74	1.38%
VERAPAMIL TAB 120MG	406	21,840	102	$3,326.63	1.58	3.98	$0.24	0.36%
DILTIAZEM TAB 120MG	379	22,115	102	$3,697.53	1.66	3.72	$0.28	0.40%
DILTIAZEM TAB 60MG	364	25,093	96	$2,893.59	2.26	3.79	$0.26	0.31%
VERAPAMIL TAB 80MG	358	23,106	106	$2,731.45	1.94	3.38	$0.23	0.29%
DILTIAZEM CAP 180MG ER	313	16,762	100	$10,375.42	1.25	3.13	$0.78	1.11%
NIFEDIPINE CAP 20MG	312	19,810	237	$31,321.15	3.9	1.32	$6.16	3.35%
VERAPAMIL CAP 240MG ER	239	10,742	70	$4,871.07	1.12	3.41	$0.51	0.52%
DILTIAZEM TAB 30MG	235	18,072	69	$1,821.29	2.56	3.41	$0.26	0.19%
NIFEDIAC CC TAB 30MG ER	229	9,642	71	$5,494.48	1.16	3.23	$0.66	0.59%
DILTIAZEM CAP 120MG ER	221	10,572	66	$5,498.11	1.19	3.35	$0.62	0.59%
NIFEDIAC CC TAB 60MG ER	220	8,860	45	$8,155.17	1.2	4.89	$1.10	0.87%
DILTIAZEM TAB 90MG	202	16,275	45	$2,141.33	2.58	4.49	$0.34	0.23%
CARTIA XT CAP 120/24HR	181	8,164	55	$4,526.45	1.18	3.29	$0.66	0.48%
CARTIA XT CAP 240/24HR	167	7,860	49	$6,595.78	1	3.41	$0.84	0.71%
VERAPAMIL CAP 360MG SR	156	6,921	39	$9,642.32	1	4.00	$1.40	1.03%
FELODIPINE TAB 10MG ER	149	8,030	30	$8,145.41	1.09	4.97	$1.11	0.87%
DILTIAZEM CAP 180MG ER	148	8,748	53	$5,390.66	1.4	2.79	$0.86	0.58%
NIFEDIPINE TAB 60MG ER	145	6,770	43	$6,267.08	1.22	3.37	$1.13	0.67%
CARTIA XT CAP 180/24HR	145	6,970	51	$4,753.29	1.14	2.84	$0.78	0.51%
VERAPAMIL CAP 120MG ER	141	6,655	52	$3,201.24	1.25	2.71	$0.60	0.34%
DILTIAZEM CAP 240MG/24	140	5,640	32	$5,700.47	1.14	4.38	$1.15	0.61%
CADUET TAB 10-20MG	128	5,600	42	$35,339.34	1	3.05	$6.31	3.78%
TAZTIA XT CAP 360MG/24	118	4,590	27	$5,330.75	1	4.37	$1.16	0.57%
NIFEDIPINE TAB 30MG ER	118	5,755	48	$3,261.72	1.11	2.46	$0.63	0.35%
VERAPAMIL CAP 180MG ER	109	5,350	39	$2,270.71	1.08	2.79	$0.46	0.24%
DILTIAZEM CAP 120MG ER	108	5,501	47	$2,659.83	1.07	2.30	$0.52	0.28%
AFEDITAB TAB 60MG CR	108	4,070	24	$3,840.16	1.12	4.50	$1.06	0.41%
DILTIAZEM CAP 360MG/24	106	4,000	31	$4,580.74	1	3.42	$1.15	0.49%
AFEDITAB TAB 30MG CR	105	3,974	34	$2,343.66	1.07	3.09	$0.63	0.25%
ADALAT CC TAB 90MG ER	99	3,060	12	$4,531.74	1.03	8.25	$1.53	0.49%
NIFEDIAC CC TAB 90MG ER	98	4,250	20	$7,777.17	1.06	4.90	$1.94	0.83%
DILTIAZEM CAP 120MG/24	94	3,300	24	$2,327.64	1.16	3.92	$0.82	0.25%
DILTIAZEM CAP 240MG ER	91	4,452	45	$3,729.99	1.11	2.02	$0.93	0.40%
DILTIAZEM CAP 180MG/24	81	3,090	24	$2,436.11	1.35	3.38	$1.06	0.26%
CADUET TAB 10-40MG	80	3,480	26	$23,441.99	1	3.08	$6.74	2.51%
AMLOD/ATORVA TAB 10-20MG	80	4,120	27	$19,253.43	1	2.96	$4.67	2.06%
VERAPAMIL TAB 40MG	71	4,690	30	$1,021.69	2.08	2.37	$0.45	0.11%
DILTIAZEM CAP 120MG ER	70	4,730	19	$4,951.92	1.94	3.68	$2.03	0.53%
DILTIAZEM CAP 300MG CD	66	3,660	22	$4,029.24	1	3.00	$1.10	0.43%
DILTIAZEM CAP 60MG ER	51	2,584	20	$1,861.16	1.69	2.55	$1.21	0.20%

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
TAZTIA XT CAP 180MG/24	51	2,370	10	$1,860.27	1.3	5.10	$1.02	0.20%
TAZTIA XT CAP 300MG/24	50	2,220	11	$2,818.83	1	4.55	$1.27	0.30%
FELODIPINE TAB 5MG ER	48	2,975	13	$1,923.97	1.29	3.69	$0.84	0.21%
VERAPAMIL CAP 240MG SR	45	2,197	13	$1,018.81	1.04	3.46	$0.48	0.11%
AMLOD/ATORVA TAB 10-40MG	42	2,040	16	$10,004.95	1	2.63	$4.90	1.07%
DILTIAZEM CAP 420MG/24	41	1,620	5	$2,149.52	1	8.20	$1.33	0.23%
CARDIZEM CD CAP 360MG/24	39	1,667	14	$16,137.14	1	2.79	$9.68	1.73%
DILTIAZEM CAP 90MG ER	39	2,380	11	$1,902.58	2.17	3.55	$1.74	0.20%
VERAPAMIL CAP 100MG ER	35	1,110	10	$1,425.19	1	3.50	$1.28	0.15%
DILTIAZEM CAP 360MG ER	31	1,850	15	$15,228.56	1.03	2.07	$8.46	1.63%
CADUET TAB 10-10MG	30	1,320	11	$6,482.44	1	2.73	$4.91	0.69%
TAZTIA XT CAP 240MG/24	29	1,623	12	$1,595.17	1	2.42	$0.98	0.17%
MATZIM LA TAB 240MG/24	28	1,410	6	$3,906.33	1.24	4.67	$3.43	0.42%
VERAPAMIL CAP 200MG ER	27	1,090	5	$1,591.65	1	5.40	$1.46	0.17%
CARTIA XT CAP 300/24HR	27	1,650	9	$1,822.28	1	3.00	$1.10	0.20%
CADUET TAB 5-10MG	26	1,350	11	$6,591.17	1.07	2.36	$5.23	0.71%
CADUET TAB 5-40MG	25	1,491	10	$10,003.37	1	2.50	$6.71	1.07%
NIFEDIPINE TAB 90MG ER	25	1,290	10	$2,515.01	1	2.50	$1.95	0.27%
PROCARDIA CAP 10MG	25	1,225	4	$673.32	1.97	6.25	$1.08	0.07%
AMLOD/ATORVA TAB 10-10MG	24	1,161	8	$4,235.84	1	3.00	$3.65	0.45%
NICARDIPINE CAP 20MG	23	2,520	7	$426.82	3.65	3.29	$0.62	0.05%
AMLOD/ATORVA TAB 5-10MG	22	1,410	9	$5,085.77	1.07	2.44	$3.85	0.54%
CADUET TAB 5-20MG	19	990	8	$6,700.49	1	2.38	$6.77	0.72%
FELODIPINE TAB 2.5MG ER	19	630	7	$467.83	1	2.71	$0.74	0.05%
DILTIAZEM CAP 300MG ER	19	1,247	8	$1,380.47	1	2.38	$1.11	0.15%
VERAPAMIL CAP 300MG ER	17	510	4	$1,061.96	1	4.25	$2.08	0.11%
CADUET TAB 10-80MG	17	750	6	$5,008.00	1	2.83	$6.68	0.54%
AMLOD/ATORVA TAB 5-40MG	17	930	6	$4,520.94	1	2.83	$4.86	0.48%
AMLOD/ATORVA TAB 5-20MG	16	900	5	$4,355.82	1	3.20	$4.84	0.47%
VERAPAMIL CAP 180MG SR	16	780	9	$343.01	1.13	1.78	$0.50	0.04%
ADALAT CC TAB 60MG ER	16	480	2	$336.81	1	8.00	$0.70	0.04%
VERAPAMIL CAP 120MG SR	16	490	5	$259.53	1	3.20	$0.53	0.03%
MATZIM LA TAB 360MG/24	15	510	5	$1,657.18	1	3.00	$3.25	0.18%
ISRADIPINE CAP 5MG	15	1,470	4	$2,163.89	3.27	3.75	$4.81	0.23%
CARDIZEM LA TAB 120MG	14	610	2	$1,972.85	1	7.00	$3.23	0.21%
ISRADIPINE CAP 2.5MG	14	840	2	$807.42	2	7.00	$1.92	0.09%
TAZTIA XT CAP 120MG/24	13	470	6	$276.50	1.06	2.17	$0.62	0.03%
DILT-XR CAP 240MG	10	582	6	$400.65	1.26	1.67	$0.87	0.04%
DILT-XR CAP 120MG	10	850	4	$448.17	1	2.50	$0.53	0.05%
DYNACIRC CR TAB 10MG	10	630	3	$2,476.98	1	3.33	$3.93	0.27%
DILT-XR CAP 180MG	9	450	4	$265.73	1	2.25	$0.59	0.03%
MATZIM LA TAB 420MG/24	9	521	3	$2,123.67	1	3.00	$4.08	0.23%
MATZIM LA TAB 300MG/24	8	240	1	$797.96	1	8.00	$3.32	0.09%
NIFEDIPINE POW USP	8	308	5	$71.72	1.75	1.60	$0.41	0.01%
AMLOD/ATORVA TAB 10-80MG	8	480	3	$2,325.76	1	2.67	$4.85	0.25%
NIMODIPINE CAP 30MG	7	922	5	$4,219.72	7.15	1.40	$32.71	0.45%
MATZIM LA TAB 180MG/24	7	210	3	$450.10	1	2.33	$2.14	0.05%
NORVASC TAB 5MG	6	330	1	$816.39	2	6.00	$4.95	0.09%
NISOLDIPINE TAB 17MG ER	5	150	1	$749.44	1	5.00	$5.00	0.08%
DILTIAZEM CAP 300MG/24	5	330	3	$416.96	1	1.67	$1.26	0.04%
NORVASC TAB 10MG	4	180	1	$592.85	1	4.00	$3.29	0.06%
VERAPAMIL TAB 240MG SR	4	180	2	$47.72	1.5	2.00	$0.40	0.01%
VERAPAMIL POW	4	77	1	$18.60	0.64	4.00	$0.15	0.00%
ADALAT CC TAB 30MG ER	3	50	2	$36.44	1	1.50	$0.73	0.00%
CADUET TAB 2.5-40MG	3	210	1	$1,437.13	1	3.00	$6.84	0.15%
CADUET TAB 2.5-10MG	2	180	1	$888.59	1	2.00	$4.94	0.10%
CARDIZEM LA TAB 240MG	2	120	1	$342.72	1	2.00	$2.86	0.04%
AMLOD/ATORVA TAB 2.5-10MG	2	180	1	$635.84	1	2.00	$3.53	0.07%

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
NIFEDIPINE POW	2	36	2	$4.66	0.98	1.00	$0.13	0.00%
VERAPAMIL TAB 120MG SR	2	190	2	$68.94	1.36	1.00	$0.49	0.01%
NISOLDIPINE TAB 34MG ER	1	30	1	$132.18	1	1.00	$4.41	0.01%
DYNACIRC CR TAB 5MG	1	30	1	$81.15	1	1.00	$2.71	0.01%
NICARDIPINE CAP 30MG	1	120	1	$19.91	4	1.00	$0.66	0.00%
AMLOD/ATORVA TAB 2.5-40MG	1	90	1	$435.82	1	1.00	$4.84	0.05%
AMLOD/ATORVA TAB 5-80MG	1	90	1	$435.82	1	1.00	$4.84	0.05%
TOTAL	**43,438**	**1,928,379**	**10,618***	**$934,359.28**	**1.17**	**4.09**	**$0.57**	**100%**

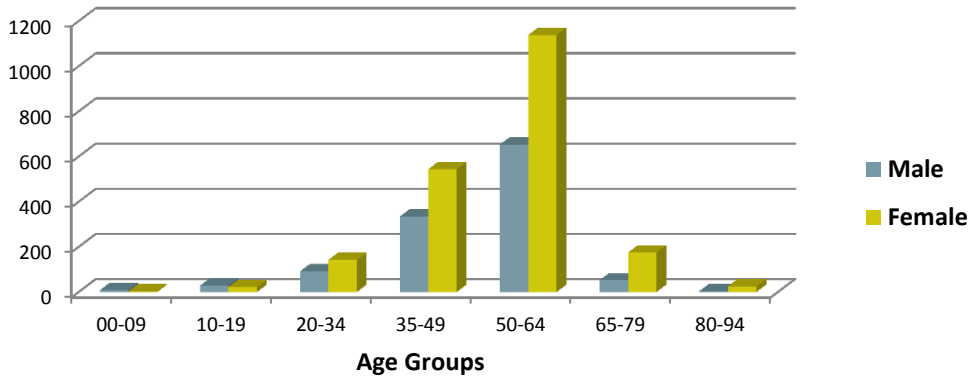
*Total unduplicated number of members.

Utilization of Angiotensin Receptor Blocker Medications

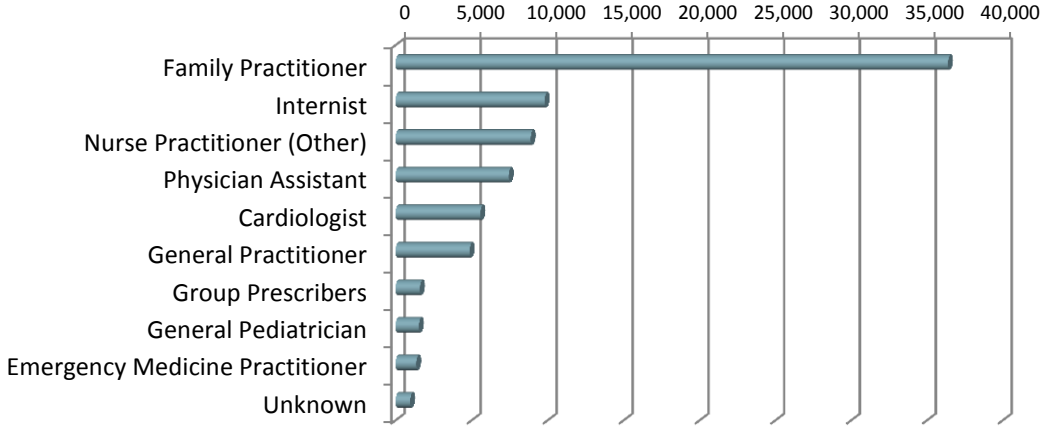
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	2,473	11,756	$1,202,155.14	$102.26	$2.59	484,003	464,375
2012	3,219	15,640	$1,175,068.00	$75.13	$1.91	643,612	616,370
% Change	**30.2%**	**33.0%**	**-2.3%**	**-26.5%**	**-26.3%**	**33.0%**	**32.7%**
Change	**746**	**3,884**	**-$27,087.14**	**-$27.13**	**-$0.68**	**159,609**	**151,995**

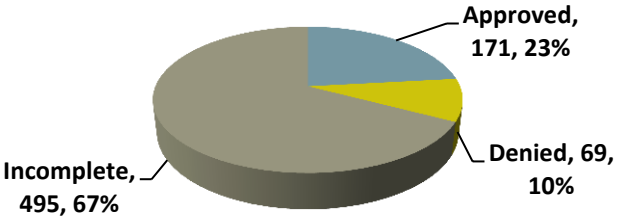
Demographics of Members Utilizing Angiotensin Receptor Blocker Medications: FY 2012



Prescribers of Angiotensin Receptor Blocker Medication by Number of Claims: FY 2012



Status of Prior Authorization Petitions for Angiotensin Receptor Blocker Medications: FY 2012



Utilization Details of Angiotensin Receptor Blocker Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
LOSARTAN POT TAB 50MG	2,755	110,509	800	$27,246.63	1.1	3.44	$0.27	2.32%
LOSARTAN POT TAB 100MG	2,079	83,127	619	$23,017.33	1.01	3.36	$0.28	1.96%
LOSARTAN/HCT TAB 100-25	1,282	56,192	296	$14,524.13	1.01	4.33	$0.26	1.24%
LOSARTAN POT TAB 25MG	965	38,102	295	$8,636.95	1.05	3.27	$0.24	0.74%
LOSARTAN/HCT TAB 50-12.5	926	37,689	235	$9,520.01	1.05	3.94	$0.27	0.81%
DIOVAN TAB 160MG	647	27,374	121	$89,555.26	1.1	5.35	$3.61	7.62%
DIOVAN TAB 80MG	433	18,866	105	$56,677.28	1.1	4.12	$3.29	4.82%
DIOVAN TAB 320MG	421	17,492	85	$71,794.57	1	4.95	$4.12	6.11%
BENICAR TAB 20MG	407	17,725	87	$49,144.07	1	4.68	$2.78	4.18%
LOSARTAN/HCT TAB 100-12.5	384	15,516	106	$4,100.01	1	3.62	$0.27	0.35%
DIOVAN HCT TAB 160-25MG	365	14,430	65	$56,590.91	1.03	5.62	$4.03	4.82%
MICARDIS TAB 80MG	346	13,375	65	$50,165.74	1.06	5.32	$3.97	4.27%
BENICAR HCT TAB 40-25MG	318	13,395	60	$53,617.91	1.02	5.30	$4.08	4.56%
AVAPRO TAB 150MG	307	13,338	57	$37,899.32	1.08	5.39	$3.06	3.23%
DIOVAN HCT TAB 320-25MG	296	13,581	55	$69,184.16	1.01	5.38	$5.15	5.89%
BENICAR TAB 40MG	291	12,256	76	$47,663.17	1	3.83	$3.90	4.06%
DIOVAN HCT TAB 160-12.5	284	12,405	65	$43,580.62	1.05	4.37	$3.70	3.71%
MICARDIS TAB 40MG	284	11,152	53	$42,015.22	1.01	5.36	$3.79	3.58%
EXFORGE TAB 10-320MG	267	8,220	40	$42,208.37	1.02	6.68	$5.25	3.59%
AVAPRO TAB 300MG	229	10,130	52	$34,691.57	1.01	4.40	$3.47	2.95%
BENICAR HCT TAB 20-12.5	205	8,102	39	$23,024.23	1.05	5.26	$2.97	1.96%
DIOVAN HCT 80/12.5	181	7,490	30	$24,224.24	1	6.03	$3.23	2.06%
BENICAR HCT TAB 40-12.5	155	5,618	28	$21,897.37	1.01	5.54	$3.94	1.86%
DIOVAN TAB 40MG	128	5,540	27	$13,675.03	1.14	4.74	$2.81	1.16%
DIOVAN HCT TAB 320-12.5	125	6,507	29	$29,112.62	1.03	4.31	$4.62	2.48%
MICARDIS HCT TAB 40/12.5	119	4,790	23	$17,996.08	1	5.17	$3.76	1.53%
EXFORGE TAB 5-160MG	106	3,180	18	$11,264.99	1	5.89	$3.54	0.96%
EXFORGE TAB 10-160MG	94	2,790	13	$11,163.62	1	7.23	$4.00	0.95%
EXFORGE TAB 5-320MG	94	2,815	17	$12,538.50	1	5.53	$4.45	1.07%
AVALIDE TAB 150-12.5	80	4,690	21	$16,041.45	1.1	3.81	$3.76	1.37%
MICARDIS HCT TAB 80/12.5	79	4,410	15	$16,649.11	1.2	5.27	$4.51	1.42%
EXFORGEH/10- TAB 320-25	78	2,340	15	$12,022.09	0.98	5.20	$5.01	1.02%
MICARDIS HCT TAB 80-25MG	77	3,810	17	$14,343.10	1	4.53	$3.76	1.22%
AZOR TAB 10-40MG	77	2,490	13	$11,307.70	1	5.92	$4.54	0.96%
ATACAND TAB 32MG	69	3,475	15	$11,679.45	1.03	4.60	$3.47	0.99%
AVALIDE TAB 300-12.5	62	3,090	16	$11,352.97	0.99	3.88	$3.64	0.97%
ATACAND HCT TAB 32-12.5	58	2,220	9	$7,584.71	1	6.44	$3.42	0.65%
ATACAND TAB 16MG	54	2,670	9	$6,571.16	1.06	6.00	$2.61	0.56%
BENICAR TAB 5MG	48	2,355	11	$5,370.64	1.03	4.36	$2.36	0.46%
IRBESARTAN TAB 300MG	40	1,780	25	$5,326.60	1	1.60	$2.99	0.45%
IRBESARTAN TAB 150MG	37	1,925	27	$4,883.64	1.08	1.37	$2.74	0.42%
COZAAR TAB 25MG	33	960	11	$896.94	0.86	3.00	$0.81	0.08%
EDARBI TAB 80MG	32	1,200	8	$3,288.32	1	4.00	$2.74	0.28%

MICARDIS TAB 20MG	31	1,185	8	$4,478.21	1.03	3.88	$3.88	0.38%
EXFORGEH/5-TAB 160-12.5	27	790	5	$2,938.56	1	5.40	$3.72	0.25%
AZOR TAB 5-40MG	26	840	9	$3,927.24	1	2.89	$4.68	0.33%
TRIBENZOR40-TAB 5-25MG	19	630	4	$2,905.23	1	4.75	$4.61	0.25%
EXFORGEH/10-TAB 160-25	19	566	3	$2,296.30	1	6.33	$4.06	0.20%
EXFORGEH/5- TAB 160-25	16	480	4	$1,688.04	1	4.00	$3.52	0.14%
TRIBENZOR40 TAB 10-25MG	16	900	4	$4,262.29	1	4.00	$4.74	0.36%
ATACAND HCT TAB 16-12.5	15	690	2	$2,332.09	1	7.50	$3.38	0.20%
AZOR TAB 5-20MG	14	760	3	$2,738.39	1	4.67	$3.60	0.23%
ATACAND TAB 8MG	13	1,180	2	$2,920.58	1.3	6.50	$3.21	0.25%
AZOR TAB 10-20MG	12	840	4	$2,961.96	1.27	3.00	$4.49	0.25%
IRBESAR/HCTZ TAB 150-12.5	12	810	11	$2,388.97	1.13	1.09	$3.32	0.20%
EXFORGEH/10- TAB 160-12.5	12	360	1	$1,399.44	1	12.00	$3.89	0.12%
TEVETEN HCT TAB 600-12.5	12	360	1	$1,350.00	1	12.00	$3.75	0.11%
HYZAAR TAB 100-25	10	540	2	$1,620.21	1	5.00	$3.00	0.14%
IRBESAR/HCTZ TAB 300-12.5	10	540	8	$1,689.00	0.95	1.25	$2.96	0.14%
ATACAND TAB 4MG	9	540	1	$1,329.06	2	9.00	$4.92	0.11%
AVAPRO TAB 75MG	9	270	1	$739.82	1	9.00	$2.74	0.06%
TWYNSTA TAB 80-5MG	7	210	1	$836.93	1	7.00	$3.99	0.07%
TRIBENZOR20-TAB 5-12.5MG	6	180	2	$664.92	1	3.00	$3.69	0.06%
TEVETEN TAB 600MG	5	460	2	$1,598.47	1	2.50	$3.47	0.14%
AVALIDE TAB 300-25MG	4	240	2	$860.25	1	2.00	$3.58	0.07%
COZAAR TAB 50MG	4	240	1	$627.56	1	4.00	$2.61	0.05%
COZAAR TAB 100MG	4	120	2	$26.48	1	2.00	$0.22	0.00%
EPROSART MES TAB 600MG	3	270	2	$779.97	1	1.50	$2.89	0.07%
IRBESARTAN TAB 75MG	3	150	2	$363.16	1	1.50	$2.42	0.03%
TRIBENZOR40-TAB 5-12.5MG	2	180	1	$867.80	1	2.00	$4.82	0.07%
EDARBI TAB 40MG	1	100	1	$259.24	1	1.00	$2.59	0.02%
EDARBYCLOR TAB 40-12.5	1	30	1	$88.27	1	1.00	$2.94	0.01%
EDARBYCLOR TAB 40-25MG	1	30	1	$81.77	1	1.00	$2.73	0.01%
Total	**15,640**	**643,612**	**3,219***	**$1,175,068.00**	**1.04**	**4.86**	**$1.91**	**100%**

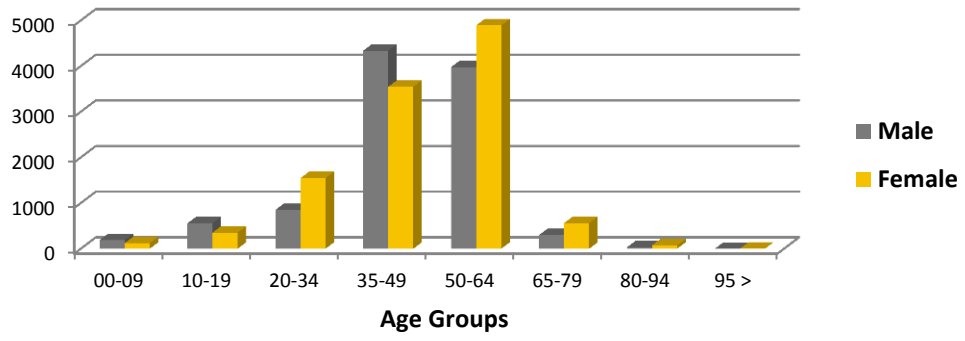
***Total unduplicated number of members.

Utilization of Angiotensin Converting Enzyme Inhibitor Medications

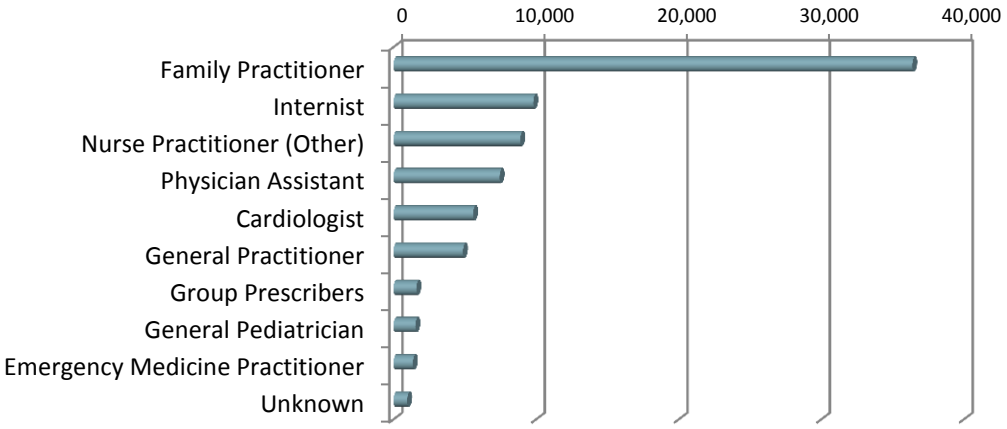
Fiscal Year Comparison

Fiscal Year	Members	Claims	Total	Cost/Claim	Cost/Day	Units	Days
2011	17,772	74,113	$524,754.33	$7.08	$0.18	4,164,460	2,899,201
2012	19,339	81,931	$568,445.23	$6.94	$0.18	3,939,660	3,230,359
% Change	**8.8%**	**10.5%**	**8.3%**	**-2.0%**	**0.0%**	**-5.4%**	**11.4%**
Change	**1,567**	**7,818**	**$43,690.90**	**-$0.14**	**$0.00**	**-224,800**	**331,158**

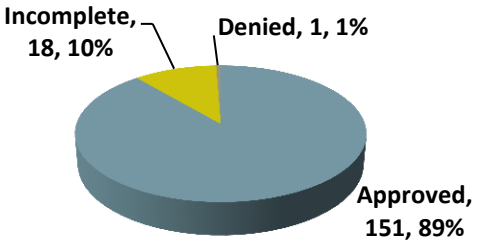
Demographics of Members Utilizing ACE-Inhibitor Medications: FY 2012



Prescribers of Angiotensin Converting Enzyme Inhibitor Medications: FY 2012



Status of Prior Authorization Petitions for ACE-Inhibitor Medications: FY 2012



Utilization Details of Angiotensin Converting Enzyme Inhibitor Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
LISINOPRIL TAB 20MG	22,400	1,028,046	6,226	$147,735.02	1.16	3.60	$0.17	25.99%
LISINOPRIL TAB 10MG	20,368	854,234	6,001	$118,997.76	1.06	3.39	$0.15	20.93%
LISINOPRIL TAB 40MG	10,561	472,815	2,599	$103,794.58	1.1	4.06	$0.24	18.26%
LISINOPRIL TAB 5MG	8,280	340,779	2,427	$43,094.98	1.03	3.41	$0.13	7.58%
ENALAPRIL TAB 10MG	3,042	183,668	724	$20,739.64	1.63	4.20	$0.18	3.65%
ENALAPRIL TAB 20MG	2,964	170,614	671	$23,677.90	1.47	4.42	$0.20	4.17%
LISINOPRIL TAB 2.5MG	2,651	108,600	808	$13,098.24	1.05	3.28	$0.13	2.30%
ENALAPRIL TAB 5MG	2,333	316,124	580	$14,885.07	3.78	4.02	$0.18	2.62%
LISINOPRIL TAB 30MG	1,354	53,288	320	$11,986.28	1.09	4.23	$0.25	2.11%
BENAZEPRIL TAB 20MG	1,192	55,010	263	$9,276.58	1.19	4.53	$0.20	1.63%
ENALAPRIL TAB 2.5MG	1,151	58,188	260	$6,832.32	1.54	4.43	$0.18	1.20%
BENAZEPRIL TAB 40MG	751	35,998	192	$6,180.22	1.15	3.91	$0.20	1.09%
BENAZEPRIL TAB 10MG	649	29,830	165	$5,722.70	1.12	3.93	$0.22	1.01%
FOSINOPRIL TAB 40MG	558	24,803	107	$6,216.34	1.33	5.21	$0.33	1.09%
FOSINOPRIL TAB 20MG	534	20,096	112	$5,217.71	1.01	4.77	$0.26	0.92%
RAMIPRIL CAP 10MG	453	24,112	101	$4,990.63	1.2	4.49	$0.25	0.88%
QUINAPRIL TAB 40MG	332	17,035	78	$3,812.31	1.08	4.26	$0.24	0.67%
CAPTOPRIL TAB 12.5MG	330	23,528	64	$1,744.66	2.14	5.16	$0.16	0.31%
CAPTOPRIL TAB 25MG	321	21,032	70	$1,762.37	2.11	4.59	$0.18	0.31%
QUINAPRIL TAB 20MG	301	16,190	71	$3,337.73	1.23	4.24	$0.25	0.59%
CAPTOPRIL TAB 50MG	270	28,966	61	$1,620.30	3.21	4.43	$0.18	0.29%
RAMIPRIL CAP 5MG	203	10,492	59	$2,397.23	1.11	3.44	$0.25	0.42%
FOSINOPRIL TAB 10MG	201	9,592	40	$2,340.76	1.12	5.03	$0.27	0.41%

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
RAMIPRIL CAP 2.5MG	188	10,165	54	$2,567.59	1.05	3.48	$0.27	0.45%
BENAZEPRIL TAB 5MG	174	7,883	40	$1,532.83	1.07	4.35	$0.21	0.27%
QUINAPRIL TAB 10MG	101	5,105	37	$1,133.32	1.04	2.73	$0.23	0.20%
QUINAPRIL TAB 5MG	54	1,950	9	$510.40	1.05	6.00	$0.27	0.09%
CAPTOPRIL TAB 100MG	39	3,635	9	$341.09	2.66	4.33	$0.25	0.06%
RAMIPRIL AP 1.25MG	34	1,703	9	$451.34	1.14	3.78	$0.30	0.08%
MOEXIPRIL TAB 15MG	34	1,684	6	$554.73	1.29	5.67	$0.42	0.10%
TRANDOLAPRIL TAB 4MG	31	1,155	5	$408.60	1.1	6.20	$0.39	0.07%
MOEXIPRIL TAB 7.5MG	28	990	3	$363.04	1.18	9.33	$0.43	0.06%
TRANDOLAPRIL TAB 2MG	22	780	2	$307.83	1	11.00	$0.39	0.05%
PERINDOPRIL TAB 4MG	16	760	2	$434.45	1	8.00	$0.57	0.08%
TRANDOLAPRIL TAB 1MG	7	450	2	$198.94	1	3.50	$0.44	0.03%
PERINDOPRIL TAB 8MG	3	270	1	$162.22	1	3.00	$0.60	0.03%
LISINOPRIL 40MG TAB	1	90	1	$17.52	1	1.00	$0.19	0.00%
TOTAL	**81,931**	**3,939,660**	**19,339***	**$568,445.23**	**1.22**	**4.24**	**$0.18**	**100%**

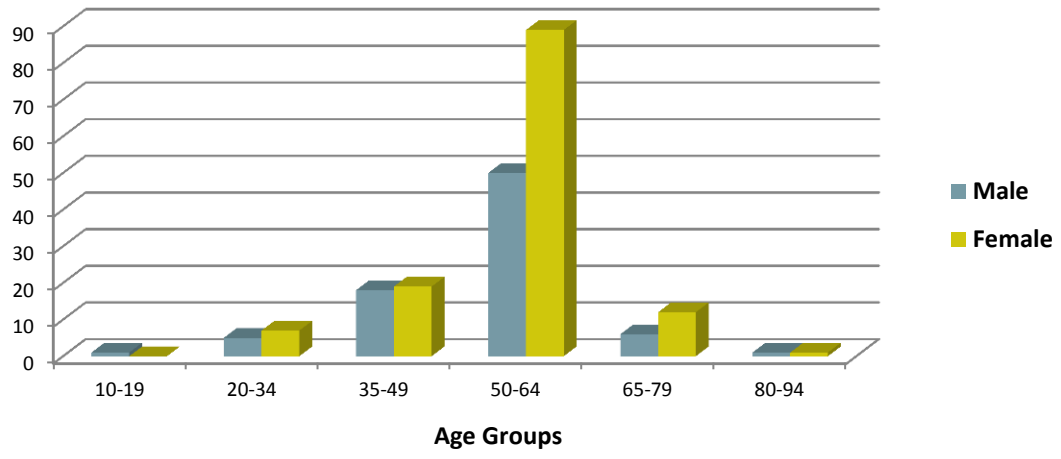
*Total unduplicated number of members.

Utilization of ACE/CCB Medications

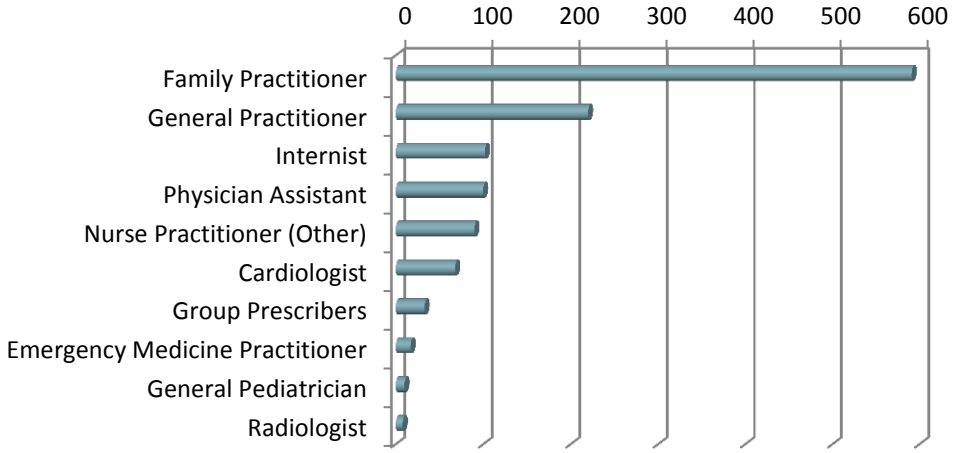
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	267	1,458	$160,325.65	$109.96	$2.53	71,442	63,465
2012	209	1,256	$87,270.85	$69.48	$1.56	61,729	55,824
% Change	**-21.7%**	**-13.9%**	**-45.6%**	**-36.8%**	**-38.3%**	**-13.6%**	**-12.0%**
Change	**-58**	**-202**	**-$73,054.80**	**-$40.48**	**-$0.97**	**-9,713**	**-7,641**

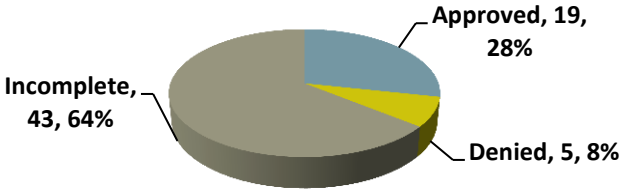
Demographics of Members Utilizing ACE/CCB Combination products: FY 2012



Prescribers of ACE/CCB Combination products by Number of Claims: FY 2012



Status of Prior Authorization Petitions for ACE/CCB Combination products: FY 2012



Utilization Details of ACE/CCB Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
AMLOD/BENAZP CAP 10-20MG	414	21,019	71	$26,928.22	1.07	5.83	$1.36	30.86%
AMLOD/BENAZP CAP 5-20MG	295	15,030	58	$19,159.35	1.25	5.09	$1.60	21.95%
AMLOD/BENAZP CAP 10-40MG	227	10,680	45	$15,890.49	1.06	5.04	$1.57	18.21%
AMLOD/BENAZP CAP 5-10MG	181	7,610	32	$10,030.61	1.07	5.66	$1.41	11.49%
AMLOD/BENAZP CAP 5-40MG	74	3,800	15	$5,146.07	1.06	4.93	$1.44	5.90%
TRANDO/VERAP TAB 4-240 CR	31	1,800	7	$4,604.14	1.07	4.43	$2.74	5.28%
TRANDO/VERAP TAB 2-240 CR	13	530	3	$1,385.41	1	4.33	$2.61	1.59%
TARKA TAB 4-240 CR	9	660	3	$2,413.36	1.29	3.00	$4.73	2.77%
TRANDO/VERAP TAB 2-180 CR	4	360	1	$967.66	1	4.00	$2.69	1.11%
TARKA TAB 2-240 CR	3	90	2	$335.91	1	1.50	$3.73	0.38%
AMLOD/BENAZP CAP 2.5-10MG	3	90	1	$150.57	1	3.00	$1.67	0.17%
LOTREL CAP 5-20MG	2	60	1	$259.06	1	2.00	$4.32	0.30%
TOTAL	**1,256**	**61,729**	**209***	**$87,270.85**	**1.11**	**6.01**	**$1.56**	**100%**

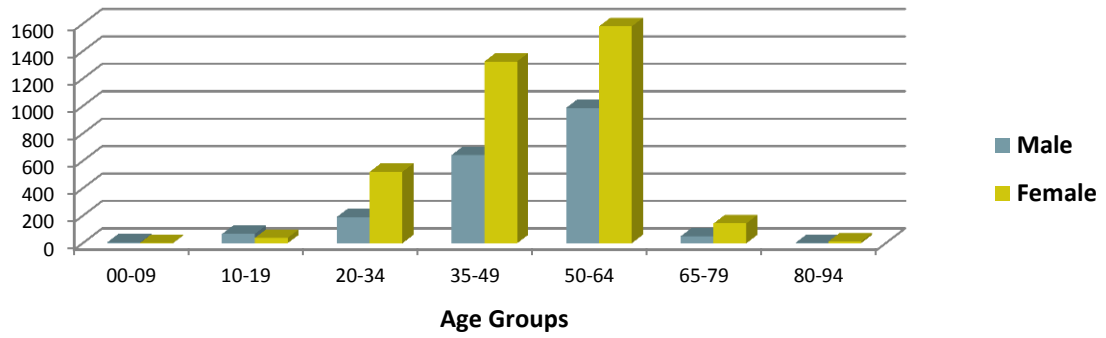
***Total unduplicated number of members.

Utilization of ACE/HCTZ Medications

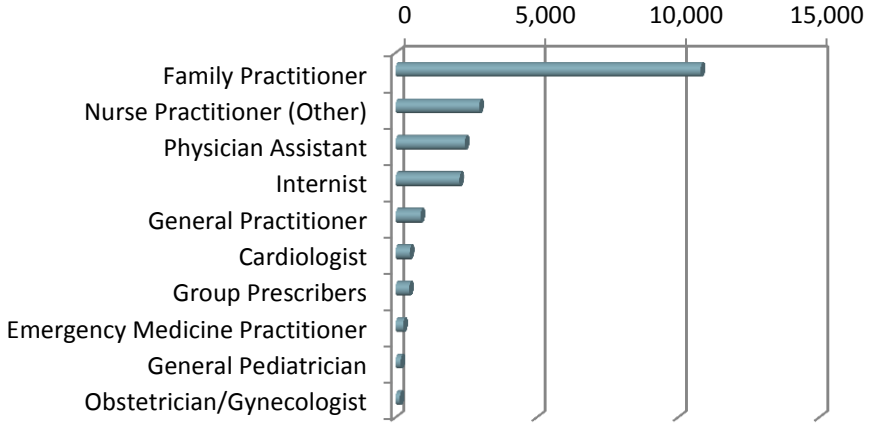
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	5,140	19,304	$151,159.18	$7.83	$0.19	893,543	788,242
2012	5,583	21,522	$177,850.17	$8.26	$0.20	1,010,791	895,994
% Change	**8.6%**	**11.5%**	**17.7%**	**5.5%**	**5.3%**	**13.1%**	**13.7%**
Change	**443**	**2,218**	**$26,690.99**	**$0.43**	**$0.01**	**117,248**	**107,752**

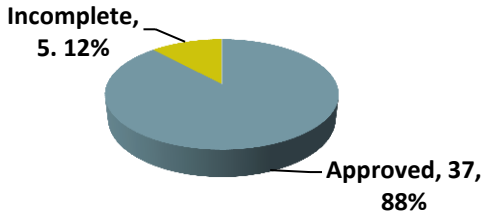
Demographics of Members Utilizing ACE/HCTZ Medications: FY 2012



Prescribers of ACE/HCTZ Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions for ACE/HCTZ Medications: FY 2012



Utilization Details of ACE/HCTZ Medications

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
LISINOP/HCTZ TAB 20-25MG	8,277	375,338	2,312	$65,246.97	1.05	3.58	$0.18	36.69%
LISINOP/HCTZ TAB 20-12.5	7,624	385,034	2,106	$62,740.67	1.26	3.62	$0.20	35.28%
LISINOP/HCTZ TAB 10-12.5	4,151	180,211	1,267	$29,452.53	1.04	3.28	$0.17	16.56%
ENALAPR/HCTZ TAB 10-25MG	424	21,730	104	$4,376.46	1.11	4.08	$0.22	2.46%
BENAZEP/HCTZ TAB 20-25MG	194	8,325	44	$2,076.17	1.09	4.41	$0.27	1.17%
BENAZEP/HCTZ TAB 20-12.5	193	9,940	46	$2,451.50	1.28	4.20	$0.31	1.38%
ENALAPR/HCTZ TAB 5-12.5MG	179	7,917	41	$1,511.03	1.1	4.37	$0.21	0.85%
CAPTOPR/HCTZ TAB 50-25MG	96	4,915	14	$1,330.26	1.32	6.86	$0.36	0.75%
BENAZEP/HCTZ TAB 10-12.5	94	4,100	23	$1,049.87	1.22	4.09	$0.31	0.59%
QNAPRIL/HCTZ TAB 20-12.5	54	2,390	13	$1,537.33	1.21	4.15	$0.78	0.86%
QNAPRIL/HCTZ TAB 20-25MG	43	1,855	9	$1,299.19	1.13	4.78	$0.79	0.73%
CAPTOPR/HCTZ TAB 25-15MG	34	2,050	5	$431.18	1.77	6.80	$0.37	0.24%
MOEXIPR/HCTZ TAB 15-25MG	31	930	5	$432.39	1	6.20	$0.46	0.24%
FOSINOP/HCTZ TAB 20/12.5	29	870	4	$983.66	1	7.25	$1.13	0.55%
CAPTOPR/HCTZ TAB 25-25MG	25	1,320	6	$299.59	1.4	4.17	$0.32	0.17%
FOSINOP/HCTZ TAB 10/12.5	23	1,416	3	$1,596.96	1.57	7.67	$1.77	0.90%
QNAPRIL/HCTZ TAB 10-12.5	15	510	6	$356.65	1	2.50	$0.70	0.20%
MOEXIPR/HCTZ TAB 15-12.5	14	480	2	$234.03	1	7.00	$0.49	0.13%
MOEXIPR/HCTZ TAB 7.5-12.5	8	540	2	$218.23	1	4.00	$0.40	0.12%
CAPTOPR/HCTZ TAB 50-15MG	8	600	2	$142.89	2	4.00	$0.48	0.08%
BENAZEP/HCTZ TAB 5-6.25	5	290	1	$60.91	1	5.00	$0.21	0.03%
QUINARETIC TAB 20-25MG	1	30	1	$21.70	1	1.00	$0.72	0.01%
TOTAL	**21,522**	**1,010,791**	**5,583***	**$177,850.17**	**1.13**	**3.85**	**$0.20**	**100%**

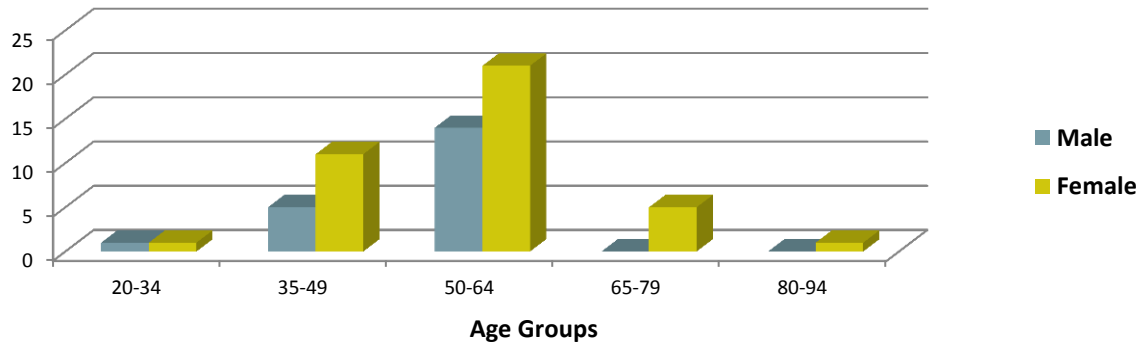
*Total unduplicated number of members.

Utilization of Direct Renin Inhibitor Medications

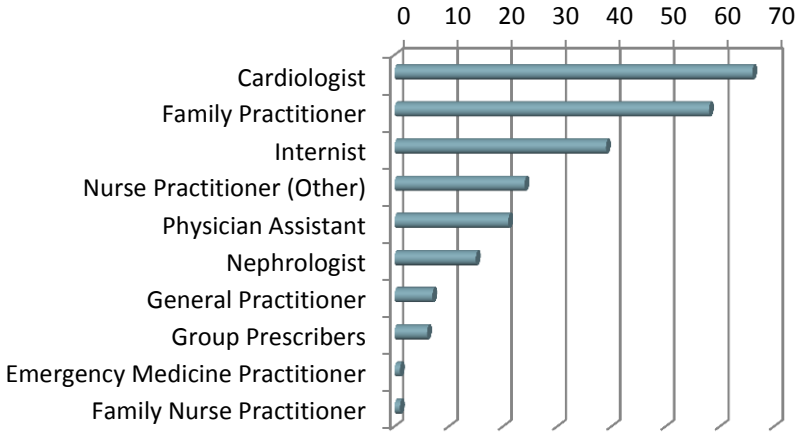
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	63	246	$37,762.03	$153.50	$3.22	11,917	11,717
2012	59	239	$35,991.44	$150.59	$3.39	10,860	10,620
% Change	**-6.3%**	**-2.8%**	**-4.7%**	**-1.9%**	**5.3%**	**-8.9%**	**-9.4%**
Change	**-4**	**-7**	**-$1,770.59**	**-$2.91**	**$0.17**	**-1,057**	**-1,097**

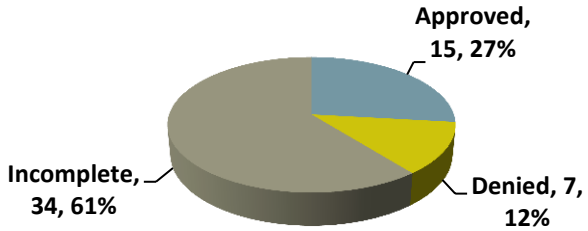
Demographics of Members Utilizing Direct Renin Inhibitor Medication: FY 2012



Prescribers of Direct Renin Inhibitor Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions for Direct Renin Inhibitor Medications: FY 2012



Utilization Direct Renin Inhibitor Medications

BRAND NAME	CLAIMS	DAYS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
TEKTURNA TAB 300MG	81	3,970	22	$14,127.87	0.98	3.68	$3.56	39.25%
TEKTURNA TAB 150MG	77	2,950	20	$9,201.72	1.1	3.85	$3.12	25.57%
VALTURNA TAB 300-320	31	1,350	7	$4,873.27	1	4.43	$3.61	13.54%
TEKTURNA HCT TAB 300-25MG	16	910	5	$3,314.56	1	3.20	$3.64	9.21%
VALTURNA TAB 150-160	15	690	6	$2,040.20	1.04	2.50	$2.96	5.67%
AMTURNIDE300 TAB -5-12.5	10	300	1	$996.80	1	10.00	$3.32	2.77%
TEKTURNA HCT TAB 150-25MG	6	180	2	$522.54	1	3.00	$2.90	1.45%
TEKAMLO TAB 300-10MG	2	180	1	$654.92	1	2.00	$3.64	1.82%
TEKAMLO TAB 150-5MG	1	90	1	$259.56	1	1.00	$2.88	0.72%
TOTAL	**239**	**10,620**	**59***	**$35,991.44**	**1.02**	**4.05**	**$3.39**	**100%**

*Total unduplicated number of members.

Market News and Updates:

1. 12/20/2011: FDA New Drug Approval
   - Edarbyclor (Azilsartan Kamedoxomil/Chlorthalidone). The medication has been added to the category.
2. 12/2011: Generic Launched
   - Caduet® (Atorvastatin/Amlodipine)
3. 09/25/2012: Generic Drug Approval
   - Exforge HCT tablets (Amlodipine/Valsartan/Hydrochlorothiazide)
     i. Currently not available.
4. 03/28/2013: Generic Drug Approval
   - Exforge tablets (Amlodipine/Valsartan)
     i. Currently not available.

Conclusions and Recommendations

The College of Pharmacy recommends no changes to the Antihypertensive Medications Product Based Prior Authorization Category at this time.

Fiscal Year 2012 Review of Elidel® and Protopic®

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

- The first 90 days of a 12 month period will be covered without a prior authorization.
- After the initial period, authorization will be granted with documentation of one trial of a tier-1 topical corticosteroid of six weeks duration within the past 90 days.
- Therapy will be approved only once each 90 day period to ensure appropriate short-term and intermittent utilization as advised by the FDA.
- Quantities will be limited to 30 grams for use on the face, neck, and groin, and 100 grams for all other areas.
- Authorizations will be restricted to those patients who are not immunocompromised.

Members must meet all of the following criteria for authorization:

1. Clinical Diagnosis:
   - Elidel® and Protopic®: short-term and intermittent treatment for mild to moderate atopic dermatitis (eczema)
2. Age Restrictions:
   - Elidel® 1% $\geq$ 2 years of age
   - Protopic® 0.03% for $\geq$ 2 years of age
   - Protopic® 0.1% for $\geq$ 15 years of age (Approved for adult-use only)

Clinical exceptions for Children meeting age restriction:

- Documented adverse effect, drug interaction, or contraindication to tier-1 products
- Atopic dermatitis of face or groin where physician does not want to use topical corticosteroids
- Prescription by dermatologist

Clinical exceptions for Children NOT meeting age restriction:

- Prescription by dermatologist

Utilization of Elidel® and Protopic®

Fiscal Year Comparison

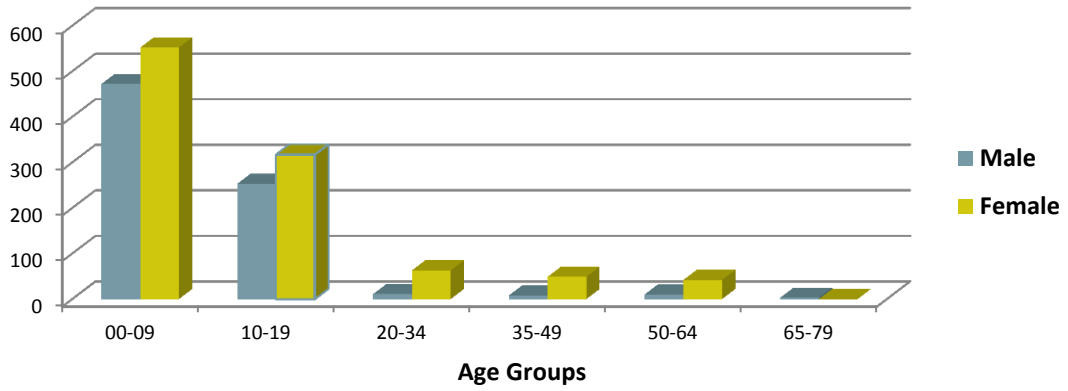
Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	1,959	3,168	$537,432.73	$169.64	$5.59	161,922	96,127
2012	1,780	2,675	$620,491.94	$231.96	$7.60	136,354	81,664
% Change	**-9.1%**	**-15.6%**	**15.5%**	**36.7%**	**36.0%**	**-15.8%**	**-15.0%**
Change	**-179**	**-493**	**$83,059.21**	**$62.32**	**$2.01**	**-25,568**	**-14,463**

Utilization Details

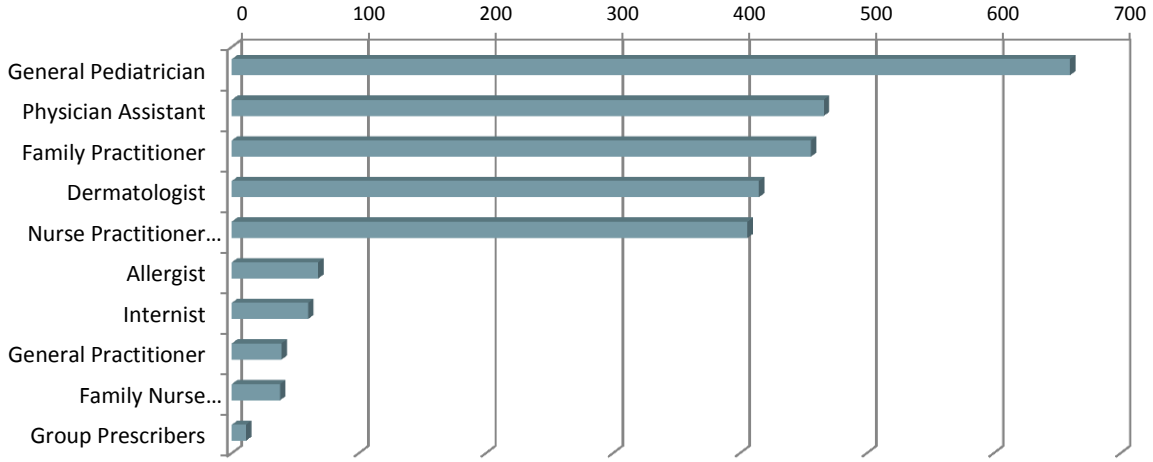
BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
ELIDEL CREAM 1%	1,364	70,544	946	$305,728.65	1.7	1.44	$7.36	49.27%
PROTOPIC OINT 0.03%	1,123	56,740	740	$271,994.43	1.65	1.52	$7.92	43.84%
PROTOPIC OINT 0.1%	188	9,070	127	$42,768.86	1.57	1.48	$7.41	6.89%
TOTAL	**2,675**	**136,354**	**1,780***	**$620,491.94**	**1.67**	**1.50**	**$7.60**	**100%**

*Total unduplicated number of members.

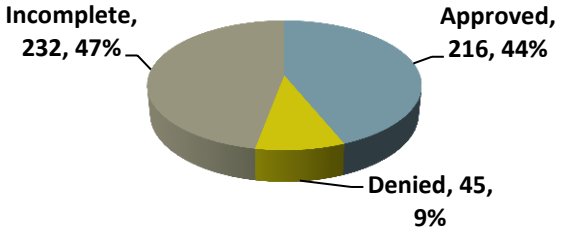
Demographics of Members Utilizing Elidel® and Protopic®: FY 2012



Prescribers of Elidel® and Protopic® by Numbers of Claims: FY 2012



Status of Prior Authorization Petitions for of Elidel® and Protopic®: FY 2012



Market News and Updates:

Anicipated Patent expirations:

1. Protopic®-09/2014
2. Elidel®- 06/2016

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Fiscal Year 2012 Review of Fibromyalgia Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier-2 authorization requires:

1. Recent trials (within the last six months) of two Tier-1 medications at least 3 weeks in duration that did not provide adequate response, or resulted in intolerable adverse effects, or
2. Contraindication(s) to all available lower tiered medications,
3. Current stabilization on a Tier-2 medication.

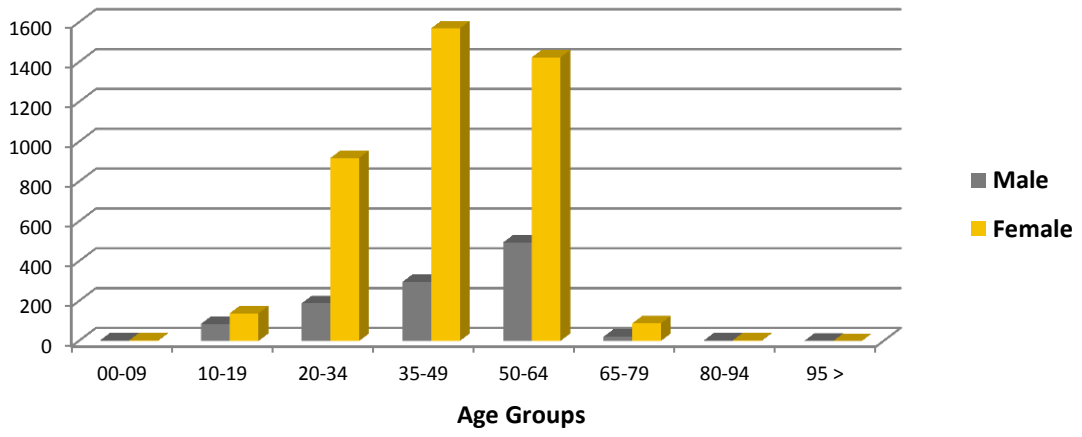
Tier-1	Tier-2
Amitriptyline (Elavil®)	Pregabalin (Lyrica®)
Cyclobenzaprine (Flexeril®)	Duloxetine HCL (Cymbalta®)
Fluoxetine (Prozac®)	Milnacipran (Savella®)
Tramadol (Ultram®)	

Utilization of Fibromyalgia Medications

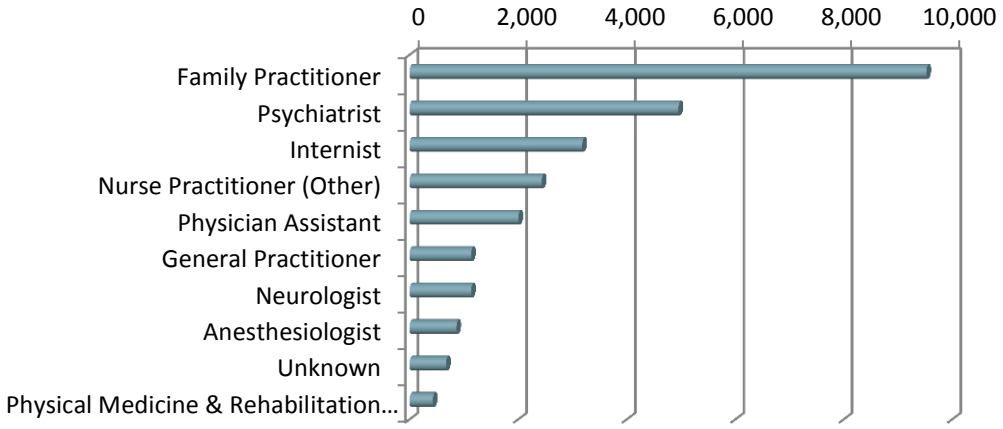
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	4,287	21,765	$4,086,149.41	$187.74	$5.83	1,269,482	700,626
2012	5,241	28,164	$5,707,600.15	$202.66	$6.34	1,446,012	899,850
% Change	**22.3%**	**29.4%**	**39.7%**	**7.9%**	**8.7%**	**13.9%**	**28.4%**
Change	**954**	**6,399**	**$1,621,450.74**	**$14.92**	**$0.51**	**176,530**	**199,224**

Demographics of Members Utilizing Fibromyalgia Medications: FY 2012



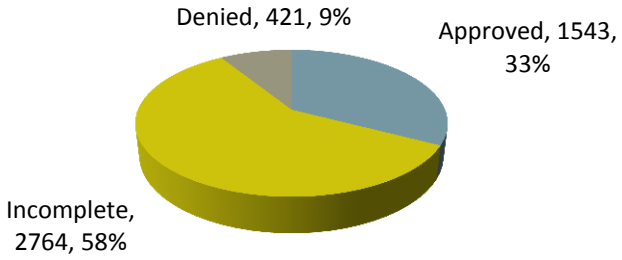
Prescribers of Fibromyalgia Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Fibromyalgia Medications: FY 2012

There were a total of 4,731 petitions submitted for Cymbalta®, Lyrica®, and Savella® during fiscal year 2012. The following chart shows the status of the petitions.

Status of Prior Authorization Petitions of Fibromyalgia Medications: FY 2012



Prior Authorization Details

Cymbalta*		**Lyrica**		**Savella**	
Approved	1,083	Approved	320	Approved	138
Incomplete	1,744	Incomplete	829	Incomplete	196
Denied	133	Denied	244	Denied	44
Total (62%)	**2,960**	**Total (29%)**	**1,393**	**Total (8%)**	**378**

*May include prior authorization requests for other indications.

Market News and Updates:

1. 6/21/2012: FDA approved new indication
    - Lyrica®- Neuropathic pain due to spinal cord injury
2. 10/2012: FDA label change
    - Savella®- Added precaution in nursing mothers
3. Patent Expiration:
    - Cymbalta®: 06/11/2013. The generic formulation is expected to be available during a competitive launch December 2013.
    - Lyrica®: 10/2013. A generic formulation has been approved, but there are currently no plans to launch due to litigation from the brand manufacturer.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization of Fibromyalgia Medications:

BRAND NAME ¥	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
CYMBALTA CAP 60MG	11,386	426,418	2,547	$2,372,077.89	1.1	4.47	$6.13	41.56%
CYMBALTA CAP 30MG	4,008	161,048	1,291	$900,001.76	1.25	3.10	$6.96	15.77%
LYRICA CAP 150MG	3,374	235,564	656	$667,382.81	2.32	5.14	$6.58	11.69%
LYRICA CAP 75MG	2,980	193,709	773	$540,907.35	2.17	3.86	$6.05	9.48%
LYRICA CAP 100MG	2,232	171,502	502	$481,091.13	2.55	4.45	$7.16	8.43%
LYRICA CAP 50MG	1,246	88,013	415	$247,608.65	2.38	3.00	$6.70	4.34%
LYRICA CAP 300MG	838	52,907	134	$150,046.80	2.04	6.25	$5.78	2.63%
LYRICA CAP 200MG	588	37,816	118	$107,315.50	2.16	4.98	$6.13	1.88%
CYMBALTA CAP 20MG	536	21,313	171	$102,889.88	1.34	3.13	$6.49	1.80%
SAVELLA TAB 50MG	362	21,033	84	$44,443.99	1.94	4.31	$4.10	0.78%
LYRICA CAP 225MG	259	16,240	51	$45,814.41	2.08	5.08	$5.87	0.80%
SAVELLA TAB 100MG	198	11,391	36	$24,190.11	1.92	5.50	$4.07	0.42%
LYRICA CAP 25MG	130	7,476	48	$20,474.73	1.91	2.71	$5.23	0.36%
SAVELLA MIS TITR PAK	12	660	8	$1,404.02	1.88	1.50	$3.99	0.02%
SAVELLA TAB 25MG	12	640	4	$1,383.89	2.02	3.00	$4.37	0.02%
SAVELLA TAB 12.5MG	3	282	3	$567.23	4.62	1.00	$9.30	0.01%
TOTAL	**28,164**	**1,446,012**	**5,241***	**$5,707,600.15**	**1.61**	**5.37**	**$6.34**	**100%**

***Total unduplicated number of members.

¥ Cymbalta® and Lyrica® utilization includes other indications.

Fiscal Year 2012 Review Rescue HFA Inhalers

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

1. FDA approved or clinically accepted indication, and
2. Specific reason member cannot use all available tier one products.

Short Acting B2 Agonists	
Tier 1	Tier 2
ProAir® HFA	Xopenex® HFA*
Proventil® HFA	Ventolin® HFA

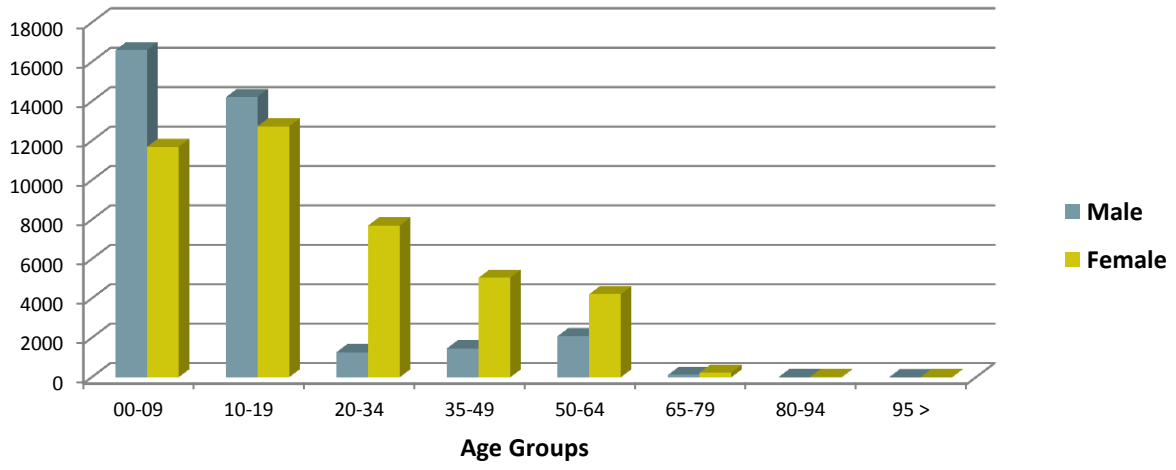
*Xopenex® authorization requests should document why the member is unable to use racemic albuterol. If prescribed for asthma, member should also be utilizing inhaled corticosteroid therapy for long-term control. Dose of levalbuterol requested cannot be less than the racemic equivalent documented on the prior authorization request.

Utilization of Rescue HFA Inhalers

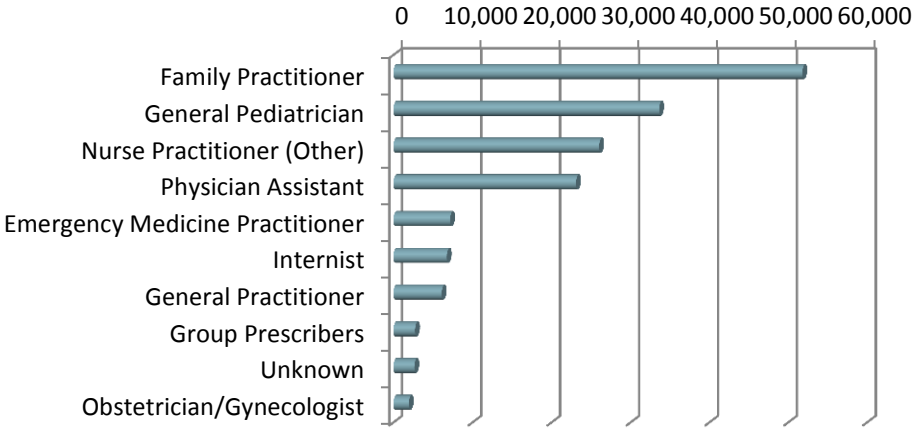
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	72,066	167,359	$7,667,323.52	$45.81	$1.91	2,182,732	4,023,574
2012	77,468	169,699	$8,525,659.24	$50.24	$2.08	2,082,767	4,104,630
% Change	**7.5%**	**1.4%**	**11.2%**	**9.7%**	**8.9%**	**-4.6%**	**2.0%**
Change	**5,402**	**2,340**	**$858,335.72**	**$4.43**	**$0.17**	**-99,965**	**81,056**

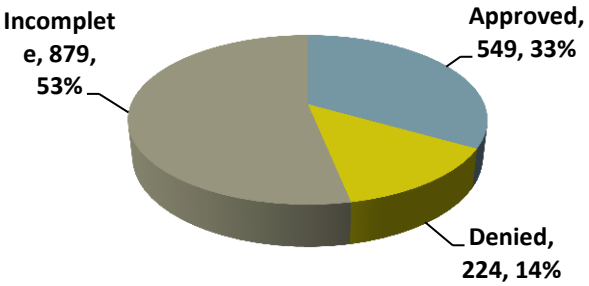
Demographics of Members Utilizing HFA Rescue Inhalers: FY 2012



Prescribers of HFA Rescue Inhalers by Number of Claims: FY 2012



Status of Prior Authorization Petitions of HFA Rescue Inhalers: FY 2012



Market News and Updates:

1. FDA Patent Expiration
   - ProAir® and Proventil®- 2014
   - Xopenex HFA® and Ventolin®- 2015

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization of HFA Rescue Inhalers Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
PROAIR HFA AER	108,071	1,087,507	54,930	$5,384,566.71	0.42	1.97	$2.08	63.16%
VENTOLIN HFA AER	36,922	798,451	19,448	$1,739,887.08	0.88	1.90	$1.91	20.41%
PROVENTIL AER HFA	23,867	181,420	12,542	$1,348,628.47	0.31	1.90	$2.33	15.82%
XOPENEX HFA AER	839	15,390	271	$52,576.98	0.72	3.10	$2.45	0.62%
TOTAL	**169,699**	**2,082,768**	**77,468***	**$8,525,659.24**	**0.51**	**2.19**	**$2.08**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Xopenex® Nebulized Solution

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

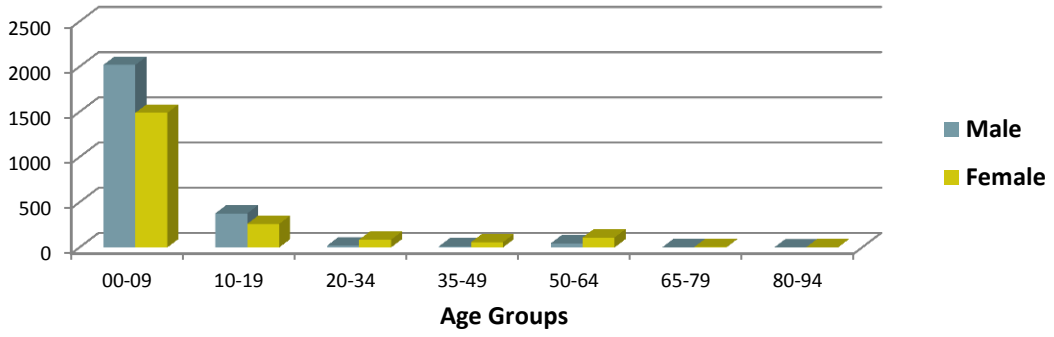
1. Patient specific, clinically significant reason why member is unable to use long acting bronchodilators and/or inhaled corticosteroid (ICS) therapy for long-term control as recommended in the NAEPP guidelines.
2. Also, the need for use of this product over an albuterol MDI should be stated.
3. Clinical exceptions will be made for members with COPD.
4. Quantity limit of 288mls per 30 days will also apply.

Utilization of Xopenex® Nebulized Solution:

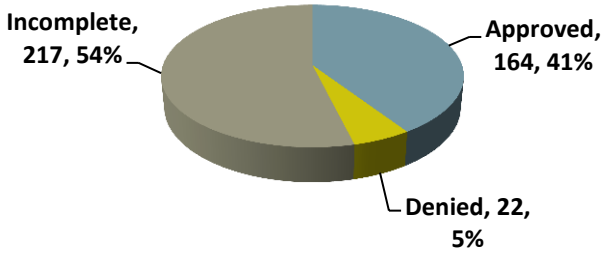
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	5,663	10,225	$2,080,912.12	$203.51	$11.62	1,371,856	179,013
2012	4,494	7,635	$1,934,536.42	$253.38	$14.50	1,036,489	133,462
% Change	**-20.6%**	**-25.3%**	**-7.0%**	**24.5%**	**24.8%**	**-24.4%**	**-25.4%**
Change	**-1,169**	**-2,590**	**-$146,375.70**	**$49.87**	**$2.88**	**-335,367**	**-45,551**

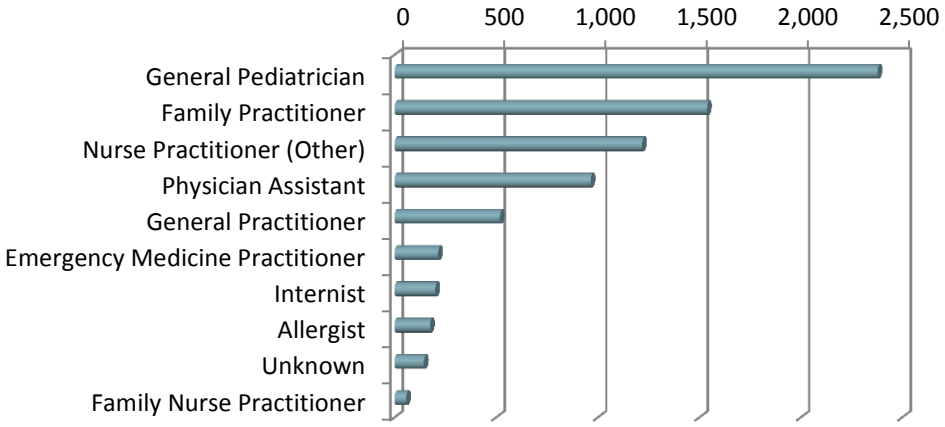
Demographics of Members Utilizing Xopenex® Nebulized Solution: FY 2012



Status of Prior Authorization Petitions of Xopenex® Nebulized Solution: FY 2012



Prescribers of Xopenex® Nebulized Solution by Number of Claims: FY 2012



Market News and Updates:

1. 08/2012: Generic Xopenex® Available
   - Levalbuterol nebulized solution became available, however the cost is still considerably higher when compared to albuterol nebulizer solution.
2. 09/2012: FDA Safety Labeling Changes
   - Metabolic acidosis was added to Adverse Reaction Safety Label of Xopenex®.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization of Xopenex® Nebulized Solution:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
XOPENEX NEB 0.63MG	3,614	509,341	2,255	$950,478.28	7.92	1.60	$14.77	49.13%
XOPENEX NEB 1.25/3ML	2,203	309,912	1,173	$574,838.58	7.89	1.88	$14.63	29.71%
XOPENEX NEB 0.31MG	1,794	216,032	1,254	$405,119.89	7.34	1.43	$13.76	20.94%
LEVALBUTEROL NEB 1.25/0.5	21	1,083	20	$3,693.26	2.94	1.05	$10.04	0.19%
XOPENEX CONC NEB 1.25/0.5	3	121	2	$406.41	4.84	1.50	$16.26	0.02%
TOTAL	**7,635**	**1,036,489**	**4,494***	**$1,934,536.42**	**7.77**	**1.70**	**$14.50**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Insomnia Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier 1 products are available without a prior authorization for all members above 18 years of age. Members 18 years or younger will be required to submit a prior authorization for consideration. All products have a quantity limit of #30 per 30 days.

Tier-2 Authorization Requires

1. FDA Approved Indication, and
2. Minimum of 30 day trial with at least two Tier-1 products and documentation of attempts to correct any primary cause for insomnia, and
3. No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

Tier-3 Authorization Requires

1. FDA Approved Indication, and
2. Minimum of 30 day trial with all available Tier-2 products and documentation of attempts to correct any primary cause for insomnia, and
3. No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

Tier 1	Tier 2	Tier 3
Estazolam(**ProSom®**)	Zolpidem CR (**Ambien CR®**)	Temazepam (**Restoril® 7.5 and 22.5 mg**)
Temazepam (**Restoril®)**		Eszopiclone (**Lunesta®**)
Flurazepam (**Dalmane®)**		Ramelteon (**Rozerem®)**
Triazolam (**Halcion®)**		Zolpidem[+] oral spray (**Zolpimist®)**
Zolpidem (**Ambien®**)		Zolpidem[+] SL Tabs (**Edluar®)**
Zaleplon (**Sonata®**)		Zolpidem[+] SL Tabs (**Intermezzo®**)
		Doxepin (**Silenor®**)

[+] Requires special reason for use.

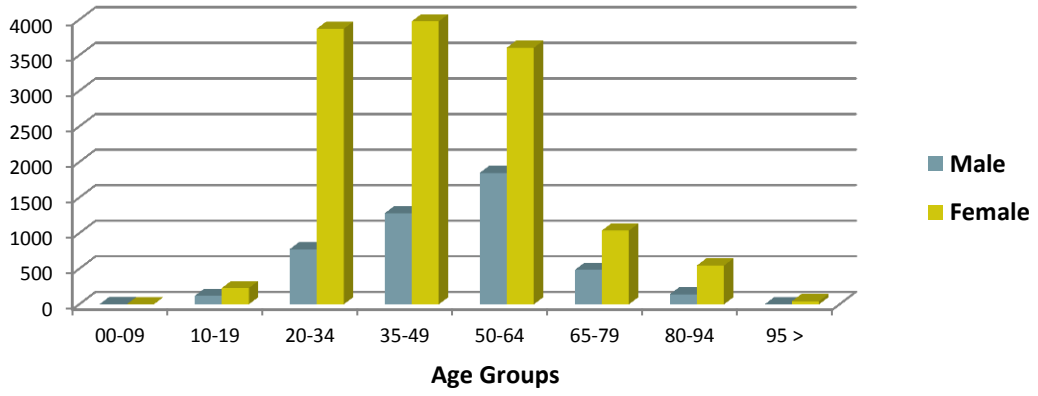
Utilization of Insomnia Medications:

Fiscal Year Comparison

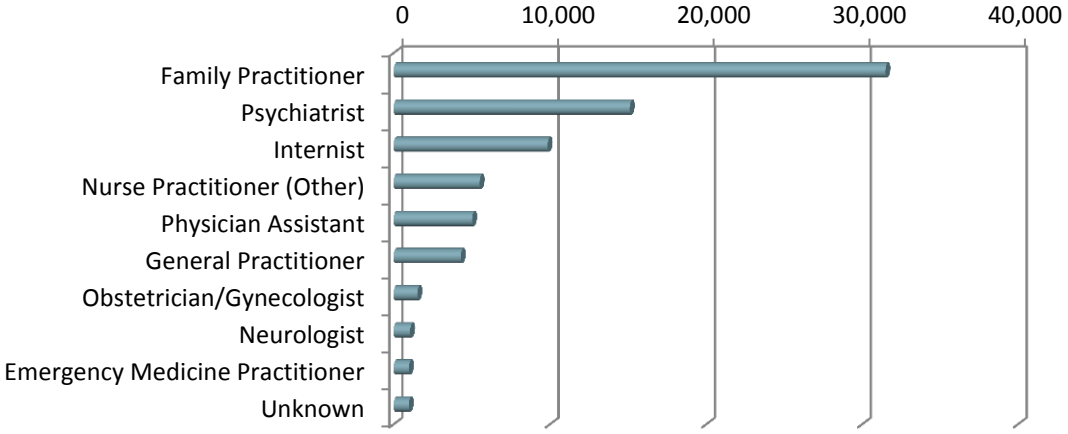
Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	16,087	66,308	$1,001,751.76	$15.11	$0.52	1,913,822	1,916,509
2012	17,944	81,676	$979,249.18	$11.99	$0.41	2,371,017	2,369,423
% Change	**11.5%**	**23.2%**	**-2.2%**	**-20.6%**	**-21.2%**	**23.9%**	**23.6%**
Change	**1,857**	**15,368**	**-$22,502.58**	**-$3.12**	**-$0.11**	**457,195**	**452,914**

***Total unduplicated number of members.

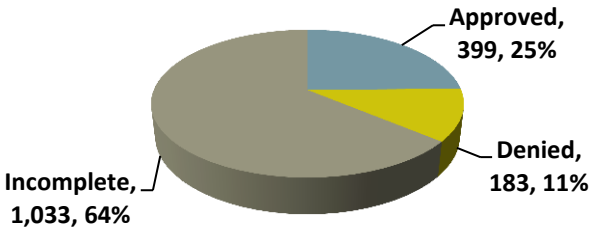
Demographics of Members Utilizing Insomnia Medications: FY 2012



Prescribers of Insomnia Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Insomnia Medications: FY 2012



Market News and Updates:

1. 11/2011-FDA Approved New Drug
   - Intermezzo® (zolpidem SL tablet) approved. The product was marketed during the spring of 2012 by Purdue Pharma.
2. 01/10/2013- FDA Safety Communication
   - Risk of next morning impairment after use of insomnia drugs
   - FDA required lower recommended doses for certain drugs containing zolpidem
   - An educational initiative was sent to prescribers of zolpidem in the female Soonercare population with the details of the FDA safety communication.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Insomnia Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
ZOLPIDEM TAB 10MG	37,173	1,073,951	9,160	$184,572.52	0.99	4.06	$0.17	18.85%
TEMAZEPAM CAP 30MG	19,446	573,352	4,151	$155,718.81	1	4.68	$0.27	15.90%
TEMAZEPAM CAP 15MG	12,417	363,748	3,492	$88,409.76	1.01	3.56	$0.25	9.03%
ZOLPIDEM TAB 5MG	4,762	131,007	1,900	$24,540.81	0.99	2.51	$0.19	2.51%
TRIAZOLAM TAB 0.25MG	2,308	59,580	803	$20,358.37	1.05	2.87	$0.36	2.08%
ZOLPIDEM ER TAB 12.5MG	1,946	57,473	377	$204,090.81	1	5.16	$3.54	20.84%
LUNESTA TAB 3MG	847	25,384	135	$169,211.58	1	6.27	$6.67	17.28%
ZALEPLON CAP 10MG	729	25,663	310	$9,530.60	1.19	2.35	$0.44	0.97%
FLURAZEPAM CAP 30MG	659	18,892	156	$4,248.41	0.99	4.22	$0.22	0.43%
TEMAZEPAM CAP 7.5MG	252	7,402	55	$34,359.29	1	4.58	$4.65	3.51%
FLURAZEPAM CAP 15MG	229	6,793	58	$1,398.56	1	3.95	$0.21	0.14%
ROZEREM TAB 8MG	215	6,405	33	$31,883.62	1	6.52	$4.95	3.26%
ESTAZOLAM TAB 2MG	183	5,505	38	$2,363.73	1.01	4.82	$0.43	0.24%
LUNESTA TAB 2MG	144	4,280	35	$28,795.87	0.99	4.11	$6.63	2.94%
TRIAZOLAM TAB 0.125MG	107	2,806	34	$941.28	0.99	3.15	$0.33	0.10%
ZALEPLON CAP 5MG	106	3,837	58	$1,404.90	1.26	1.83	$0.46	0.14%
ZOLPIDEM ER TAB 6.25MG	85	2,547	31	$9,284.58	1.01	2.74	$3.68	0.95%
ESTAZOLAM TAB 1MG	23	623	8	$256.15	0.97	2.88	$0.40	0.03%
HALCION TAB 0.25MG	14	840	1	$1,947.29	2	14.00	$4.64	0.20%
AMBIEN CR TAB 12.5MG	14	420	2	$2,808.64	1	7.00	$6.69	0.29%
LUNESTA TAB 1MG	11	330	5	$2,210.87	1	2.20	$6.70	0.23%
SILENOR TAB 6MG	4	120	2	$680.14	1	2.00	$5.67	0.07%
TEMAZEPAM CAP 22.5MG	1	30	1	$159.53	1	1.00	$5.32	0.02%
AMBIEN TAB 10MG	1	30	1	$73.06	1	1.00	$2.44	0.01%
TOTAL	**81,676**	**2,371,018**	**17,944***	**$979,249.18**	**1.00**	**4.55**	**$0.41**	**100%**

***Total unduplicated number of members.

Fiscal Year 2012 Review of Metozolv® (Metoclopramide HCL ODT Tablets)

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Consideration requires a patient specific, clinically significant reason why member is unable to use metoclopramide tablets.

Utilization of Metozolv® (Metoclopramide HCL ODT Tablets):

There was no use of this product during fiscal year 2012.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Fiscal Year 2012 Review of Miscellaneous Antibiotics: Moxatag®, Augmentin XR®, Oracea®, Doryx®, and Oravig™

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

- Moxatag® (extended-release amoxicillin)
- Augmentin XR® (amoxicillin/clavulanate potassium)
- Oracea® (extended-release doxycycline monohydrate 40mg)
- Doryx® (extended-release doxycycline)

For all these formulations:

1. Member must have a clinically significant reason why the immediate release formulation and/or other cost effective therapeutic equivalent medication(s) cannot be used.
    - Doxycline hyclate 100mg, 50mg, 20mg caps and tabs do not require a prior authorization.

Oravig® (miconazole buccal tablets) criteria:

1. FDA-approved diagnosis of oropharyngeal candidiasis in adults age 18 and older.
2. Recent trials (within the last month) of the following medications at recommended dosing and duration of therapy:
    a. Clotrimazole troches, and
    b. Nystatin suspension, and
    c. Fluconazole tablets
3. Contraindication(s) to all available alternative medications.

Utilization of Miscellaneous Antibiotics

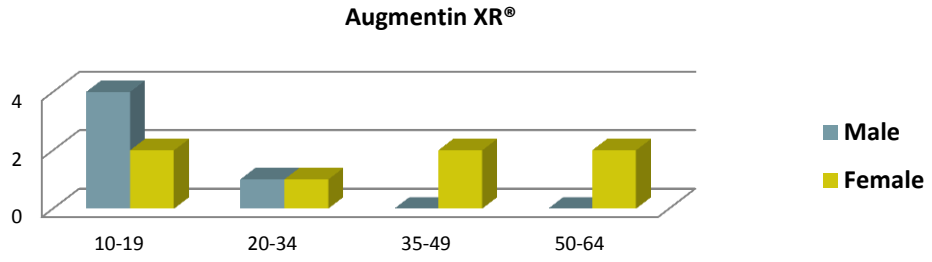
Fiscal Year Comparison of Augmentin XR®

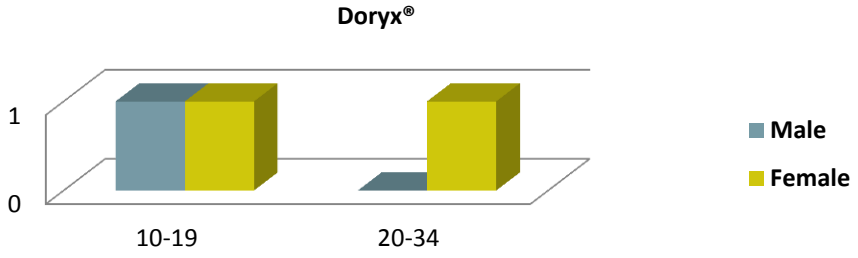
Augmentin XR®	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	192	215	$19,237.92	$89.48	$8.59	5,668	2,239
2012	12	13	$1,448.95	$111.46	$10.20	444	142
% Change	**-93.8%**	**-94.0%**	**-92.5%**	**-24.6%**	**18.7%**	**-92.2%**	**-93.7%**
Change	**-180**	**-202**	**-$17,788.97**	**-$21.98**	**$1.61**	**-5,224**	**-2,097**

Fiscal Year Comparison of Doryx®

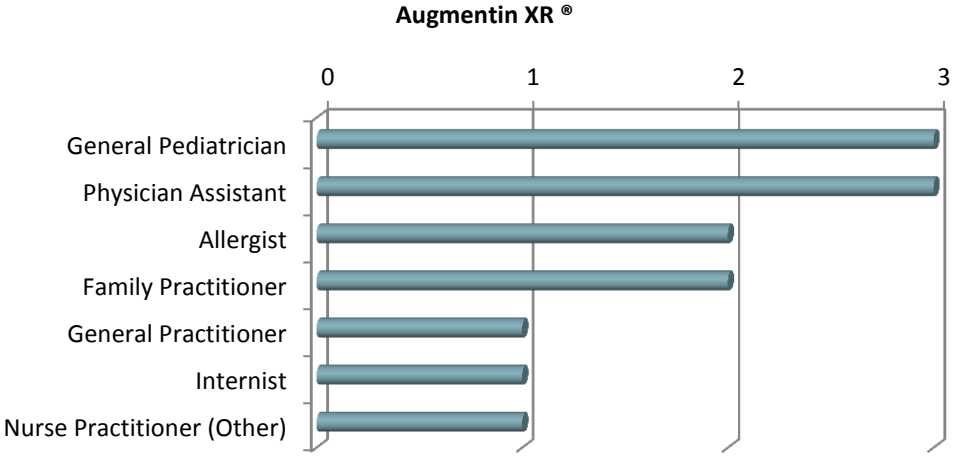
Doryx®	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	12	25	$7,290.05	$291.60	$9.35	750	780
2012	3	8	$2,193.17	$274.15	$9.14	240	240
% Change	**-75.0%**	**-68.0%**	**-69.9%**	**-6.0%**	**-2.2%**	**-68.0%**	**-69.2%**
Change	**-9**	**-17**	**-$5,096.88**	**-$17.45**	**-$0.21**	**-510**	**-540**

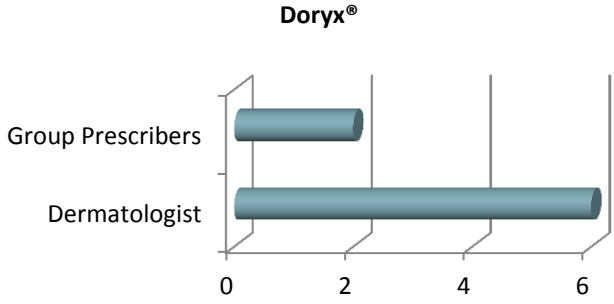
Demographics of Members Utilizing Miscellaneous Antibiotics: FY 2012



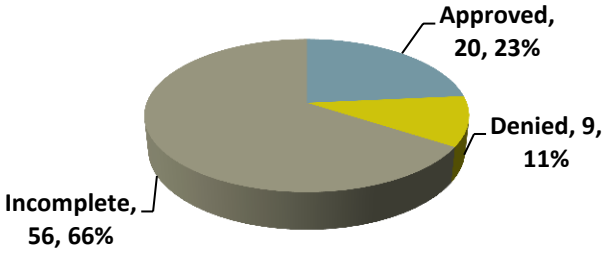


Prescribers of Miscellaneous Antibiotics by Number of Claims: FY 2012





Status of Prior Authorization Petitions of Miscellaneous Antibiotics: FY 2012



Market News and Updates

- FDA Generic Medication Approved
    1. 06/10/2011- Generic Adoxa® (doxycycline)
    2. 12/13/2011- Generic Solodyn® (minocycline)
    3. 05/08/2012- Generic Doryx®(doxycycline)

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Miscellaneous Antibiotics:

Moxatag®, Oracea®, Oravig® were not utilized FY 2012.

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
AMOX-POT CLA TAB ER	12	424	11	$1,383.33	3.21	1.09	$10.48	37.98%
DORYX TAB 150MG	6	180	3	$1,724.01	1	2.00	$9.58	47.34%
DOXYCYCL HYC TAB 150MG	2	60	2	$469.16	1	1.00	$7.82	12.88%
AUGMENTIN XR TAB 12HR	1	20	1	$65.62	2	1.00	$6.56	1.80%
TOTAL	**21**	**684**	**15***	**$3,642.12**	**1.79**	**1.40**	**$9.53**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Muscle Relaxants

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Skeletal Muscle Relaxants		
Tier-1*	**Tier-2**	**Special Criteria Applies**
Cyclobenzaprine (Flexeril®)	Metaxalone (Skelaxin®)	Carisoprodol (Soma®) 350mg
Baclofen (Lioresal®)		Carisoprodol w Aspirin
Tizanidine (Zanaflex®)		Carisoprodol, ASA, Codeine
Methocarbamol (Robaxin®)		Carisoprodol (Soma®) 250mg
Chlorzoxazone (Parafon Forte®)		Tizanidine (Zanaflex®) Caps
Orphenadrine (Norflex®)		Cyclobenzaprine ER (Amrix®) Caps
		Cyclobenzaprine 7.5mg (Fexmid®) Tabs

Tier-2 authorization requires:

- Documented trial of two Tier-1 medications within the last 90 days with no beneficial response after a minimum of 2 weeks of continuous therapy during which time the medication has been titrated to the recommended dose.

Carisoprodol 350mg or Carisoprodol 350mg combination products:

- A cumulative 90 therapy day window per 365 days will be in place for these products.
- Authorization for additional coverage will be based on the following:
    - An additional approval for 1 month will be granted to allow titration or change to a Tier-1 muscle relaxant, further authorizations will not be granted, or
    - Clinical exception for diagnosis of:
        - Multiple Sclerosis
        - Cerebral Palsy
        - Muscular Dystrophy
        - Paralysis

Carisoprodol (Soma®) 250mg

- Must provide detailed documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350mg, and specific reason member cannot be drowsy for even a short time period. Member must not have other sedating medications in history.
- A diagnosis of acute musculoskeletal pain, in which case, the approval will be for 14 days per 365 day period. Conditions requiring chronic use will not be approved.

Zanaflex® Capsules

- Tizanidine tablets must be tried prior to consideration of the capsules. The capsules may be considered for approval if there is supporting information as to why the member cannot take the tablets.

Amrix® and Fexmid®

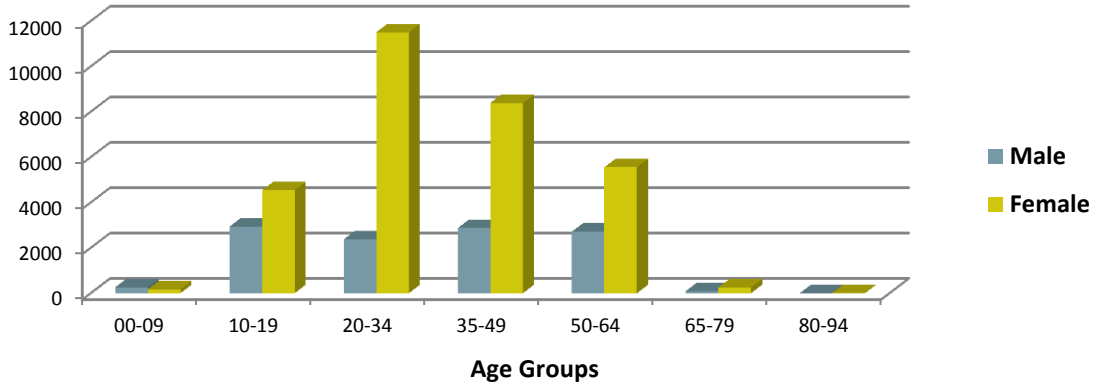
- Cyclobenzaprine tablets must be tried prior to consideration. Approval is based on clinical documentation of inability to take other generically available forms of cyclobenzaprine tablets. The following quantity limits also apply:
  - Amrix®: 30 capsules for 30 days
  - Fexmid®: 90 tablets for 30 days

Utilization of Muscle Relaxants:

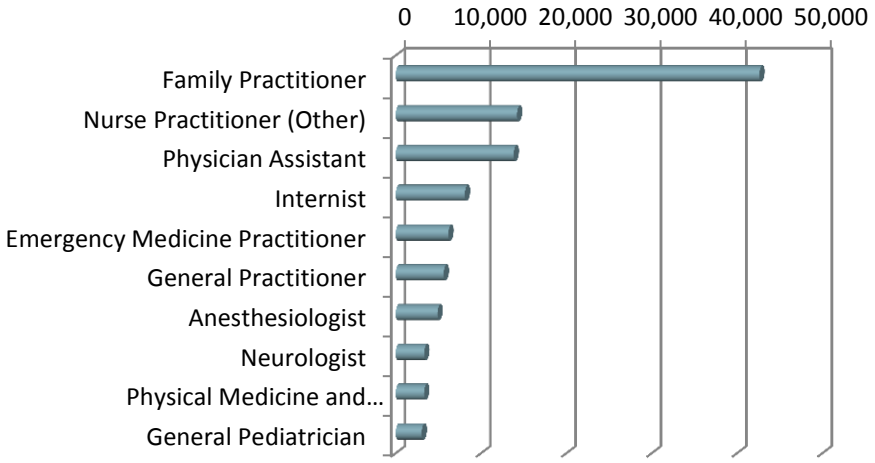
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	36,457	101,750	$1,047,738.35	$10.30	$0.44	8,054,846	2,356,759
2012	41,670	118,760	$1,314,312.77	$11.07	$0.47	7,831,443	2,786,511
% Change	**14.3%**	**16.7%**	**25.4%**	**7.5%**	**6.8%**	**-2.8%**	**18.2%**
Change	**5,213**	**17,010**	**$266,574.42**	**$0.77**	**$0.03**	**-223,403**	**429,752**

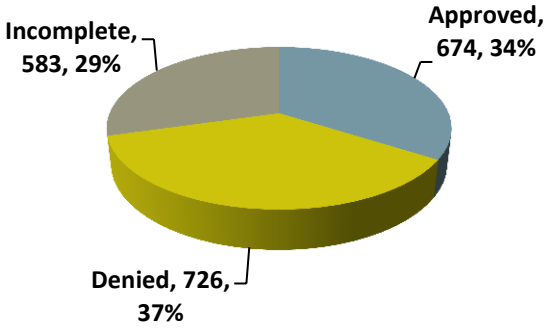
Demographics of Members Utilizing Muscle Relaxant Medications: FY 2012



Prescribers of Muscle Relaxant Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Muscle Relaxant Medications: FY 2012



Market News and Updates:

- FDA Generic Medication Approved
  1. 05/20/2011- Generic Amrix® (cyclobenzaprine) approved. The generic formulation is currently on the market but the pricing is not competitive.
  2. 02/10/2012- Generic Zanaflex® (tizanidine) approved. The generic formulation is currently on the market but the pricing is not competitive.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Muscle Relaxant Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS / DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
CYCLOBENZAPR TAB 10MG	50,974	2,635,248	23,956	$399,134.39	2.41	2.13	$0.36	30.37%
TIZANIDINE TAB 4MG	15,373	1,232,867	4,893	$195,711.92	3.03	3.14	$0.48	14.89%
CARISOPRODOL TAB 350MG	13,122	920,577	5,603	$115,034.47	2.73	2.34	$0.34	8.75%
BACLOFEN TAB 10MG	10,753	953,219	2,999	$84,983.79	3.13	3.59	$0.28	6.47%
CYCLOBENZAPR TAB 5MG	7,638	324,062	4,858	$55,626.40	2.34	1.57	$0.40	4.23%
METHOCARBAM TAB 750MG	4,922	383,344	2,317	$70,740.94	3.42	2.12	$0.63	5.38%
BACLOFEN TAB 20MG	4,829	675,763	1,101	$79,931.91	4.85	4.39	$0.57	6.08%
METHOCARBAM TAB 500MG	3,841	276,645	2,032	$49,909.82	3.32	1.89	$0.60	3.80%
ORPHENADRINE TAB 100MG ER	3,176	132,674	1,834	$65,960.22	1.96	1.73	$0.98	5.02%
TIZANIDINE TAB 2MG	1,795	127,768	636	$20,758.59	2.71	2.82	$0.44	1.58%
CHLORZOXAZON TAB 500MG	1,642	108,238	770	$12,768.86	2.88	2.13	$0.34	0.97%
METAXALONE TAB 800MG	454	33,487	180	$110,658.52	2.81	2.52	$9.29	8.42%
BACLOFEN POW	133	21,322	49	$2,912.26	5.43	2.71	$0.74	0.22%
SKELAXIN TAB 800MG	21	1,833	8	$6,888.55	3.03	2.63	$11.40	0.52%
CARISOPR/ASA TAB 200-325	15	580	8	$826.69	2.71	1.88	$3.86	0.06%
CYCLOBENZAPR CAP 15MG ER	14	420	4	$3,952.44	1	3.50	$9.41	0.30%
AMRIX CAP 15MG	13	348	2	$4,335.23	1	6.50	$12.46	0.33%
LIORESAL INT INJ 40MG/20	13	660	3	$29,986.54	1.78	4.33	$80.83	2.28%
CARISOPRODOL TAB 250MG	12	834	12	$2,331.40	2.5	1.00	$6.98	0.18%
CYCLOBENZAPR POW HCL	11	864	10	$470.34	3.39	1.10	$1.84	0.04%
CARISOPRODOL TAB ASA/COD	7	600	5	$987.83	3.31	1.40	$5.46	0.08%
TIZANIDINE CAP 6MG	1	90	1	$392.46	3	1.00	$13.08	0.03%
ORPHENADRINE INJ 30MG/ML	1	2	1	$9.20	2	1.00	$9.20	0.00%
TOTAL	**118,760**	**7,831,445**	**41, 670***	**$1,314,312.77**	**2.81**	**2.85**	**$0.47**	**100%**

*Total unduplicated number of members.

Calendar Year 2012 Review of Ocular Allergy Products

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier 2 authorization criteria:

1. FDA approved diagnosis
2. A trial of one Tier 1 product for a minimum of two weeks in the last 30 days that did not yield adequate relief of symptoms or resulted in intolerable adverse effects
3. Contraindication to lower tiered medications

Tier 3 authorization criteria:

1. FDA approved diagnosis
2. Recent trials of one Tier 1 product and all available Tier 2 medications for a minimum of two weeks each that did not yield adequate relief of symptoms or resulted in intolerable adverse effects
3. Contraindication to lower tiered medications

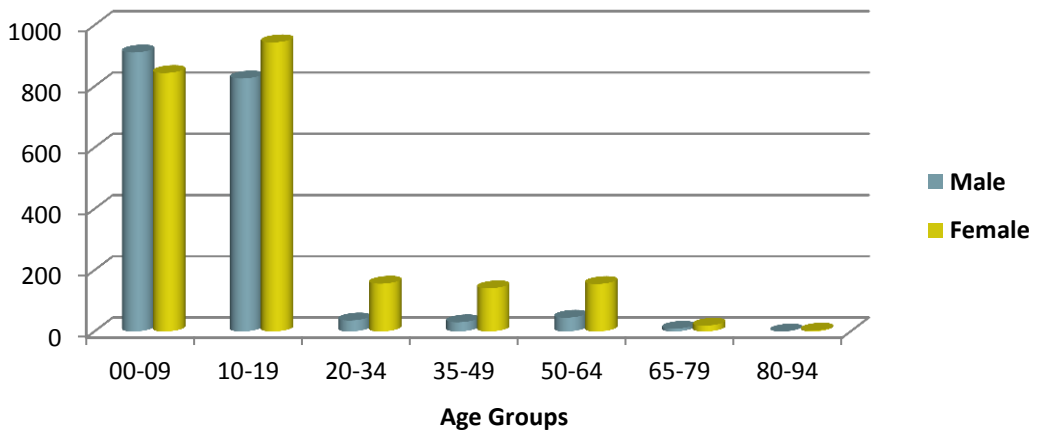
Tier 1	Tier 2	Tier 3
cromolyn (Crolom®) ketotifen (Alaway®,Zaditor OTC®)	olopatadine (Patanol®)	nedocromil (Alocril®) pemirolast (Alamast®) emedastine (Emadine®) loteprednol (Alrex®, Lotemax®) olopatadine (Pataday®) lodoxamide (Alomide®) epinastine (Elestat®) azelastine (Optivar®) bepotastine besilate (Bepreve™) alcaftadine (Lastacaft™)

Utilization of Ocular Allergy Products:

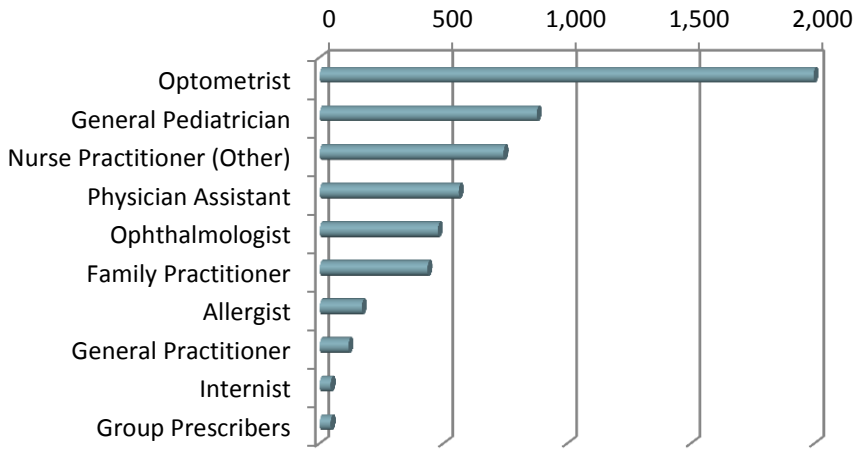
Calendar Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	3,219	4,476	$175,120.49	$39.12	$1.26	30,300	139,188
2012	4,119	5,637	$183,031.46	$32.47	$1.04	39,841	176,602
% Change	**28.0%**	**25.9%**	**4.5%**	**-17.0%**	**-17.5%**	**31.5%**	**26.9%**
Change	**900**	**1,161**	**$7,910.97**	**-$6.65**	**-$0.22**	**9,541**	**37,414**

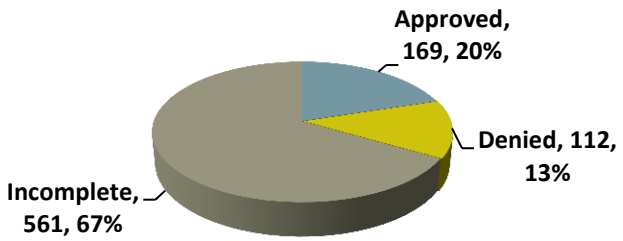
Demographics of Members Utilizing Ocular Allergy Products: CY 2012



Prescribers of Ocular Allergy Products by Number of Claims: CY 2012



Status of Prior Authorization Petitions of Ocular Allergy Products: CY 2012



Market News and Updates:

- FDA Patent Expirations
  - Alamast®- 07/2011- Product has been discontinued.
  - Alocril®- 08/2012- No generic currently available.
  - Alrex®-09/2012- No generic currently available.
  - Alomide®- 10/2012- No generic currently available.
  - Lastacaft®- 11/2013
  - Emadine®- 12/2013
  - Patanol®- 12/2015

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Ocular Allergy Products:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
KETOTIF FUM DRO 0.025%OP	1,684	8,420	1,294	$22,021.59	0.17	1.3	$0.43	12.03%
ALAWAY DRO 0.025%OP	1,157	11,470	947	$14,854.94	0.3	1.22	$0.38	8.12%
ALAWAY CHILD DRO 0.025%	2	10	2	$21.74	0.17	1	$0.36	0.01%
ZADITO DRO 0.025%OP	563	2,811	434	$7,945.25	0.16	1.3	$0.46	4.34%
EYE ITCH REL DRO 0.025%OP	383	1,915	320	$4,843.97	0.17	1.2	$0.42	2.65%
ITCHY EYE DRO 0.025%OP	3	15	3	$32.70	0.17	1	$0.36	0.02%
ALLERGY EYE DRO 0.025%OP	2	10	2	$21.76	0.17	1	$0.36	0.01%
KETOTIFEN SUBTOTAL	**3,794**	**24,651**		**$49,741.95**	**0.19**	**1.15**	**$0.40**	**27.18%**
CROMOLYN SOD SOL 4% OP	1,027	10,256	837	$13,751.02	0.27	1.23	$0.36	7.51%
PATANOL SOL 0.1% OP	373	1,865	151	$48,205.77	0.17	2.47	$4.46	26.34%
LOTEMAX SUS 0.5%	342	2,695	274	$59,153.32	0.38	1.25	$8.36	32.32%
PATADAY SOL 0.2%	35	88	8	$4,160.47	0.08	4.38	$3.96	2.27%
LOTEMAX OIN 0.5%	34	123	29	$5,171.18	0.27	1.17	$11.34	2.83%
EPINASTINE DRO 0.05%	16	80	2	$1,388.76	0.17	8	$2.89	0.76%
AZELASTINE DRO 0.05%	10	60	2	$746.23	0.2	5	$2.49	0.41%
ALREX SUS 0.2%	3	15	1	$359.97	0.17	3	$4.00	0.20%
LASTACAFT SOL 0.25%	3	9	2	$352.79	0.1	1.5	$3.92	0.19%
TOTAL	**5,637**	**39,842**	**4,119***	**$183,031.46**	**0.23**	**1.37**	**$1.04**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Ocular Antibiotics

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Criteria for a Tier 2 medication:

1. Approved indication/suspected infection by organism not known to be covered by Tier 1 products, or failure of a Tier 1 product.
2. Known contraindication to all indicated Tier 1 medication.
3. Prescription written by optometrists/ophthalmologists, or
4. When used for pre/post-operative prophylaxis.

Criteria for a Tier 3 medication:

1. Approved indication/suspected infection by organism not known to be covered by Tier 2 products, or failure of a Tier 2 product.
2. Known contraindication to all indicated Tier 2 medication.
3. Prescription written by optometrists/ophthalmologists, or
4. When used for pre/post-operative prophylaxis.

Approval Criteria for Antibiotic/Steroid Combination Products:

1. Prescription written by optometrists/ophthalmologists, or
2. When used for pre/post-operative prophylaxis

Ophthalmic Antibiotics: Liquids		
Tier 1	**Tier 2**	**Tier 3**
Gentak® (Gentamicin)	Ciloxan® Solution (Ciprofloxacin)	Azasite® (Azithromycin)
AK-Tob® (Tobramycin)	Ocuflox® (Ofloxacin)	Besivance® (besifloxacin HCL)
Polytrim® (Polymyxin B/Trimethoprim)		Iquix® (Levofloxacin)
AK-Spore® (Neo/Poly B/Gramacidin)		Quixin® (Levofloxacin)
Bleph®-10, Sodium Sulamyd (Sodium Sulfacetamide)		Moxeza® (moxifloxacin)
		Vigamox® (moxifloxacin)
		Zymar® (Gatifloxacin)
		Zymaxid™ (Gatifloxacin)

Ophthalmic Antibiotics: Ointments	
Tier 1	**Tier 2**
AK-Tracin (Bacitracin)	Ciloxan® Ointment (Ciprofloxacin)
AK-Poly-Bac (Bacitracin/Polymyxin B)	
Tobrex® (Tobramycin)	
Neosporin® (Neomycin/Polymyxin B/Bacitracin)	
A/T/S, Ilotycin, Roymicin (Erythromycin)	
Gentak® (Gentamicin)	
Bleph®-10, Sodium Sulamyd (Sodium Sulfacetamide)	

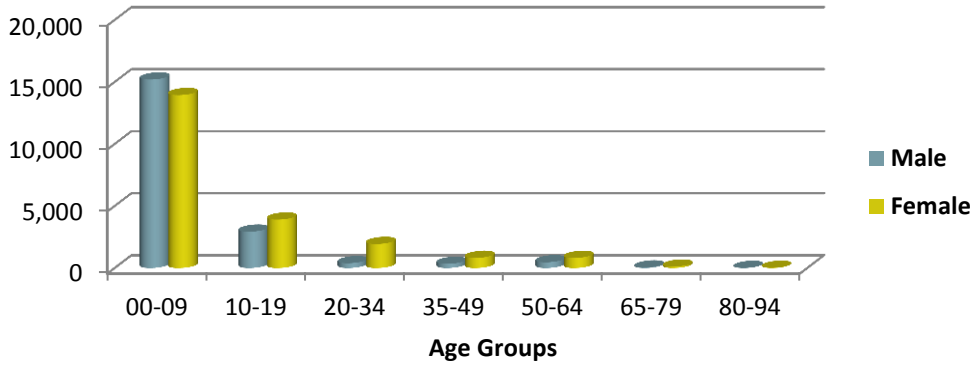
Ophthalmic Antibiotic–Steroid Combination Products	
Tier 1	**Tier 2**
	Tobradex® (Tobramycin/Dexamethasone) Susp & Oint
	Zylet™ (Tobramycin/Loteprednol) Suspension
	Blephamide® (Sulf/Prednisolone) Susp & Oint
	Pred-G (Gentamicin/Prednisolone) Susp & Oint
	Poly-Pred (Neo/Poly/Prednisolone) Susp
	Cortisporin® (Neo/Poly/Hydrocortisone) Susp
	Maxitrol® (Neo/Poly/Dexamethasone) Susp & Oint
	Bac/Poly/Neo/Hydrocortisone Ointment
	Neo/Poly/Bac/Hydrocortisone Ointment

Utilization of Ocular Antibiotic Products:

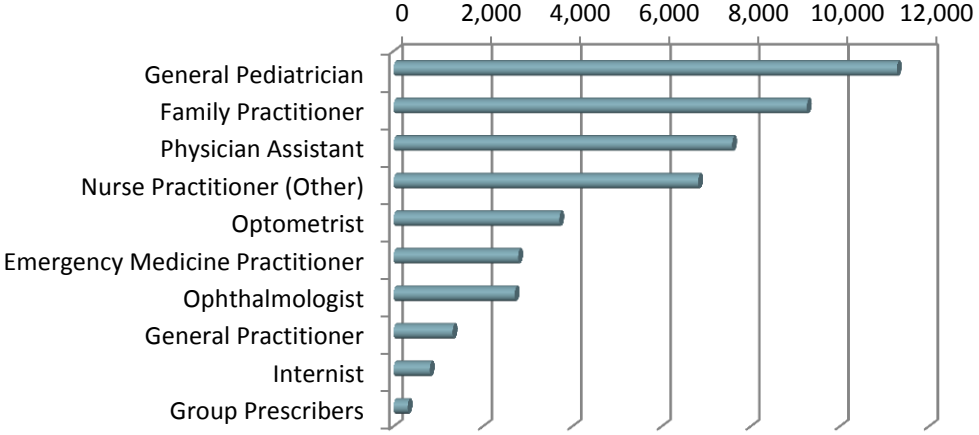
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	40,179	47,413	$797,592.74	$16.82	$1.56	346,337	512,026
2012	40,934	48,386	$931,935.60	$19.26	$1.74	344,615	535,464
% Change	**1.9%**	**2.1%**	**16.8%**	**14.5%**	**11.5%**	**-0.5%**	**4.6%**
Change	**755**	**973**	**$134,342.86**	**$2.44**	**$0.18**	**-1,722**	**23,438**

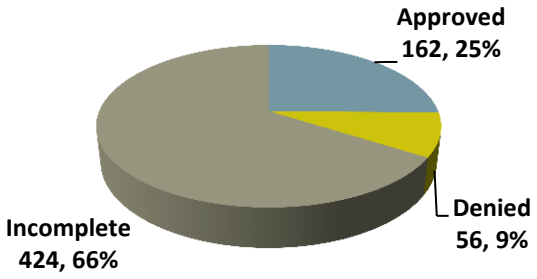
Demographics of Members Utilizing Ocular Antibiotic Products: FY 2012



Prescribers of Ocular Antibiotic Products by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Ocular Antibiotic Products: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Iquix®-12/2010
  - Zylet™- 04/2014
  - Azasite®- 03/2019
  - Moxeza®- 03/2020
  - Vigamox®- 03/2020
  - Zymaxid™- 02/2020
  - Besivance®- 11/2030

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Ocular Antibiotic Products:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	CLAIMS/ MEMBER	COST/ CLAIM	% COST
ERYTHROMYCIN OIN OP	8,815	31,873	8,190	$138,460.87	1.08	$15.71	14.86%
GENTAMICIN SOL 0.3% OP	8,548	47,386	7,955	$98,257.01	1.07	$11.49	10.54%
POLYMYXIN B/ SOL TRIMETHP	6,787	68,170	6,486	$74,446.96	1.05	$10.97	7.99%
TOBRAMYCIN SOL 0.3% OP	6,634	34,799	6,187	$92,491.37	1.07	$13.94	9.92%
TRIMETHOPRIM SOL POLYMYXN	3,484	35,051	3,331	$47,130.36	1.05	$13.53	5.06%
SULFACET SOD SOL 10% OP	3,268	49,261	3,154	$53,311.14	1.04	$16.31	5.72%
SOD SULFACET SOL 10% OP	2,473	37,144	2,374	$26,465.21	1.04	$10.70	2.84%
NEO/POLY/GRA SOL OP	1,015	10,138	991	$21,925.67	1.02	$21.60	2.35%
GENTAK OIN 0.3% OP	1,013	3,568	962	$19,184.95	1.05	$18.94	2.06%
VIGAMOX DRO 0.5%	958	2,976	736	$86,962.03	1.3	$90.77	9.33%
TOBRA/DEXAME SUS 0.3-0.1%	928	4,473	863	$65,176.30	1.08	$70.23	6.99%
NEO/POLY/DEX SUS 0.1% OP	616	3,131	572	$8,010.14	1.08	$13.00	0.86%
NEO/POLY/DEX OIN 0.1% OP	500	1,770	409	$7,706.18	1.22	$15.41	0.83%
OFLOXACIN DRO 0.3% OP	444	2,610	370	$4,763.85	1.2	$10.73	0.51%
BACIT/POLYMY OIN OP	382	1,351	358	$6,748.53	1.07	$17.67	0.72%
CIPROFLOXACN SOL 0.3% OP	361	1,758	322	$4,308.18	1.12	$11.93	0.46%
BACITRACIN OIN OP	287	1,065	230	$15,029.84	1.25	$52.37	1.61%
TOBREX OIN 0.3% OP	278	977	259	$23,900.43	1.07	$85.97	2.56%
BLEPH-10 SOL 10% OP	265	1,440	257	$2,553.22	1.03	$9.63	0.27%
TOBRADEX OIN 0.3-0.1%	256	900	234	$37,659.44	1.09	$147.11	4.04%
BESIVANCE SUS 0.6%	169	845	134	$14,688.20	1.26	$86.91	1.58%
AZASITE SOL 1%	143	416	100	$14,572.74	1.43	$101.91	1.56%
ZYMAXID SOL 0.5%	126	338	86	$11,685.71	1.47	$92.74	1.25%
ZYLET SUS 0.5-0.3%	121	643	114	$16,068.70	1.06	$132.80	1.72%
AK-POLY-BAC OIN OP	106	377	105	$1,894.16	1.01	$17.87	0.20%
NEO/BAC/POLY OIN OP	99	354	94	$4,246.79	1.05	$42.90	0.46%
TRIFLURIDINE SOL 1% OP	68	518	57	$8,400.35	1.19	$123.53	0.90%
TOBRADEX ST SUS 0.3-0.05	60	305	56	$6,676.73	1.07	$111.28	0.72%
CILOXAN OIN 0.3% OP	42	252	17	$7,385.13	2.47	$175.84	0.79%
ZIRGAN GEL 0.15%	33	170	27	$6,145.99	1.22	$186.24	0.66%
GENTAK SOL 0.3% OP	26	130	25	$310.22	1.04	$11.93	0.03%
MOXEZA SOL 0.5%	14	42	12	$1,251.62	1.17	$89.40	0.13%
ZYMAR DRO 0.3%	11	53	11	$832.18	1	$75.65	0.09%
TOBRADEX SUS 0.3-0.1%	9	45	8	$971.49	1.13	$107.94	0.10%
NEO/POLY/HC SUS OP	6	53	6	$138.26	1	$23.04	0.01%
NEO-POLYCIN OIN OP	6	21	6	$301.50	1	$50.25	0.03%
POLYCIN OIN OP	5	18	5	$89.80	1	$17.96	0.01%
PRED-G SUS OP	5	25	5	$167.64	1	$33.53	0.02%
LEVOFLOXACIN SOL 0.5%	5	25	4	$290.66	1.25	$58.13	0.03%
BLEPHAMIDE SUS OP	5	35	5	$416.92	1	$83.38	0.04%
SULFACET SOD OIN 10% OP	3	11	3	$182.00	1	$60.67	0.02%
BLEPHAMIDE OIN S.O.P.	3	11	3	$196.07	1	$65.36	0.02%
POLYTRIM SOL OP	2	20	2	$28.04	1	$14.02	0.00%
NATACYN SUS 5% OP	2	30	2	$437.54	1	$218.77	0.05%
BAC/NEO/POLY OIN OP	1	4	1	$7.57	1	$7.57	0.00%
NEO/POLY/BAC OIN /HC 1%OP	1	4	1	$9.47	1	$9.47	0.00%
SULF/PRED NA SOL OP	1	5	1	$13.96	1	$13.96	0.00%
BETADINE SOL 5% OP	1	30	1	$15.12	1	$15.12	0.00%
GENTAMICIN OIN 0.3% OP	1	4	1	$18.95	1	$18.95	0.00%
TOTAL	**48,386**	**344,625**	**40,934 ***	**$931,935.60**	**1.18**	**$19.26**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Otic Antibiotics

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier 2 authorization requires:

1. Member must have adequate 14-day trial of at least two Tier 1 medications, or
2. Approval may be granted if there is a unique FDA approved indication not covered by Tier 1 products or infection by organism not known to be covered by any of the Tier 1 agents.
3. A ciprofloxacin combination may be approved after a recent 7 to 10 day trial of ofloxacin and dexamethasone 0.1% solution.

Auralgan® authorization requires:

1. Trial of an available generic product containing benzocaine/antipyrine/glycerin, and two trials of oral pain relievers for duration of 360 days.

Special Prior Authorization Criteria:

1. Diagnosis of acute otitis externa.
2. Recent (within 6 months) trials with all other commonly used topical otic anti-infectives that have failed to resolve infection.
3. Allergy to all available products and failure of acetic acid alone.

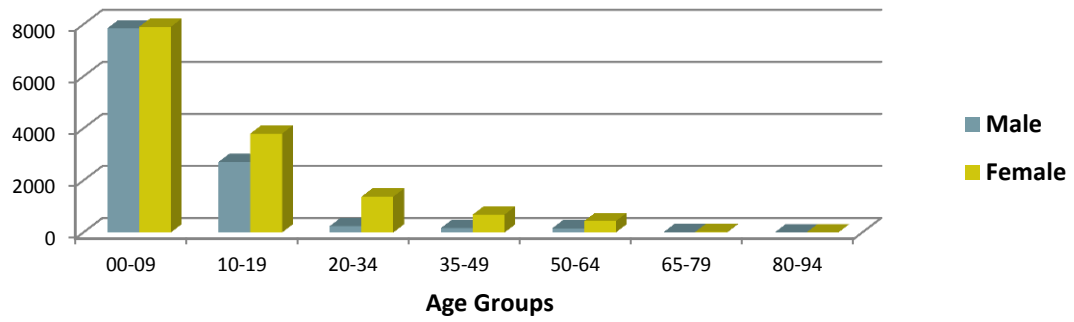
Otic Antibiotics		
Tier 1	**Tier 2**	**Special PA***
Ofloxacin (**Floxin® Otic**)	Neomycin,Colistin, HC (**Coly-Mycin®, and Coly Mycin®-ES**)	Antipyrine, benzocaine, glycerin, zinc 5.4-1-2-1% (**Neotic®**)
Acetic acid (**Vosol®, Acetasol**)	Ciprofloxacin, Dex or HC (**Ciprodex®, Cipro® HC, Cetraxal® Drop**)	Acetic Acid, HC (**Acetasol HC®, Vosol HC®**)
Neomycin, Polymixin B, HC (**Cortisporin®, Cortomycin, Pediotic®)**	Neomycin,Polymixin B, HC, thonzonium (**Cortisporin® TC**)	Acetic Acid, aluminum (**Borofair®**)
Chloroxylenol/Pramoxine (**Pramotic**)	Chloroxylenol, benzocaine, and HC (**Trioxin**)	Acetic Acid/antpy/bcain/polico/al acet 5.4%-1.4% drops (**AABP®, PR Otic®, Otic Edge®**)
	Chloroxylenol/Pramoxine/Zinc (**Zinotic®, Zinotic® ES, Chlorpram Z**)	

Utilization of Otic Antibiotic Medications:

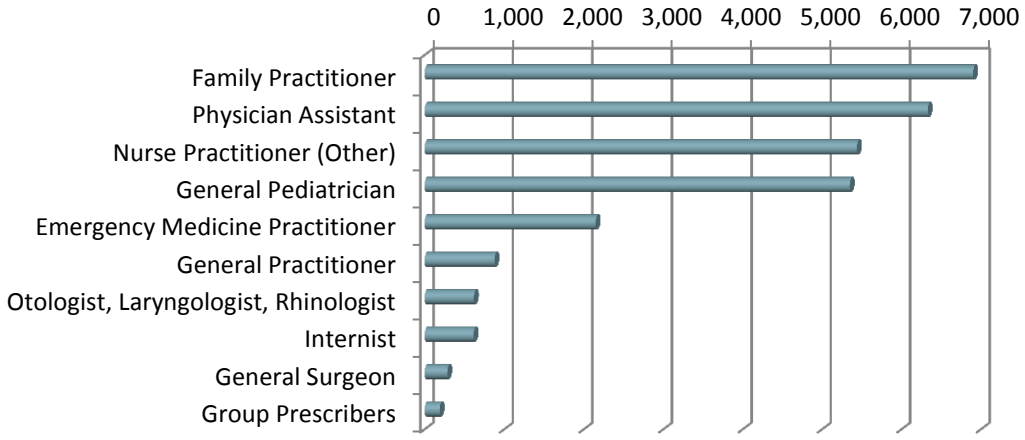
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	27,218	34,405	$705,162.75	$20.50	$2.01	400,217	351,314
2012	25,386	29,637	$549,962.44	$18.56	$1.77	352,008	311,180
% Change	**-6.7%**	**-13.9%**	**-22.0%**	**-9.5%**	**-11.9%**	**-12.0%**	**-11.4%**
Change	**-1,832**	**-4,768**	**-$155,200.31**	**-$1.94**	**-$0.24**	**-48,209**	**-40,134**

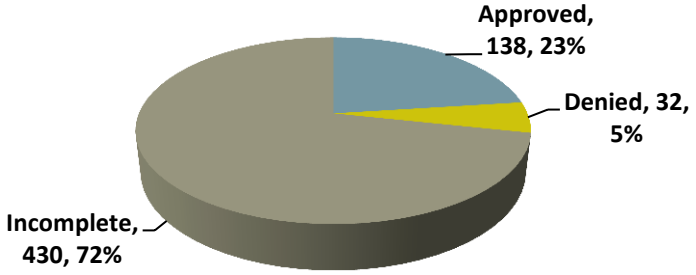
Demographics of Members Utilizing Otic Antibiotic Medications: FY 2012



Prescribers of Otic Antibiotic Medications by Numbers of Claims: FY 2012



Status of Prior Authorization Petitions of Otic Antibiotic Medications: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Cipro HC®- 06/2015
  - Ciprodex®- 08/2020

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Otic Antibiotic Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
ANTIPY/BENZO DRO OTIC	12,173	165,358	11,193	$133,545.20	1.29	1.09	$1.04	24.28%
NEO/POLY/HC SUS 1% OTIC	8,658	87,157	8,000	$233,695.54	0.97	1.08	$2.60	42.49%
NEO/POLY/HC SOL 1% OTIC	5,291	53,393	4,913	$110,770.71	0.93	1.08	$1.93	20.14%
ANTIPY/BENZO SOL OTIC	3,152	42,858	3,034	$43,540.94	1.36	1.04	$1.39	7.92%
CIPRODEX SUS 0.3-0.1%	179	1,358	157	$24,524.05	0.69	1.14	$12.44	4.46%
AURODEX SOL OTIC	162	1,645	154	$1,923.38	0.89	1.05	$1.04	0.35%
CIPRO HC SUS OTIC	10	100	9	$1,430.36	0.91	1.11	$13.00	0.26%
CORTISPORIN SUS -TC OTIC	5	50	4	$375.20	0.86	1.25	$6.47	0.07%
CORTOMYCIN SUS 1% OTIC	5	50	5	$77.83	1.06	1.00	$1.66	0.01%
PRAMOTIC DRO 1-0.1%	1	30	1	$57.84	1.5	1.00	$2.89	0.01%
PRAMOXIN-HC DRO AQ OTIC	1	10	1	$21.39	1.25	1.00	$2.67	0.00%
TOTAL	**29,637**	**352,009**	**25,386***	**$549,962.44**	**1.13**	**1.17**	**$1.77**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Requip XL™ (Ropinirole) and Mirapex ER™ (Pramipexole)

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

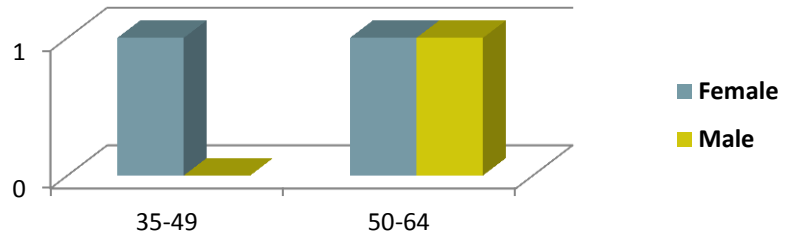
Must have FDA approved indication for the treatment of signs and symptoms of Parkinson's disease and a clinically significant reason why the immediate release products cannot be utilized.

Utilization of Requip XL™ and Mirapex® ER™

Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	6	10	$2,166.53	$216.65	$6.57	360	330
2012	3	7	$4,034.77	$576.40	$11.21	360	360
% Change	**-50.0%**	**-30.0%**	**86.2%**	**166.1%**	**70.6%**	**0.0%**	**9.1%**
Change	**-3**	**-3**	**$1,868.24**	**$359.75**	**$4.64**	**0**	**30**

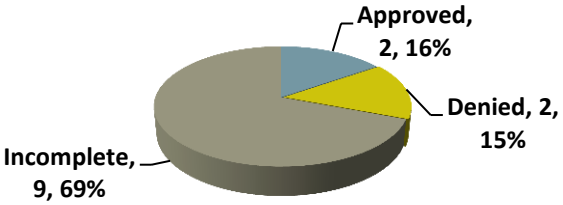
Demographics of Members Utilizing Requip XL™ and Mirapex® ER™: FY 2012



Prescribers of Requip XL™ and Mirapex® ER™ by Number of Claims: FY 2012

Specialty	Number of Claims
Nurse Practitioner (Other)	5
Family Practitioner	1
Neurologist	1

Status of Prior Authorization Petitions of Requip XL™ and Mirapex® ER™: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Requip XL™- 12/2021
  - Mirapex® ER™- 04/2028

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Requip® XL and Mirapex® ER™:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
REQUIP XL TAB 12MG	4	240	1	$3,214.84	1	4.00	$13.40	79.68%
REQUIP XL TAB 6MG	2	90	2	$544.26	1	1.00	$6.05	13.49%
MIRAPEX ER TAB 0.75MG	1	30	1	$275.67	1	1.00	$9.19	6.83%
TOTAL	**7**	**360**	**3***	**$4,034.77**	**1.00**	**2.33**	**$11.21**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Triptan Anti-Migraine Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

To qualify for a Tier 2 product the member must meet one of the following criteria:

1. Trial of all available Tier 1 products with inadequate response, or
2. Documented adverse effect to all the Tier 1 products, or
3. Previous success with a Tier 2 product within the last 60 days.

To qualify for a Tier 3 product the member must meet one of the following criteria:

1. Trial of all available Tier 2 products with inadequate response, or
2. Documented adverse effect to all available Tier 2 products, or
3. Previous success with a Tier 3 medication within the last 60 days.

Tier 1	Tier 2	Tier 3
Sumatriptan (Imitrex®)	Naratriptan (Amerge®)	Almotriptan (Axert®)
		Eletriptan (Relpax®)
		Frovatriptan (Frova®)
		Rizatriptan (Maxalt®; Maxalt MLT®)
		Sumatriptan/Naproxen (Treximet®)
		Sumatriptan (Sumavel DosePro®)*
		Zolmitriptan (Zomig®; Zomig-ZMT®)

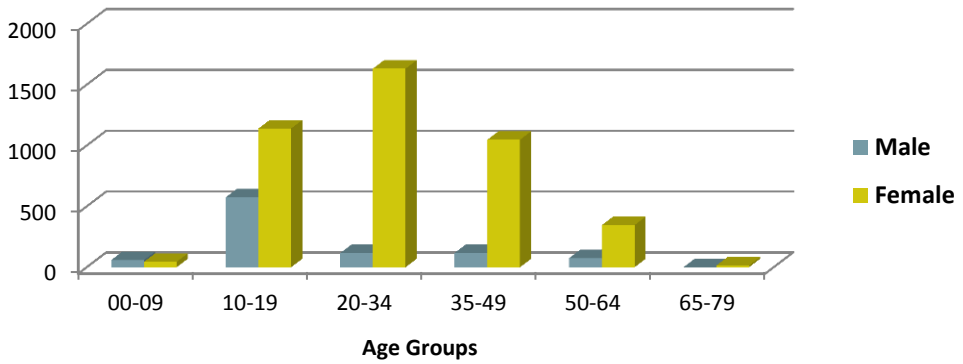
* Must also provide clinical reason why member cannot use all other available formulations of sumatriptan.

Utilization of Triptan Anti-Migraine Medications:

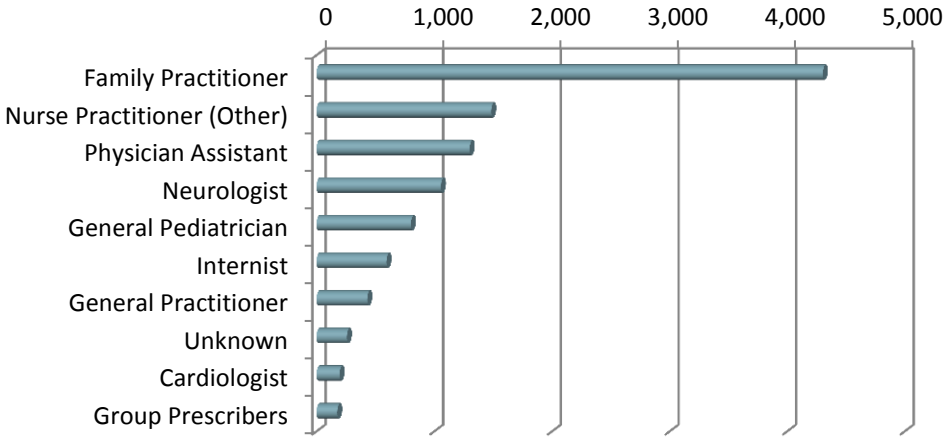
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	4,231	8,825	$497,331.19	$56.35	$3.59	86,557	138,566
2012	5,123	10,914	$535,470.46	$49.06	$2.95	109,798	181,415
% Change	**21.1%**	**23.7%**	**7.7%**	**-12.9%**	**-17.8%**	**26.9%**	**30.9%**
Change	**892**	**2,089**	**$38,139.27**	**-$7.29**	**-$0.64**	**23,241**	**42,849**

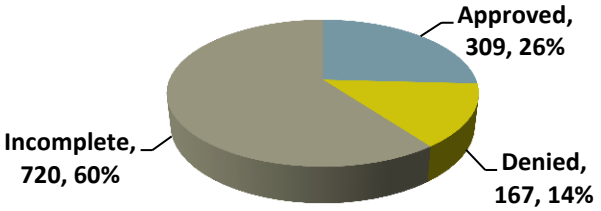
Demographics of Members Utilizing Triptan Anti-Migraine Medications: FY 2012



Prescribers of Triptan Anti-Migraine Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Triptan Anti-Migraine Medications: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Maxalt® and Maxalt MLT®- generic Rizatriptan FDA approved 12/2012
  - Zomig® tablets and Zomig-ZMT- generic zolmitriptan FDA approved 05/2013
  - Axert®- 11/2015
  - Frova®- 11/2015
  - Relpax®- 08/2017
  - Treximet®- 10/2025
  - Zomig® Nasal Spray- 05/2021
  - Sumavel DosePro®- 12/2025

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Triptan Anti-Migraine Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
SUMATRIP TAB 100MG	3,708	38,915	1,762	$67,788.94	0.66	2.1	$1.16	12.66%
SUMATRIP TAB 50MG	3,619	37,280	2,016	$67,047.53	0.64	1.8	$1.15	12.52%
SUMATRIP TAB 25MG	1,994	21,171	1,184	$40,724.73	0.64	1.68	$1.24	7.61%
NARATRIP TAB 2.5MG	298	2,570	175	$15,592.54	0.51	1.7	$3.09	2.91%
SUMATRIP INJ 6MG/0.5	216	489	75	$66,641.82	0.11	2.88	$14.85	12.45%
MAXALT TAB 10MG	166	1,986	40	$57,649.44	0.48	4.15	$14.03	10.77%
SUMATR SPR 20MG/ACT	164	1,178	90	$38,096.30	0.35	1.82	$11.22	7.11%
SUMATRI SPR 5MG/ACT	160	1,032	95	$35,405.26	0.37	1.68	$12.58	6.61%
MAXALT-MLT TAB 10MG	157	1,653	44	$48,143.78	0.42	3.57	$12.09	8.99%
RELPAX TAB 40MG	139	1,246	37	$33,014.61	0.57	3.76	$15.03	6.17%
NARATRIPTAN TAB 1MG	46	383	32	$2,172.97	0.61	1.44	$3.48	0.41%
FROVA TAB 2.5MG	45	394	12	$11,567.61	0.48	3.75	$13.95	2.16%
MAXALT-MLT TAB 5MG	35	254	19	$6,437.93	0.35	1.84	$8.86	1.20%
ZOMIG TAB 2.5MG	28	244	10	$6,220.40	0.5	2.8	$12.85	1.16%
SUMATRIP INJ 4MG/0.5	27	66	14	$9,459.92	0.13	1.93	$17.98	1.77%
MAXALT TAB 5MG	26	288	10	$8,085.95	0.55	2.6	$15.40	1.51%
ZOMIG ZMT TAB 5MG	17	93	5	$2,482.04	0.46	3.4	$12.35	0.46%
ZOMIG TAB 5MG	14	84	8	$1,943.53	0.32	1.75	$7.31	0.36%
AXERT TAB 12.5MG	13	153	5	$4,118.19	0.53	2.6	$14.15	0.77%
RELPAX TAB 20MG	13	108	3	$2,906.92	0.28	4.33	$7.45	0.54%
ZOMIG ZMT TAB 2.5 MG	10	116	2	$2,887.65	0.39	5	$9.82	0.54%
SUMAVEL INJ 6MG/0.5	7	27	5	$5,033.60	0.13	1.4	$23.97	0.94%
ZOMIG SPR 5MG	7	42	2	$1,313.59	0.26	3.5	$8.26	0.25%
AXERT TAB 6.25MG	5	26	2	$735.21	1.86	2.5	$52.52	0.14%
TOTAL	**10,914**	**109,798**	**5,123***	**$535,470.46**	**0.61**	**2.13**	**$2.95**	**100%**

***Total unduplicated number of members.

Fiscal Year 2012 Review of Advair®, Symbicort®, and Dulera®

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier-2 Authorization requires:

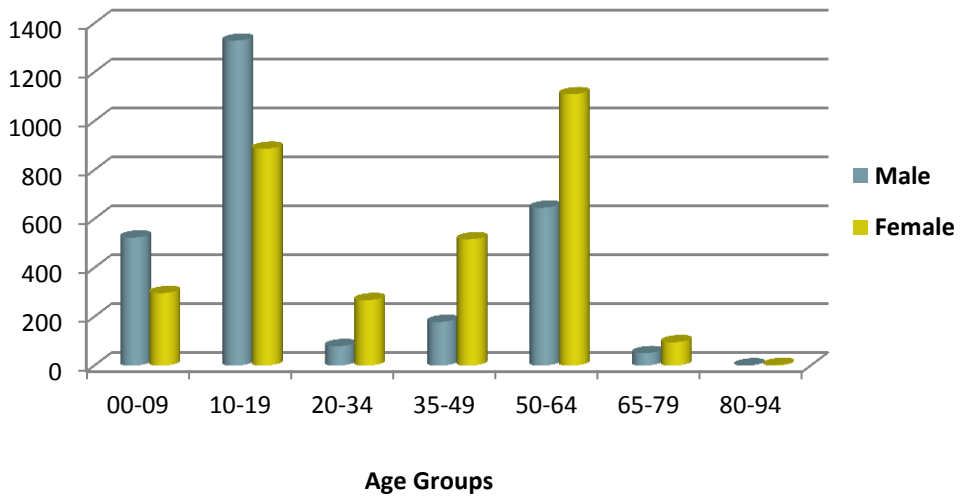
1. Diagnosis of COPD, or
2. Diagnosis of Asthma:
    a. Medication must be indicated for member's age, and
    b. Member must have used an inhaled corticosteroid for at least one month immediately prior to request for authorization, and
    c. Member's asthma considered uncontrolled by prescriber (Requires rescue inhaler more than 2 days per week for reasons other than prevention of exercise induced bronchospasms, and/or requires oral systemic corticosteroids),or
    d. Clinical situation warranting initiation with combination therapy due to severity of asthma.

Utilization of Advair®, Symbicort®, and Dulera®:

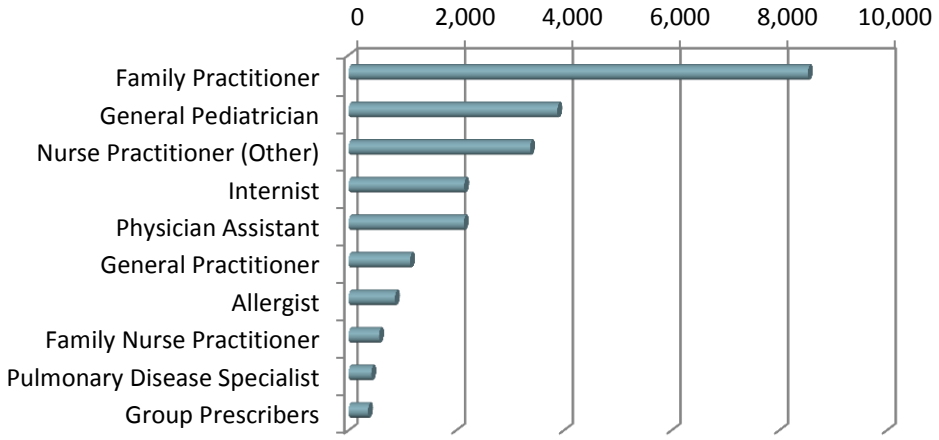
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	6,815	27,654	$5,842,713.22	$211.28	$6.94	1,306,069	841,867
2012	5,989	24,923	$5,758,068.97	$231.03	$7.58	1,138,650	759,740
% Change	**12.1%**	**-9.9%**	**-1.4%**	**9.3%**	**9.2%**	**-12.8%**	**-9.8%**
Change	**826**	**-2,731**	**-$84,644.25**	**$19.75**	**$0.64**	**-167,419**	**-82,127**

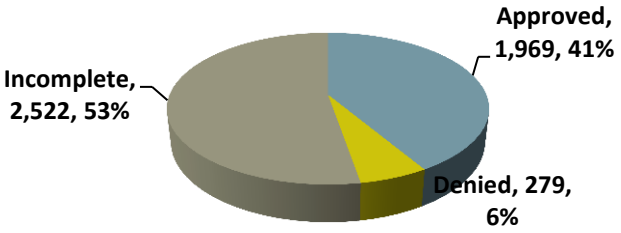
Demographics of Members Utilizing Advair®, Symbicort®, or Dulera®: FY 2012



Prescribers of Advair®, Symbicort®, or Dulera® by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Advair®, Symbicort®, or Dulera®: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Advair®- 08/2016
  - Symbicort®- 04/2026
  - Dulera®-05/2020

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Advair®, Symbicort®, or Dulera®

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
ADVAIR DISKU AER 250/50	10,292	617,153	2,653	$2,405,728.48	1.99	3.88	$7.75	41.78%
ADVAIR DISKU AER 100/50	4,262	255,628	1,152	$797,886.55	1.99	3.7	$6.21	13.86%
SYMBICORT AER 160-4.5	3,240	32,938	891	$702,986.27	0.32	3.64	$6.91	12.21%
ADVAIR DISKU AER 500/50	3,094	185,535	737	$953,067.83	1.98	4.2	$10.18	16.55%
ADVAIR HFA AER 115/21	1,381	16,560	429	$319,742.32	0.38	3.22	$7.41	5.55%
SYMBICORT AER 80-4.5	789	8,021	257	$151,087.42	0.32	3.07	$6.09	2.62%
ADVAIR HFA AER 45/21	787	9,384	260	$144,383.80	0.38	3.03	$5.92	2.51%
ADVAIR HFA AER 230/21	568	6,764	172	$174,209.10	0.39	3.3	$10.06	3.03%
DULERA AER 100-5MCG	264	3,429	89	$56,770.11	0.43	2.97	$7.11	0.99%
DULERA AER 200-5MCG	246	3,237	90	$52,207.	0.43	2.73	$6.88	0.91%
TOTAL	**24,923**	**1,138,649**	**5,989**	**$5,758,068.97**	**1.5**	**4.16**	**$7.58**	**100%**

*****Total unduplicated number of members.

Fiscal Year 2012 Review of Serevent® (Salmeterol) and Foradil® (Formoterol)

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

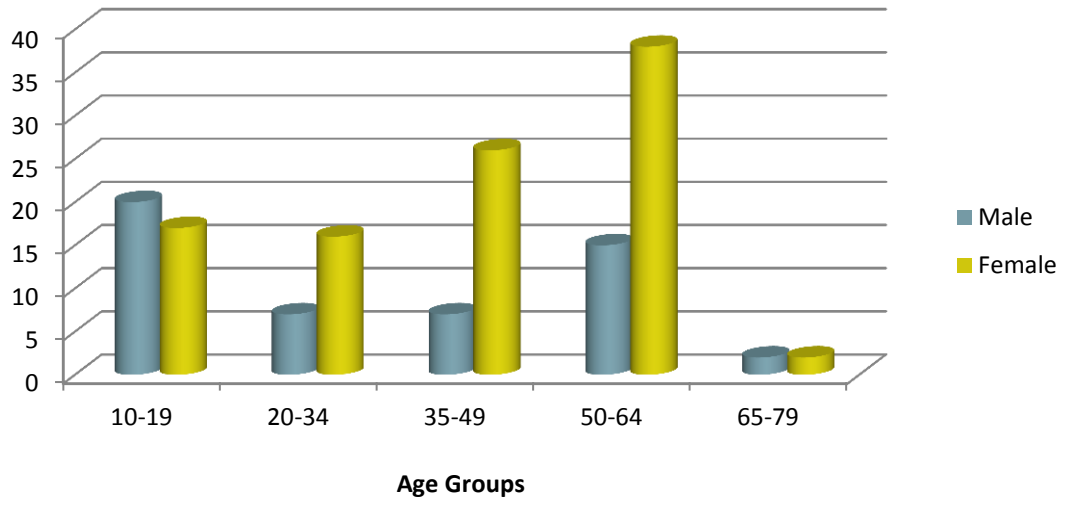
- Diagnosis of COPD or
- Diagnosis of Asthma:
  1. Member must be 12 years of age or older, and
  2. Must have used an inhaled corticosteroid for at least one month immediately prior with inadequate results and plan to continue using ICS concomitantly with the LABA, or
  3. Reason why member cannot use the ICS/LABA combination product.
  4. Approval will be for only 3 months to ensure use for the shortest duration of time required to achieve control of asthma symptoms.

Utilization of Serevent® and Foradil®:

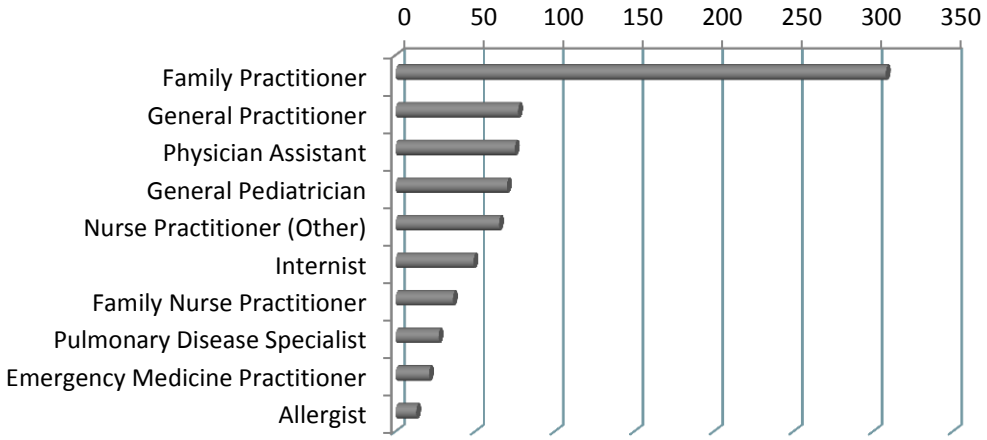
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	361	1,003	$168,935.05	$168.43	$5.47	66,261	30,880
2012	262	760	$161,676.34	$212.73	$7.01	53,790	23,078
% Change	**-27.40%**	**-24.20%**	**-4.30%**	**26.30%**	**28.20%**	**-18.80%**	**-25.30%**
Change	**-99**	**-243**	**-$7,258.71**	**$44.30**	**$1.54**	**-12,471**	**-7,802**

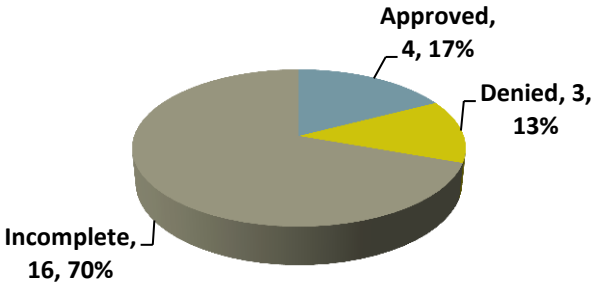
Demographics of Members Utilizing Serevent® and Foradil®: FY 2012



Prescribers of Serevent® and Foradil® by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Serevent® and Foradil® FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Serevent®- 08/2016
  - Foradil®- 11/2020

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Serevent® and Foradil®

BRAND NAME	CLAIMS	UNITS	MEMBER	COST	UNITS/DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
SEREVENT DIS AER 50MCG	381	23,100	150	$67,967.16	2.01	2.54	$5.91	42.04%
FORADIL CAP AEROLIZE	231	13,860	58	$38,328.23	1.99	3.98	$5.51	23.71%
PERFOROMIST NEB 20 MCG	148	16,830	59	$55,380.95	3.64	2.51	$11.99	34.25%
TOTAL	**760**	**53,790**	**262**	**$161,676.34**	**2.33**	**2.90**	**7.00**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Anti-Ulcer Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Criteria for Approval of a Tier-2 medication:

1. A 14-day trial of all available Tier 1 medications titrated up to the recommended dose that has resulted in inadequate relief of symptoms or intolerable adverse effects.
2. Contraindication to all available Tier 1 medications, or
3. An indication not covered by lower tiered medications.

Criteria for Approval of a Tier-3 medication:

1. A 14-day trial all available Tier 2 medications that has resulted in inadequate relief of symptoms or intolerable adverse effects.
2. Contraindication to all available Tier 2 medications.
3. An indication not covered by lower tiered medications.

Criteria for Approval of Age Appropriate PPIs for Pediatric Members under the age of 19:

1. A recent 14-day trial of an H_2 receptor antagonist that has resulted in inadequate relief of symptoms or intolerable adverse effects.
2. Recurrent or severe disease such as:
   a. GI bleed
   b. Zollinger-Ellison or similar disease

Special Prior Authorizations of Miscellaneous Products

- Ranitidine (Zantac® Effervescent Tabs) – must have reason why member cannot take other dosage forms.
- Pepcid® Suspension (famotidine) – reserved for members less than 1 month old.
- Omeprazole/sodium bicarbonate – only generic products covered, and requires special reason for use.
- Prevacid NapraPac® – see NSAIDs Criteria
- PrevPac® (Lansoprazole, Amoxicillin and Clarithromycin) – must use individual components such as omeprazole, amoxicillin, and clarithromycin.

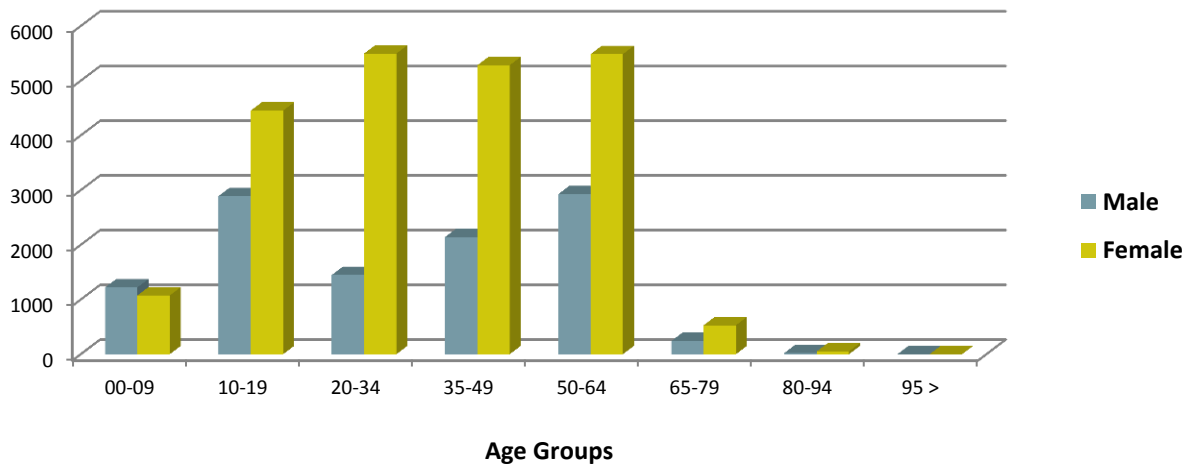
Tier 1	Tier 2	Tier 3
Omeprazole (Prilosec®)	dexlansoprazole (Dexilant®)	omeprazole (Prilosec® Suspension and Powder)*
Pantoprazole (Protonix® Tabs)	lansoprazole (Prevacid® and ODT)	esomeprazole (Nexium® Caps, Packets, and I.V.)*
		pantoprazole (Protonix® Suspension & I.V.)*
		rabeprazole sodium (Aciphex® Tabs)

Utilization of Anti-Ulcer Medications

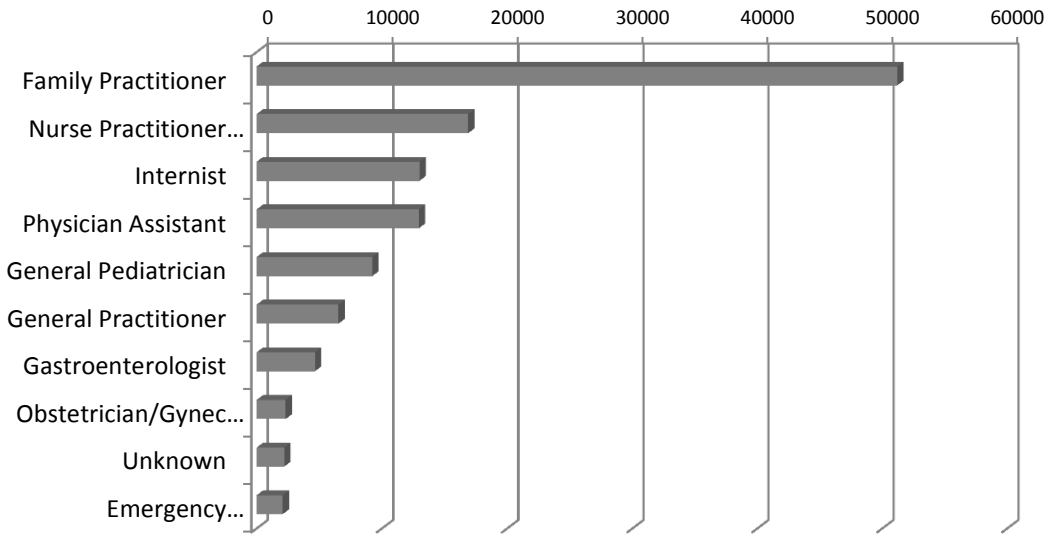
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	28,819	117,563	$4,342,413.59	$36.94	$1.15	4,686,156	3,790,809
2012	33,262	131,067	$3,181,816.17	$24.28	$0.75	5,161,741	4,240,727
% Change	**15.4%**	**11.5%**	**-26.7%**	**-34.3%**	**-34.8%**	**10.1%**	**11.9%**
Change	**4,443**	**13,504**	**-$1,160,597.42**	**-$12.66**	**$0.40**	**475,585**	**449,918**

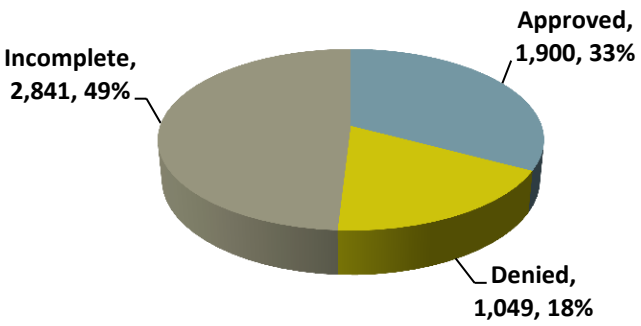
Demographics of Members Utilizing Anti-Ulcer Medications: FY 2012



Prescribers of Anti-Ulcer Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Anti-Ulcer Medications: FY 2012



Market News and Updates:

1. 02/28/2012: FDA Safety Communication
    - Clostridium difficile-associated diarrhea can be associated with stomach acid drugs known as proton-pump inhibitors.
2. 03/2013: FDA Approves New Drug
    - Aciphex® Sprinkle™ Delayed Release capsules (rabeprazole sodium)
3. Patent Expiration
    - Aciphex®- 11/2013
    - Nexium®- 05/2014
    - Prilosec® powder- 11/2014
    - Prilosec® suspension- 11/2019
    - Protonix® suspension- 2026
    - Dexilant®- 2030

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Anti-Ulcer Medication

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
OMEPRAZOLE CAP 20MG	72,945	3,257,846	22,165	$933,954.25	1.31	3.29	$0.37	29.35%
OMEPRAZOLE CAP 40MG	23,708	799,891	7,121	$355,445.31	1.11	3.33	$0.49	11.17%
PANTOPRAZOLE TAB 40MG	14,780	480,255	4,254	$130,094.65	1.09	3.47	$0.29	4.09%
LANSOPRAZOLE CAP 30MG DR	7,872	253,958	1,121	$424,598.11	1.09	7.02	$1.82	13.34%
NEXIUM CAP 40MG	2,598	82,315	362	$499,239.45	1.05	7.18	$6.39	15.69%
OMEPRAZOLE CAP 10MG	2,322	74,889	938	$36,649.79	1.09	2.48	$0.53	1.15%
DEXILANT CAP 60MG DR	2,170	65,309	436	$286,034.56	1.01	4.98	$4.40	8.99%
LANSOPRAZOLE CAP 15MG DR	1,067	33,515	197	$55,152.88	1.06	5.42	$1.74	1.73%
PANTOPRAZOLE TAB 20MG	1,030	34,942	409	$9,763.37	1.14	2.52	$0.32	0.31%
ACIPHEX TAB 20MG	466	14,430	64	$115,607.47	1.03	7.28	$8.27	3.63%
PREVACID TAB 15MG STB	433	12,823	119	$81,796.44	0.98	3.64	$6.23	2.57%
LANSOPRAZOLE TAB 15MG ODT	342	9,716	151	$42,791.40	0.93	2.26	$4.08	1.34%
LANSOPRAZOLE TAB 30MG ODT	337	9,437	97	$38,623.21	0.96	3.47	$3.95	1.21%
DEXILANT CAP 30MG DR	321	9,559	78	$41,682.62	1	4.12	$4.37	1.31%
PREVACID TAB 30MG STB	212	6,669	60	$39,911.41	1.06	3.53	$6.35	1.25%
PRILOSEC POW 10MG	119	3,986	37	$20,902.37	1.13	3.22	$5.92	0.66%
NEXIUM CAP 20MG	112	3,360	20	$20,994.67	1	5.60	$6.25	0.66%
PRILOSEC POW 2.5MG	82	4,080	34	$21,405.14	1.72	2.41	$9.04	0.67%
PROTONIX PAK	39	1,170	5	$6,471.22	1	7.80	$5.53	0.20%
NEXIUM GRA 20MG DR	34	1,624	4	$10,240.55	1.71	8.50	$10.76	0.32%
NEXIUM GRA 40MG DR	26	780	4	$4,140.16	0.96	6.50	$5.11	0.13%
PROTONIX INJ 40MG	21	46	5	$645.11	1	4.20	$14.02	0.02%
NEXIUM GRA 10MG DR	20	780	5	$3,559.67	1.24	4.00	$5.65	0.11%
PROTONIX TAB 40MG	11	360	2	$2,112.36	1.09	5.50	$6.40	0.07%
TOTAL	**131,067**	**5,161,740**	**33,262***	**$3,181,816.17**	**1.22**	**3.94**	**$0.75**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Benzodiazepines

Oklahoma Health Care Authority
June 2013
5710, 72100010

Current Prior Authorization Criteria

Members 19 Years and Older:

- No prior authorization needed, but Quantity limits set at 3 units per day for most products (alprazolam 2mg set at 2)
- No requests for dosing greater than 3 times daily will be approved unless a Chronic Physical Diagnosis exists; for these diagnoses the maximum allowed dosing would be 4 times daily.
- A member may receive more than 3 units per day if the following criteria exist:
  - The number of units per day is greater than 3, but less than the maximum daily dose for the product (or for a total daily dosing of TID).
  - The member has a Chronic Diagnosis and a clinical reason for excessive units has been provided.
- Current members will be given 2 months to taper dosing to no more than 3 doses daily

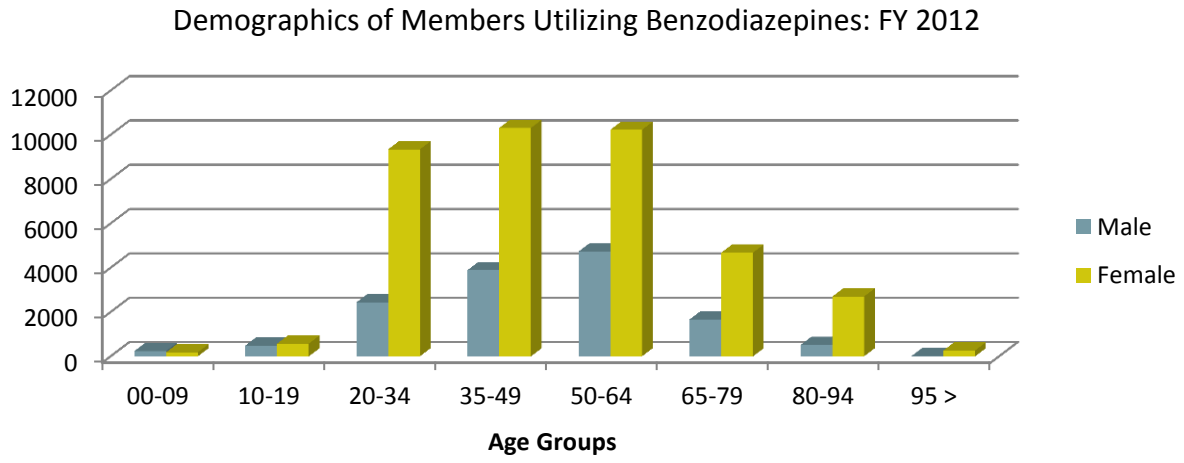
Members 0-18 Years of Age:

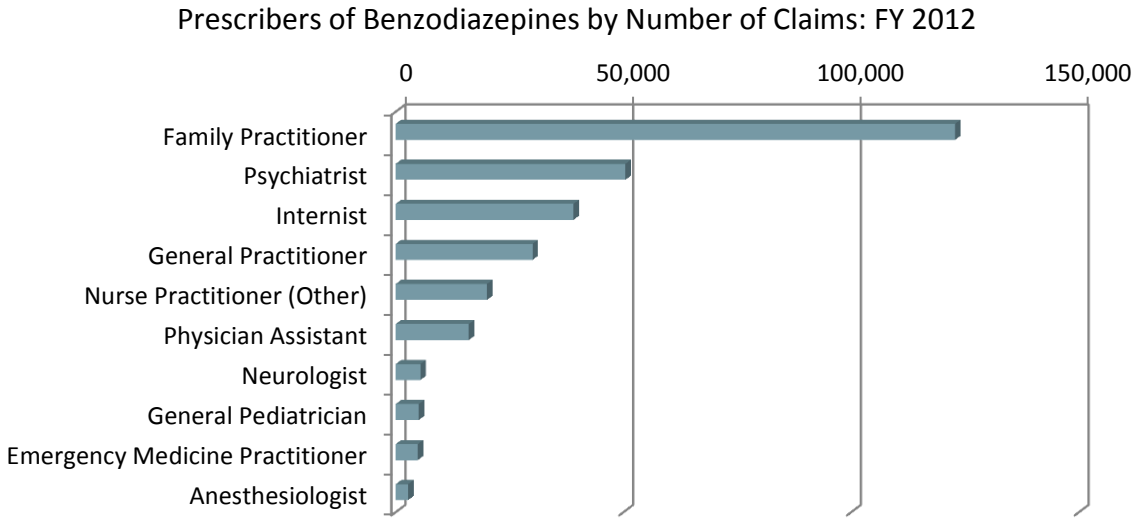
- Members 13 through 18 years of age the criteria for approval would be as follows:
  - Chronic Behavioral Health Related Diagnosis:
    - No concurrent stimulant ADHD medications, AND
    - No Contraindicated Conditions, AND
    - Maximum dosing of 3 times daily.
  - Chronic Physical Diagnosis:
    - Up to TID dosing if a hypnotic is being used concurrently; up to QID otherwise.
  - Exceptions can be granted for administration prior to procedures.
- Members 12 or younger will have same criteria AND prescription originally written by a psychiatrist.

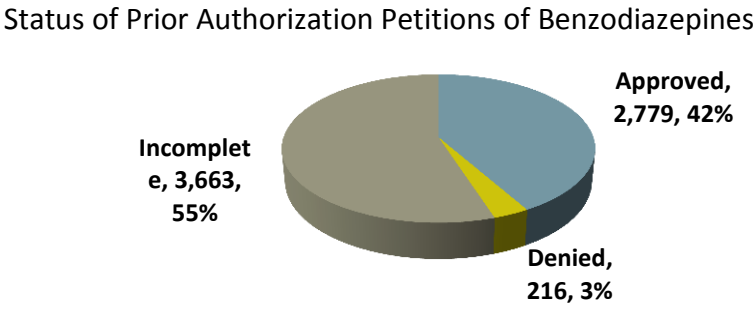
Utilization of Benzodiazepines

Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	45,155	243,757	$2,029,396.98	$8.33	$0.30	15,461,343	6,736,255
2012	52,300	316,856	$2,693,878.97	$8.50	$0.31	19,892,366	8,787,283
%Change	**15.80%**	**30.00%**	**32.70%**	**2.00%**	**3.30%**	**28.70%**	**30.40%**
Change	**7,143**	**73,099**	**$664,481.99**	**$0.17**	**$0.01**	**4,431,023**	**2,051,028**







Market News and Updates:

- 01/01/2013: Medicare begins to cover benzodiazepines for Medicare Part D members.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Benzodiazepines:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
ALPRAZOLAM TAB 1MG	65,128	4,782,753	11,067	$603,119.59	2.56	5.88	$0.32	22.39%
ALPRAZOLAM TAB 0.5MG	36,306	2,307,192	8,534	$265,857.82	2.34	4.25	$0.27	9.87%
CLONAZEPAM TAB 1MG	35,555	2,292,810	7,251	$273,080.45	2.22	4.9	$0.26	10.14%
CLONAZEPAM TAB 0.5MG	29,005	1,653,833	6,886	$187,876.02	2	4.21	$0.23	6.97%
DIAZEPAM TAB 10MG	25,105	1,649,702	5,144	$197,129.76	2.38	4.88	$0.28	7.32%
ALPRAZOLAM TAB 2MG	25,037	1,510,298	4,167	$307,292.99	2.06	6.01	$0.42	11.41%
LORAZEPAM TAB 1MG	19,473	1,153,224	5,229	$141,733.73	2.28	3.72	$0.28	5.26%
DIAZEPAM TAB 5MG	18,981	1,050,835	5,342	$112,316.75	2.15	3.55	$0.23	4.17%
LORAZEPAM TAB 0.5MG	18,084	941,950	5,117	$120,788.86	2.05	3.53	$0.26	4.48%
ALPRAZOLAM TAB 0.25MG	14,186	794,188	4,109	$94,155.14	2.18	3.45	$0.26	3.50%
CLONAZEPAM TAB 2MG	11,857	665,190	2,233	$96,885.11	1.92	5.31	$0.28	3.60%
LORAZEPAM TAB 2MG	6,465	391,844	1,412	$58,134.73	2.2	4.58	$0.33	2.16%
DIAZEPAM TAB 2MG	2,869	161,167	874	$15,182.53	2.17	3.28	$0.20	0.56%
CLORAZ DIPOT TAB 7.5MG	1,241	79,997	245	$20,223.41	2.2	5.07	$0.56	0.75%
CLORAZ DIPOT TAB 3.75MG	882	54,190	142	$12,056.60	2.12	6.21	$0.47	0.45%
CHLORDIAZEP CAP 25MG	830	45,397	336	$6,634.62	2.37	2.47	$0.35	0.25%
CLONAZEP ODT TAB 0.25MG	690	37,739	225	$31,613.46	2.17	3.07	$1.82	1.17%
CHLORDIAZEP CAP 10MG	652	42,020	201	$5,359.81	2.33	3.24	$0.30	0.20%
CLORAZ DIPOT TAB 15MG	642	41,110	129	$12,146.53	2.2	4.98	$0.65	0.45%
LORAZEPAM INJ 2MG/ML	428	1,833	188	$3,181.96	1.42	2.28	$2.46	0.12%
DIAZEPAM SOL 1MG/ML	363	79,928	77	$8,208.67	8.66	4.71	$0.89	0.30%
OXAZEPAM CAP 15MG	325	21,319	61	$9,171.62	2.24	5.33	$0.96	0.34%
ALPRAZOLAM TAB 2MG ER	285	11,272	77	$6,721.13	1.36	3.7	$0.81	0.25%
CLONAZEP ODT TAB 0.5MG	285	18,235	89	$15,368.20	2.54	3.2	$2.14	0.57%
ALPRAZOLAM TAB 1MG ER	255	7,548	88	$3,700.54	1.01	2.9	$0.49	0.14%
CLONAZEP ODT TAB 0.125MG	236	13,679	59	$11,202.63	2.21	4	$1.81	0.42%
CHLORDIAZEP CAP 5MG	222	14,070	64	$2,143.32	2.32	3.47	$0.35	0.08%
LORAZEPAM CON 2MG/ML	175	8,405	93	$10,119.61	1.63	1.88	$1.97	0.38%
ALPRAZOLAM TAB 3MG ER	151	4,516	38	$3,762.02	1	3.97	$0.83	0.14%
OXAZEPAM CAP 10MG	148	8,115	47	$4,032.59	1.95	3.15	$0.97	0.15%
CLONAZEP ODT TAB 1MG	142	10,007	46	$10,867.74	2.5	3.09	$2.72	0.40%
OXAZEPAM CAP 30MG	126	6,481	29	$6,862.07	1.72	4.34	$1.82	0.25%
ALPRAZOLAM TAB 3MG XR	120	3,559	30	$3,064.35	1	4	$0.86	0.11%
ALPRAZOLAM TAB 2MG XR	110	3,952	47	$2,290.33	1.24	2.34	$0.72	0.09%
ALPRAZOLAM TAB 0.5MG ER	83	2,394	35	$986.20	1	2.37	$0.41	0.04%
DIAZEPAM INJ 5MG/ML	80	994	34	$1,303.94	0.86	2.35	$1.13	0.05%
ALPRAZOLAM TAB 1MG XR	69	2,030	40	$992.03	1	1.73	$0.49	0.04%
CLONAZEP ODT TAB 2MG	50	2,540	11	$2,990.21	2.21	4.55	$2.60	0.11%
ALPRAZOLAM TAB 0.5MG XR	47	1,393	18	$609.60	1	2.61	$0.44	0.02%
KLONOPIN TAB 1MG	36	2,700	4	$5,352.37	2.37	9	$4.70	0.20%
KLONOPIN TAB 0.5MG	32	2,250	3	$3,885.17	2.59	10.67	$4.47	0.14%
DIAZEPAM CON 5MG/ML	28	3,810	8	$3,141.53	4.54	3.5	$3.74	0.12%
XANAX TAB 0.5MG	22	2,190	2	$4,003.56	3.37	11	$6.16	0.15%
ALPRAZOLAM TAB 1MG ODT	17	1,350	3	$2,770.31	3.21	5.67	$6.60	0.10%
TRANXENE T TAB 7.5MG	13	1,125	2	$4,154.01	3	6.5	$11.08	0.15%
ATIVAN TAB 1MG	8	720	1	$448.44	3	8	$1.87	0.02%
ALPRAZOLAM TAB 0.5MG OD	5	240	2	$532.58	1.6	2.5	$3.55	0.02%
ALPRAZOLAM TAB 0.25 ODT	3	180	1	$215.89	2	3	$2.40	0.01%
ALPRAZOLAM CON 1 MG/ML	3	90	3	$197.31	1	1	$2.19	0.01%
LORAZEPAM INJ 4MG/ML	1	4	1	$11.13	1	1	$2.78	0.00%
Total:	**316,856**	**19,892,368**	**52,300**	**$2,693,878.97**	**2.26**	**6.06**	**$0.31**	**100%**

*****Total unduplicated number of members.

Fiscal Year 2012 Review of Fibric Acid Derivatives

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

1. Documented trial of a Tier-1 medication with inadequate results after 6 month trial, or
2. Documented adverse effect, drug interaction, or contraindication to tier-1 medications, or
3. Documented prior stabilization on the tier-2 medication documented within the last 100 days.

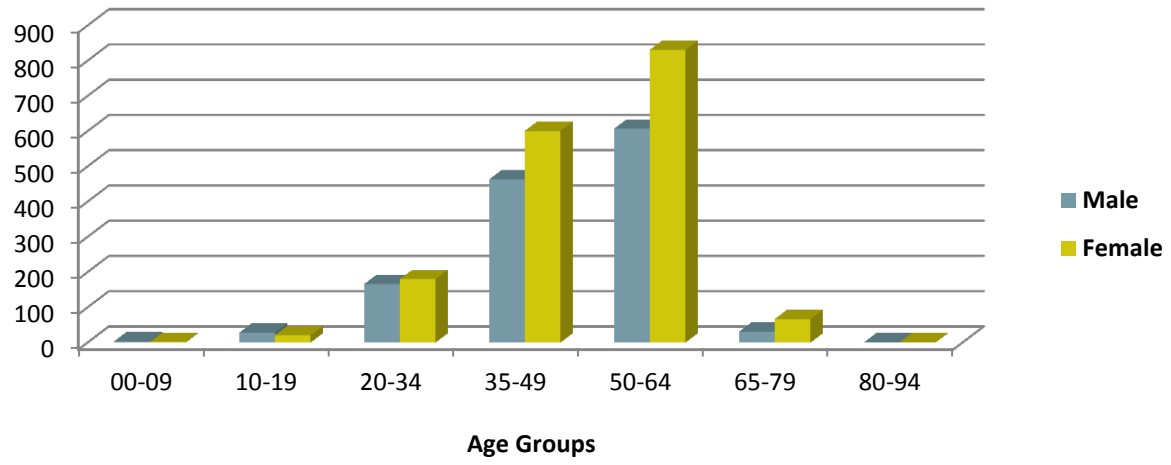
Fibric Acid Derivatives	
Tier One	**Tier Two**
Fenofibrate (Lofibra® Caps)	Fenofibrate (Antara® Caps)
Fenofibrate (Trilipix® Tabs)	Fenofibrate (Triglide® Tabs) 50mg, 160mg
Fenofibrate (Tricor® Tabs)	Fenofibrate (Lipofen® Caps)
Gemfibrozil (Lopid® Tabs)	Fenofibrate (Fenoglide® Tabs)
Clofibrate (Atromid-S® Caps)	

Utilization of Fibric Acid Derivatives

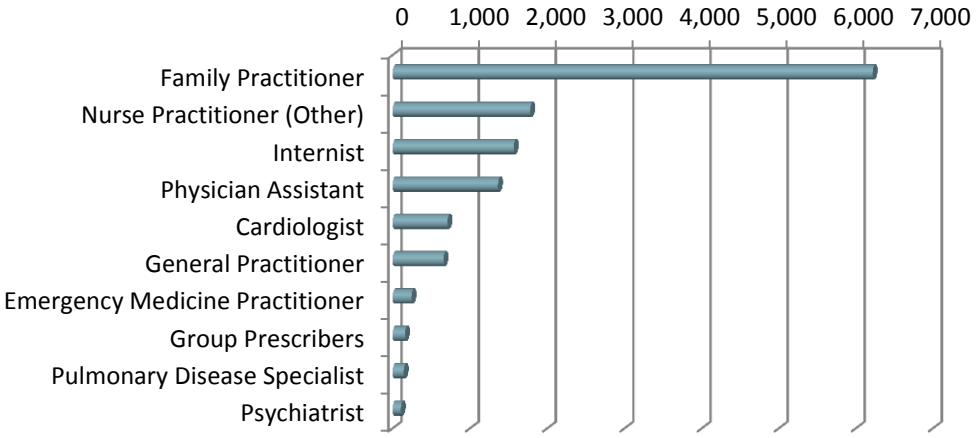
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	2,611	10,662	$996,677.90	$93.48	$2.47	539,881	402,901
2012	3,003	13,308	$1,280,665.25	$96.23	$2.59	661,075	494,511
%Change	**15.0%**	**24.8%**	**28.5%**	**2.9%**	**4.9%**	**22.4%**	**22.7%**
Change	**392**	**2,646**	**$283,987.35**	**$2.75**	**$0.12**	**121,194**	**91,610**

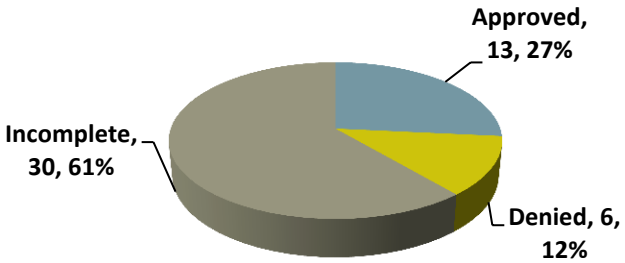
Demographics of Members Utilizing Fibric Acid Medications: FY 2012



Prescribers of Fibric Acid Medications by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Fibric Acid Medications: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Lipofen®- 01/2015
  - Triglide®- 09/2021
  - Trilipix®- 01/2025
  - Fenoglide®- 12/2024

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Fibric Acid Derivatives:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	PERCENT COST
GEMFIBROZIL TAB 600MG	5,456	338,566	1,232	$82,362.48	1.92	4.43	$0.47	6.43%
TRICOR TAB 145MG	2,969	123,511	722	$631,382.17	1.01	4.11	$5.15	49.30%
TRILIPIX CAP 135MG	1,869	78,341	450	$380,809.84	1.01	4.15	$4.90	29.74%
FENOFIBRATE TAB 160MG	1,066	46,218	318	$72,421.43	1.01	3.35	$1.58	5.65%
TRICOR TAB 48MG	488	20,027	137	$34,327.43	1.07	3.56	$1.83	2.68%
FENOFIBRATE CAP 134MG	469	18,048	108	$24,380.19	1	4.34	$1.35	1.90%
FENOFIBRATE TAB 54MG	274	10,010	83	$6,975.20	1.03	3.30	$0.72	0.54%
TRILIPIX CAP 45MG	268	10,070	66	$16,387.51	1.03	4.06	$1.68	1.28%
FENOFIBRATE CAP 200MG	211	8,444	43	$16,615.25	1	4.91	$1.97	1.30%
TRIGLIDE TAB 160MG	125	3,930	33	$5,163.53	1	3.79	$1.31	0.40%
FENOFIBRATE CAP 67MG	46	1,510	14	$1,212.96	1	3.29	$0.80	0.09%
TRIGLIDE TAB 50MG	36	1,290	7	$3,305.63	1.19	5.14	$3.06	0.26%
ANTARA CAP 130MG	23	750	4	$4,091.45	1	5.75	$5.46	0.32%
LIPOFEN CAP 150MG	6	300	1	$1,069.90	1	6.00	$3.57	0.08%
FENOFIBRIC TAB 105MG	2	60	1	$160.28	1	2.00	$2.67	0.01%
TOTAL	**13,308**	**661,075**	**3,003***	**$1,280,665.25**	**1.34**	**4.43**	**$2.59**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Ribavirin Formulations

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

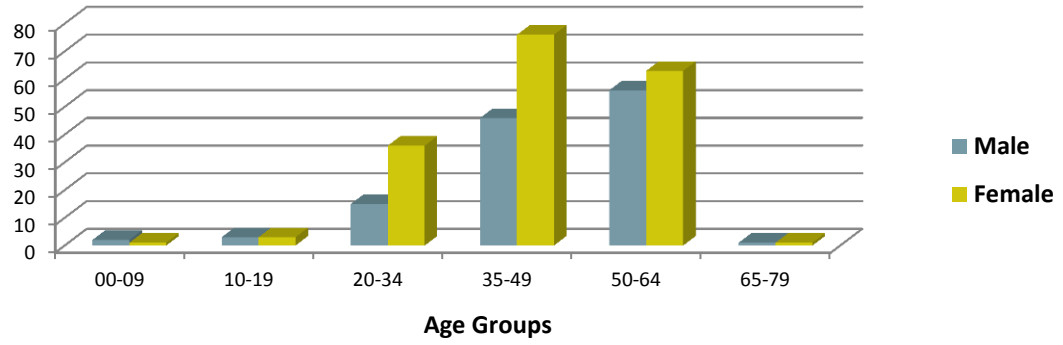
Member must have a patient specific, clinically significant reason why the 200mg tablet cannot be used.

Utilization of Ribavirin Formulations

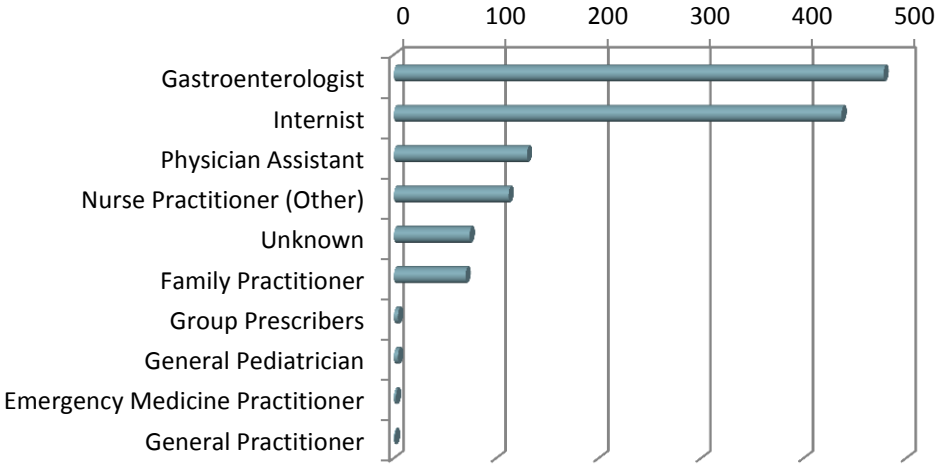
Fiscal Year Comparison

Fiscal Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	270	1,088	$183,164.02	$168.35	$5.82	166,801	31,457
2012	303	1,312	$222,808.82	$169.82	$5.91	212,083	37,672
% Change	**12.2%**	**20.6%**	**21.6%**	**0.9%**	**1.5%**	**27.1%**	**19.8%**
Change	**33**	**224**	**$39,644.80**	**$1.47**	**$0.09**	**45,282**	**6,215**

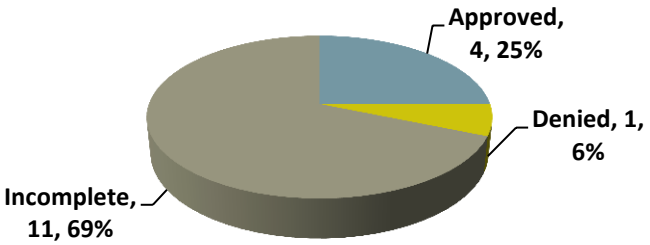
Demographics of Members Utilizing Ribavirin Formulations: FY 2012



Prescribers of Ribavirin Formulations by Number of Claims: FY 2012



Status of Prior Authorization Petitions of Ribavirin Formulations: FY 2012



Market News and Updates:

- FDA Patent Expirations
  - Rebetol® oral solution- 10/2023

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Ribavirin Formulations:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
RIBAVIRIN TAB 200MG	410	65,151	125	$54,151.84	5.52	3.28	$4.59	24.30%
RIBASPHERE TAB 200MG	365	55,158	75	$45,885.36	5.39	4.87	$4.49	20.59%
RIBASPHERE CAP 200MG	342	56,224	74	$72,190.60	5.65	4.62	$7.26	32.40%
RIBAVIRIN CAP 200MG	176	28,250	52	$35,549.56	5.46	3.38	$6.87	15.96%
REBETOL SOL 40MG/ML	19	7,300	5	$15,031.46	14.26	3.80	$29.36	6.75%
TOTAL	**1,312**	**212,083**	**303***	**$222,808.82**	**5.63**	**4.33**	**$5.91**	**100%**

*Total unduplicated number of members.

Calendar Year 2012 Review of Glaucoma Medications

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

Tier-2 authorization requires:

1. Comprehensive dilated eye exam within the last 365 day period, and
2. FDA- approved indication, and
3. Trial of a Tier-1 product for a minimum of 4 weeks with inadequate results within the last 90 days, or
4. Documented adverse effect, drug interaction, or contraindication to Tier-1 products, or
5. Unique FDA- approved indication for which Tier-1 medications are not indicated

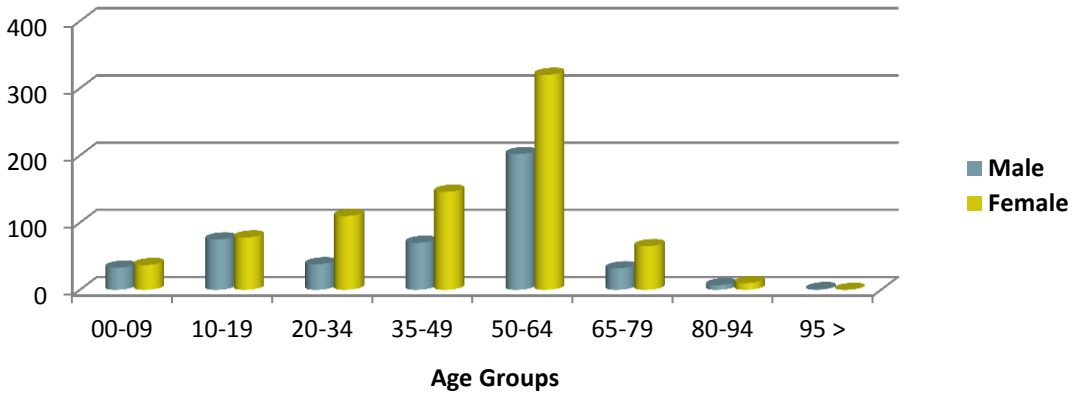
Tier-1	Tier-2
Beta-Blockers	
betaxolol (Betoptic® 0.5%)	betaxolol (Betoptic-S®)
carteolol (Ocupress®)	brimonidine/timolol (Combigan®)
dorzolamide/timolol (Cosopt®)	timolol maleate (Timoptic® 0.5% dropperette)
levobunolol (Betagan®)	
metipranolol (OptiPranolol®)	
timolol maleate (Betimol®, Istalol®, Timoptic®, Timoptic Ocudose®, Timoptic-XE®)	
Prostaglandin Analogs	
travoprost (Travatan®, Travatan-Z®)	bimatoprost (Lumigan®)
	latanoprost (Xalatan®)
	tafluprost (Zioptan™)
	unoprostone (Rescula®)
Alpha-2 Adrenergic Agonists	
	brimonidine (Alphagan-P® 0.1%, 0.15%)
	apraclonidine (Iopidine® 1%)
Carbonic Anhydrase Inhibitors	
dorzolamide/timolol (Cosopt®)	brinzolamide (Azopt®)
acetazolamide (Diamox®)*	
dichlorphenamide (Daranide®)*	
methazolamide (Neptazane®)*	
dorzolamide (Trusopt®)	
*(Indicates Available Oral Products)	
Cholinergic Agonists/Cholinesterase Inhibitors	
pilocarpine (Isopto Carpine®, Pilopine HS®, 0.5%, 1%, 2%, 4%, 6%)	carbachol (Isopto®, Miostat® 1.5%, 3%)
	echothiophate iodide (Phospholine Iodide®)

Utilization of Glaucoma Medications

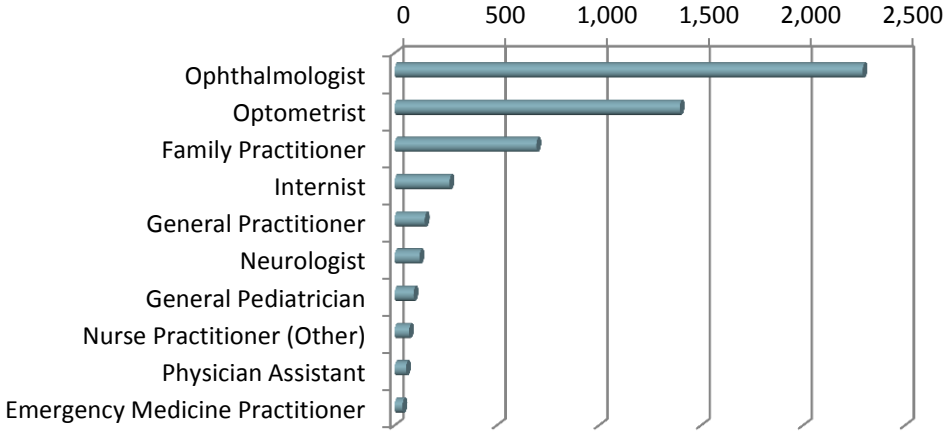
Calendar Year Comparison

Calendar Year	Members	Claims	Cost	Cost/Claim	Cost/Day	Units	Days
2011	1,113	4,983	$403,636.49	$81.00	$2.66	68,268	151,656
2012	1,224	5,450	$408,402.91	$74.94	$2.43	74,666	168,398
% Change	10.0%	9.4%	1.2%	-7.5%	-8.6%	9.4%	11.0%
Change	**111**	**467**	**$4,766.42**	**($6.06)**	**($0.23)**	**6,398**	**16,742**

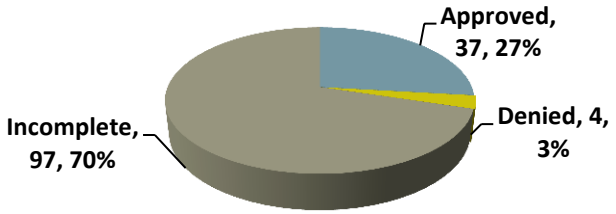
Demographics of Members Utilizing Glaucoma Medications: CY 2012



Prescribers of Glaucoma Medications by Number of Claims: CY 2012



Status of Prior Authorization Petitions of Glaucoma Medications: CY 2012



Market News and Updates:

- FDA Patent Expirations
  - Betoptic S®- No current patents, however, there is no FDA approved generic available.
  - Azopt®- 04/2013, however, there is no FDA approved generic available.
  - Lumigan®- 08/2014
  - Zioptan™- 12/2017
  - Rescula®- 07/2021
  - Alphagan P®- 07/2021
  - Combigan®- 01/2023

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Utilization Details of Glaucoma Medications:

BRAND NAME	CLAIMS	UNITS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ MEMBER	COST/ DAY	% COST
TRAVATAN Z DRO 0.004%	895	2,889	355	$109,153.80	0.11	2.52	$4.28	53.99%
LATANOPROST SOL 0.005%	553	1,565	212	$8,449.65	0.09	2.61	$0.51	4.18%
TIMOLOL MAL SOL 0.5% OP	253	2,125	134	$2,281.58	0.25	1.89	$0.27	1.13%
DORZOL/TIMOL SOL 2-0.5%OP	240	2,550	102	$7,207.05	0.31	2.35	$0.88	3.56%
COMBIGAN SOL 0.2/0.5%	166	1,055	60	$18,371.49	0.22	2.77	$3.81	9.09%
ACETAZOLAMID TAB 250MG	164	14,406	75	$5,142.71	2.98	2.19	$1.06	2.54%
LUMIGAN SOL 0.03%	115	445	44	$17,122.82	0.12	2.61	$4.50	8.47%
ACETAZOLAMID CAP 500MG ER	90	5,286	47	$15,187.21	1.98	1.91	$5.68	7.51%
LUMIGAN SOL 0.01%	64	243	30	$9,168.30	0.13	2.13	$4.93	4.53%
TIMOLOL GEL SOL 0.5% OP	39	225	20	$1,787.35	0.15	1.95	$1.22	0.88%
ACETAZOLAMID TAB 125MG	32	2,468	12	$1,085.56	2.18	2.67	$0.96	0.54%
TIMOLOL MAL SOL 0.25% OP	29	215	18	$204.18	0.25	1.61	$0.23	0.10%
METHAZOLAMID TAB 50MG	21	1,874	6	$2,890.42	3.12	3.5	$4.81	1.43%
LEVOBUNOLOL SOL 0.5% OP	19	150	8	$267.67	0.29	2.38	$0.52	0.13%
METHAZOLAMID TAB 25MG	13	500	5	$193.31	1.63	2.6	$0.63	0.10%
BETOPTIC-S SUS 0.25% OP	9	95	5	$1,488.76	0.27	1.8	$4.18	0.74%
PILOCARPINE SOL 2% OP	6	90	3	$137.40	0.5	2	$0.76	0.07%
LEVOBUNOLOL SOL 0.25% OP	6	30	1	$51.06	0.42	6	$0.71	0.03%
BETIMOL SOL 0.5%	5	55	3	$609.41	0.25	1.67	$2.81	0.30%
PILOCARPINE SOL 4% OP	4	60	1	$102.48	0.5	4	$0.85	0.05%
PILOCARPINE SOL 1% OP	3	45	3	$61.42	1.25	1	$1.71	0.03%
COSOPT SOL 2-0.5%OP	3	60	1	$812.94	0.33	3	$4.52	0.40%
ZIOPTAN DRO 0.0015%	2	60	2	$209.40	1	1	$3.49	0.10%
ISTALOL SOL 0.5% OP	1	5	1	$182.72	0.17	1	$6.09	0.09%
TOTAL	**2,732**	**36,496**	**925***	**$202,168.69**	**0.44**	**2.95**	**$2.44**	**100%**

*Total unduplicated number of members.

Fiscal Year 2012 Review of Mozobil® (Plerixafor), Nplate® (Romiplostim), Arcalyst® (Rilonacept), and Ilaris® (Canakinumab)

Oklahoma Health Care Authority
June 2013

Under Oklahoma state law, the OHCA DUR Board must review and make recommendations for any drug subject to prior authorization, whether covered under the pharmacy benefit, the medical benefit, or both. Accordingly, physician administered drugs are brought through the same DUR process as those dispensed by pharmacies.

Current Prior Authorization Criteria

Mozobil® (Plerixafor, J2562) Criteria for Approval:

1. FDA approved indication of use in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma (NHL) and multiple myeloma (MM).
2. MUST have a cancer diagnosis of non-Hodgkins's lymphoma (NHL) or multiple myeloma (MM). This medication is NOT covered for the diagnosis of leukemia.
3. Prescribed by an oncologist only.
4. Patient must be at least 18 years of age.
5. Must be given in combination with the granulocyte-colony stimulating factor (G-CSF) Neupogen® (filgrastim).
6. Dosing (requires current body weight in kilograms):
    a. Recommended dose is 0.24 mg/kg, maximum dose is 40mg/day, administered 11 hours prior to apheresis for up to 4 consecutive days. (USE ACTUAL BODY WEIGHT).
    b. Dosing for renal impairment:
        i. Creatinine clearance ≤ 50 mL/min: 0.16 mg/kg, maximum of 27 mg/day.
7. Approval period will be for two months

Nplate® (Romiplostim, J2796) Criteria for Approval:

1. FDA approved indication of chronic immune (idiopathic) thrombocytopenia purpura (ITP).
2. Previous insufficient response with at least two of the following treatments: corticosteroids, immunoglobulins, or splenectomy
3. Recent platelet count of < 50 x 10^9/L
4. Initial dosing of 1 mcg/kg once weekly as a subcutaneous injection with recent patient weight in kilograms provided
5. Continuation criteria:
    a. Weekly CBCs with platelet count and peripheral blood smears until stable platelet count (≥ 50 x 109/L for at least 4 weeks without dose adjustment) has been achieved; then obtain monthly thereafter

b. Dosing adjustments:
    i. Platelets < 50 x 10^9/L, increase dose by 1 mcg/kg
    ii. Platelets > 200 x 10^9/L for 2 consecutive weeks, reduce dose by 1 mcg/kg
    iii. Platelets > 400 x 10^9/L, do not dose. Continue to assess platelet count weekly. When platelets < 200 x 10^9/L, resume at a dose reduced by 1 mcg/kg

6. Discontinuation criteria:
    a. Platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks of therapy at the maximum weekly dose of 10 mcg/kg
7. Approval period will be for four weeks initially, and then quarterly.

Arcalyst® (Rilonacept, J2793) Criteria for Approval:

1. FDA approved indication of Cryopyrin-Associated Periodic Syndromes (CAPS) verified by genetic testing. This includes Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 and older.
2. The member should not be using a tumor necrosis factor blocking agent (e.g. adalimumab, etanercept, and infliximab) or anakinra
3. Should not be initiated in patients with active or chronic infection including hepatitis B, hepatitis C, human immunodeficiency virus, or tuberculosis.
4. Dosing should not be more often than once weekly.
5. Approved dosing schedule for adults 18 and over:
    a. Initial treatment: loading dose of 320 mg delivered as two 2mL subcutaneous injections of 160 mg each given on the same day at two different injection sites.
    b. Continued treatment is one 160 mg injection given once weekly.
6. Approved dosing schedule for pediatric patients aged 12-17 years (must have patient weight in kilograms):
    a. Initial treatment: loading dose of 4.4 mg/kg, up to a maximum of 320 mg, delivered as one or two subcutaneous injections with a maximum single-injection volume of 2mL.
    b. Continued treatment is 2.2 mg/kg, up to a maximum of 160 mg, given once weekly.
7. Approval period is for one year.

Ilaris® (Canakinumab, J0638) Criteria for Approval:

1. FDA approved indication of Cryopyrin-Associated Periodic Syndromes (CAPS) verified by genetic testing. This includes Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 4 and older.
2. The member should not be using a tumor necrosis factor blocking agent (e.g. adalimumab, etanercept, and infliximab) or anakinra
3. Should not be initiated in patients with active or chronic infection including hepatitis B, hepatitis C, human immunodeficiency virus, or tuberculosis.
4. Dosing should not be more often than once every 8 weeks.
5. Approved dosing schedule based on weight:
    a. Body weight >40 kg: 150mg
    b. Body weight 15 kg – 40 kg: 2mg/kg. If inadequate response, may be increased to 3mg/kg
6. Approval period is for one year.

Utilization of Physician-Administered Drugs

Medical Claims for Fiscal Year 2012

Drug	Members	Claims	Cost	Cost/Claim	Units
Mozobil®	1	1	$2,143.60	$2,143.60	8
Nplate®	1	12	$13,386	$1,115.50	300
Totals:	**2**	**13**	**$15,529.60**	**$1,194.58**	**308**

Two Prescribers of Physician Administered Drugs by Number of Claims: FY 2012

1. Internal medicine- Hematology & Oncology
2. Pediatrics- Pediatric-Hematology-Oncology

Market News and Updates:

1. Mozobil®- FDA Label Revision 6/4/2013.
    - Contraindication in patients with history of hypersensitivity to Mozobil®
    - Warnings and Precautions: Anaphylactic shock and hypersensitivity reactions
2. Ilaris®- New FDA approved indication 05/09/2013
    - Juvenile Idiopathic Arthritis. This has been added to the coverage criteria.
    - Warning and Precaution added: Macrophage Activation Syndrome
3. Nplate®- FDA dropped monitoring requirements 12/6/2011
    - Users, prescribers, or providers of Nplate® no longer have to enroll in a monitoring network
    - Warnings and Precautions of product label updated
4. Arcalyst®- FDA decision on supplemental biologics license application 07/2012
    - FDA did not approve the supplemental application for gout flares in patients initiating uric-acid lowering therapy.
    - FDA requested more data in response letter to manufacturer.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Fiscal Year 2012 Review of Qutenza® (Capsaicin) 8% Patch

Oklahoma Health Care Authority
June 2013

Current Prior Authorization Criteria

1. FDA approved diagnosis (Postherpetic Neuralgia).
2. Provide documented treatment attempts at recommended dosing or contraindication to at least one agent from each of the following drug classes:
    a. Tricyclic antidepressants
    b. Anticonvulsants
    c. Topical lidocaine
3. Quantity limit of no more than 4 patches per treatment every 90 days.
4. Product must be administered by a healthcare provider.

Utilization of Qutenza®

There was no pharmacy or medical utilization of this product during fiscal year 2012.

Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time.

Calendar Year 2012 Review of Growth Hormone Products

Oklahoma Health Care Authority
June 2013

Prior Authorization Criteria

Tier 1	Tier 2
Nutropin® and Nutropin AQ® - vials, Pen, Cartridge	**Humatrope®** - Vials, Cartridge kits
	Genotropin® (Pfizer) - Cartridge, MiniQuick
	Norditropin® - NordiPen cartridges, NordiFlex pens, FlexPro pens
	Omnitrope® - Vials, Cartridge
	Saizen® - Vials, Cartridges for Easypod, Cool.click, Click.easy
	Serostim® - Vials
	Zorbtive® - Vials
	Tev-Tropin® - Vials

All products contain the identical 191 amino acid sequence found in pituitary-derived hGH.

Prior Authorization Criteria:

1. **Documented allergic reaction to non-active components of all available Tier 1 medications.**
2. **Clinical exception applies to members with a diagnosis of AIDS wasting syndrome, in which case Serostim can be used, regardless of its current Tier status.**

Covered indications (prior to epiphyseal closure)

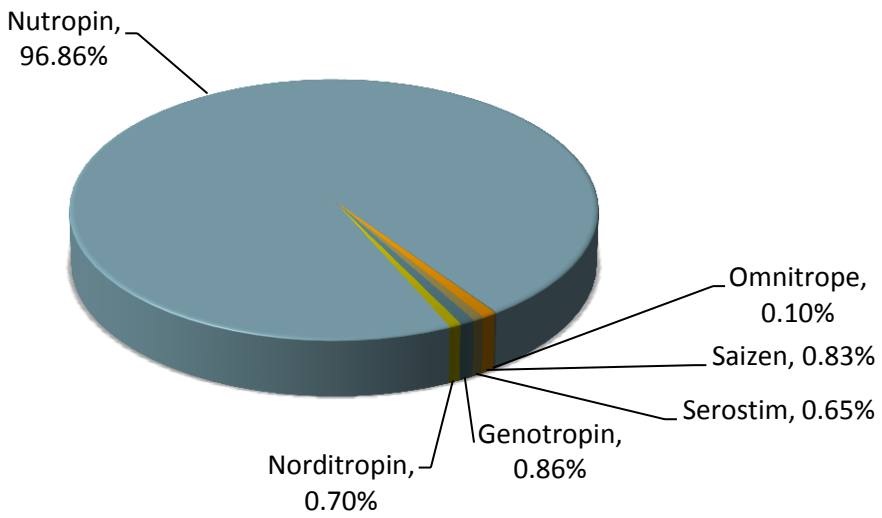
1) Classic hGH deficiency as determined by childhood hGH stimulation tests outlined below
2) Panhypopituitarism with history of pituitary or hypothalamic injury due to tumor, trauma, surgery, irradiation, hemorrhage or infarction or a congenital anomaly, and
    a. ≥ 3 pituitary hormones deficient and IGF-1 ≤ 2.5 SD below the mean.
    b. 0, 1, or 2 hormones deficient and IFG-1 < 50th percentile (midline) and failure of a growth hormone stimulation test as outlined below
3) Panhypopituitarism in children with height <2.25 SD below mean for age and MRI evidence for empty sella, pituitary stalk agenesis or ectopic posterior pituitary "bright spot"
4) Short stature associated with Prader-Willi Syndrome
5) Short stature associated with chronic renal insufficiency (pre-transplantation)
6) History of intrauterine growth restriction who have not reached a normal height (≥ 2.25 SD below mean for age/gender) by age 2 years
7) idiopathic short stature (ISS) who are ≥ 2.25 SD below mean for height and are unlikely to catch up in height.
8) Turner syndrome, Noonan Syndrome, or 45X, 46XY mosaicism
9) Hypoglycemia with evidence for hGH deficiency
10) SHOX deficiency (with genetic evidence for short stature homeobox-containing gene deficiency)
11) Other evidence for hGH deficiency submitted for panel review and decision

Trends in Utilization of Growth Hormones

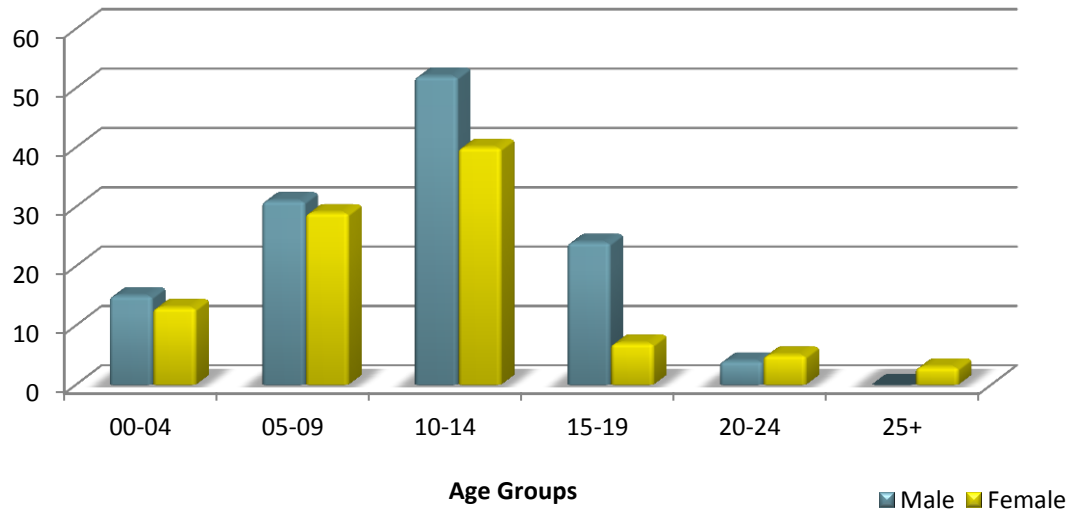
Comparison of Calendar Years (CY)

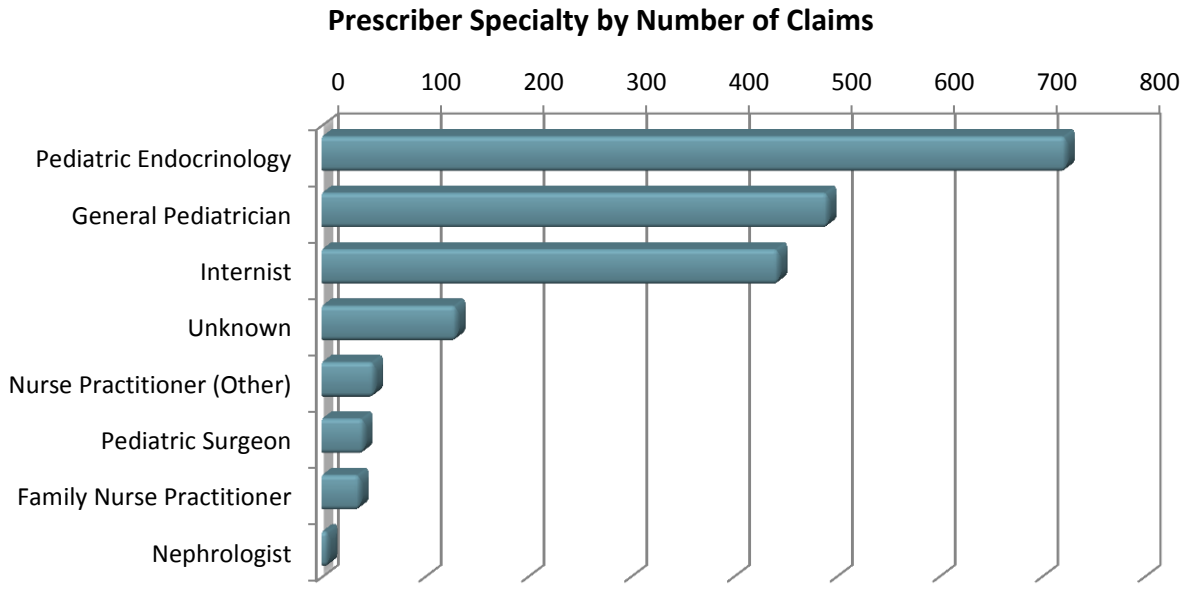
Calendar Years	Members	Claims	Cost	Cost/Claim	Per-diem	Units	Days
2011	216	1,600	$3,915,088.26	$2,446.93	$86.85	10,302	45,079
2012	226	1,672	$4,074,417.09	$2,436.85	$86.87	9,933	46,905
% Change	4.60%	4.50%	4.07%	-0.30%	-0.41%	-3.58%	4.05%
Change	10	72	$159,328.83	-$10.08	-$0.02	-369	1,826

Market Share of Growth Hormone Products



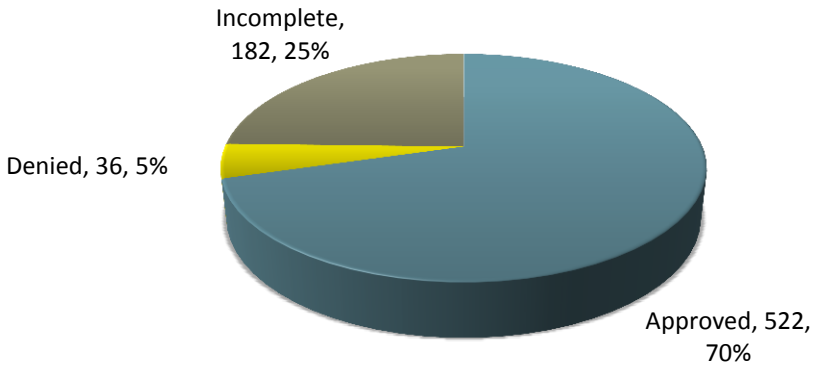
Demographics of Members Utilizing Growth Hormone during Calendar Year 2012





Prior Authorization of Growth Hormones during Calendar Year 2012

A total of 740 petitions were submitted for growth hormone.



Recommendations

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

Calendar Year 2012 Utilization Details

There was no use of Zorbtive™ or Tev-tropin®. The preferred product requirement went into effect in February, 2011.

BRAND NAME	CLAIMS	UNITS	DAYS	MEMBERS	COST	CLAIMS/ MEMBER
NUTROPIN AQ INJ 10MG/2ML	957	5,482	26,600	120	$2,163,127.62	7.98
NUTROPIN AQ INJ NUSPIN 5	378	2,238	10,519	51	$418,968.51	7.41
NUTROPIN AQ INJ 20MG/2ML	345	1,822	9,265	40	$1,424,688.70	8.63
NUTROPIN INJ 10MG	133	521	3,800	23	$413,550.90	5.78
NORDITROPIN INJ 10/1.5ML	19	45	495	3	$22,333.75	6.33
NORDITROPIN INJ 5/1.5ML	17	27	439	3	$7,183.30	5.67
OMNITROPE INJ 5/1.5ML	13	49	362	2	$4,781.12	6.5
NORDITROPIN INJ 30/3ML	12	72	252	1	$900.00	12
GENOTROPIN INJ 5MG	11	14	219	2	$5,463.75	5.5
SAIZEN INJ 8.8MG	10	60	287	1	$37,678.10	10
GENOTROPIN INJ 1.2MG	8	224	248	1	$22,257.00	8
GENOTROPIN INJ 0.4MG	7	196	196	1	$2,096.10	7
OMNITROPE INJ 10/1.5ML	5	26	150	1	$200.00	5
NORDITROPIN INJ 15/1.5ML	4	18	115	2	$1,189.12	2
SEROSTIM INJ 5MG	4	112	112	1	$29,853.92	4
GENOTROPIN INJ 1.4MG	2	56	60	1	$6,871.44	7.98
GENOTROPIN INJ 1MG	1	28	28	1	$2,455.28	7.41
Totals	**1,926**	**10,990**	**53,147**	**223***	**$4,563,598.61**	**8.63**

*Unduplicated Members