Annual Print Reviews for Fiscal Year 2014

Count	Category/Medication	Review Period
1.	Antihistamines	Calendar Year
2.	Anti-Migraine Medications	Fiscal Year
3.	Anti-Ulcer Medications	Fiscal Year
4.	Benlysta® (belimumab)	Fiscal Year
5.	Benzodiazepine Medications	Calendar Year
6.	Benign Prostatic Hyperplasia Medications	Calendar Year
7.	Colcrys® (colchicine)/Uloric® (febuxostat)	Fiscal Year
8.	Crinone® (progesterone vaginal gel)	Fiscal Year
9.	Elidel™ (pimecrolimus)/Protopic® (tacrolimus)	Fiscal Year
10.	Fibric Acid Derivatives	Fiscal Year
11.	HFA Rescue Inhalers/Xopenex® Nebulizer (levalbuterol)	Calendar Year
12.	Horizant® (gabapentin ER)/Gralise® (gabapentin ER)	Fiscal Year
13.	Juxtapid ™(lomitapide)/Kynamro® (mipomersen)	Fiscal Year
14.	Kalydeco (ivacaftor)	Fiscal Year
15.	Lamisil® Oral Granules (terbinafine)	Fiscal Year
16.	Lidoderm®(lidocaine patch)	Calendar Year
17.	Metozolv® ODT (metoclopramide orally disintegrating tablets)	Fiscal Year
18.	Miscellaneous Butalbital Products	Calendar Year
19.	Mozobil® (plerixafor)/Nplate® (romiplostim)/Acralyst® (rilonacept)	Fiscal Year
20.	Muscle Relaxant Medications	Fiscal Year
21.	Nasal Allergy Medications	Calendar Year
22.	Neupro(rotigotine)/Requip XL(ropinirole)/Mirapex ER(pramipexole)	Calendar Year
23.	Nuedexta® (dextromethorphan/quinidine)	Fiscal Year
24.	Ocular Allergy Medications	Calendar Year
25.	Ocular Antibiotics	Fiscal Year
26.	Prenatal Vitamins	Fiscal Year
27.	Qualaquin® (quinine sulfate)	Fiscal Year
28.	Qutenza® (capsaicin 8% patch)	Fiscal Year
29.	Rayos® (Prednisone Delayed-Release)	Fiscal Year
30.	Ribavirin Unique Dosage Formulation Products	Fiscal Year
31.	Seizure Medications	Fiscal Year
32.	Smoking Cessation	Fiscal Year
33.	Symlin® (pramlintide)	Fiscal Year
34.	Topical Antibiotics	Fiscal Year
35.	Vitamin D	Fiscal Year
36.	Retisert ® (fluocinolone intravitreal implant)	Fiscal Year

Fiscal Year = July 1, 2013 – June 30, 2014
Calendar Year = January 1, 2014 – December 31, 2014

Annual Review of Antihistamines

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Antihistamines		
Tier-1+	**Tier-2**	**Tier-3**
OTC cetirizine (Zyrtec®)	levocetirizine (Xyzal®)*	clemastine
OTC loratadine (Claritin®)		desloratadine (Clarinex®)

+For members 21 years and older, prior authorization is necessary for Tier-1 products, but no previous trials are required.
*Xyzal® tablets are not covered for members under age six.
*Xyzal® solution is available for children six months old to six years old.

Antihistamines Tier-2 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 products within the last 30 days.
3. All approvals will be for the duration of one year.

Antihistamines Tier-3 Approval Criteria:

1. A diagnosis for a chronic allergic condition or asthma; and
2. A fourteen day trial of all Tier-1 and Tier-2 products within the last 60 days.
3. All approvals will be for the duration of one year.

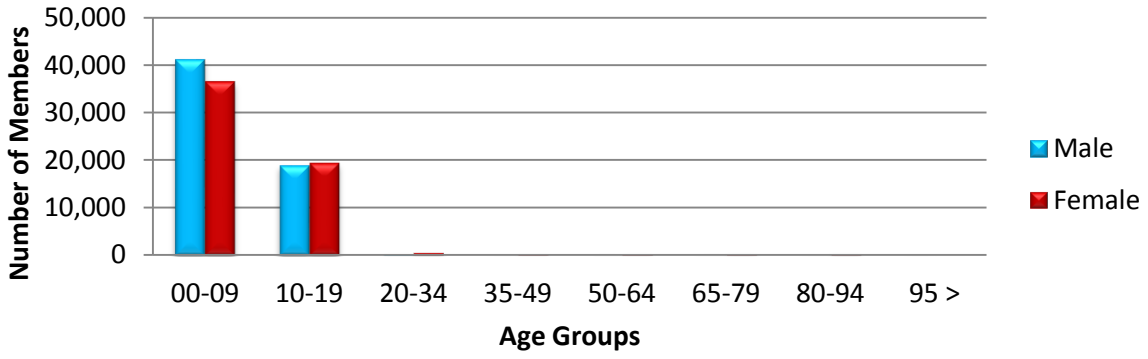
Utilization of Antihistamines

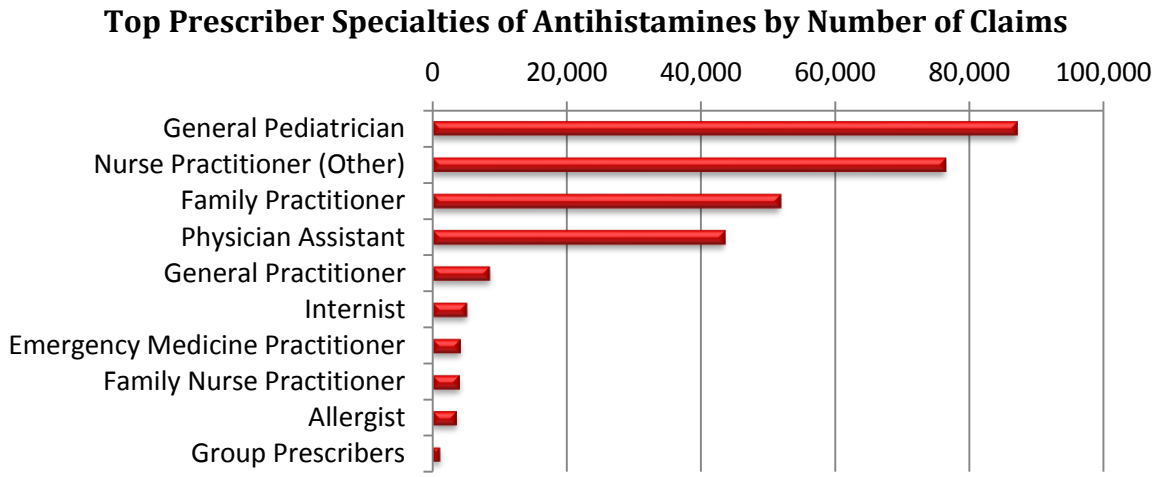
Comparison of Calendar Years

Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	115,618	275,436	$2,608,758.48	$9.47	$0.31	23,548,201	8,343,161
2014	118,637	292,859	$2,408,822.91	$8.23	$0.27	25,308,076	8,929,521
% Change	**2.60%**	**6.30%**	**-7.70%**	**-13.10%**	**-12.90%**	**7.50%**	**7.00%**
Change	**3,019**	**17,423**	**-$199,935.57**	**-$1.24**	**-$0.04**	**1,759,875**	**586,360**

*Total number of unduplicated members.

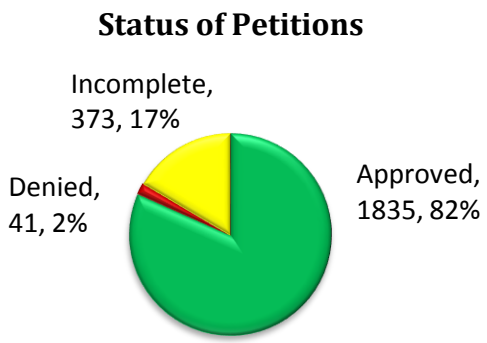
Demographics of Members Utilizing Antihistamines





Prior Authorization of Antihistamines

There were 2,249 petitions submitted for the antihistamines category during calendar year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[1]

Anticipated Patent Expirations:

- Clarinex® (desloratadine syrup): June 2015

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[1] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/9/15. Last accessed 1/12/15.

Utilization Details of Antihistamines: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TIER-1 PRODUCTS						
CETIRIZINE SYP 1MG/ML	125,724	64,796	$1,106,032.05	$0.31	$8.80	45.92%
CETIRIZINE TAB 5MG	5,225	2,262	$43,246.11	$0.26	$8.28	1.80%
CETIRIZINE TAB 10MG	79,977	30,492	$522,132.00	$0.20	$6.53	21.67%
LORATADINE SOL 5MG/5ML	34,198	18,828	$376,858.43	$0.40	$11.02	15.64%
LORATADINE TAB 10MG	45,275	17,952	$311,992.01	$0.20	$6.89	12.95%
LORATADINE TAB 10MG ODT	1,622	665	$20,665.53	$0.40	$12.74	0.85%
SUBTOTAL	**292,021**	**134,995**	**$2,380,926.13**	**$0.27**	**$8.15**	**98.83%**
TIER-2 PRODUCTS						
LEVOCETIRIZI SOL 2.5/5ML	280	66	$15,082.52	$1.84	$53.87	0.63%
LEVOCETIRIZI TAB 5MG	456	90	$5,449.56	$0.35	$11.95	0.23%
SUBTOTAL	**736**	**156**	**$20,532.08**	**$0.87**	**$27.90**	**0.86%**
TIER-3 PRODUCTS						
CLEMASTINE SYP 0.5/5ML	11	2	$169.91	$0.58	$15.45	0.01%
CLARINEX SYP 0.5MG/ML	32	6	$4,001.08	$4.18	$125.03	0.17%
DESLORATADINE TAB 5MG	48	6	$1,477.71	$1.01	$30.79	0.06%
DESLORATADINE TAB 2.5 ODT	11	1	$1,716.00	$5.20	$156.00	0.07%
SUBTOTAL	**102**	**15**	**$7,364.70**	**$2.42**	**$72.20**	**0.31%**
TOTAL	**292,859**	**118,637***	**$2,408,822.91**	**$0.27**	**$8.23**	**100%**

*Total number of unduplicated members.

Annual Review of Anti-Migraine Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Anti-Migraine Medications		
Tier-1	**Tier-2**	**Tier-3**
sumatriptan (Imitrex®)	naratriptan (Amerge®)	almotriptan (Axert®)
rizatriptan (Maxalt®)	zolmitriptan (Zomig®)	eletriptan (Relpax®)
		frovatriptan (Frova®)
		sumatriptan/naproxen (Treximet®)
		sumatriptan (Sumavel DosePro®)
		sumatriptan nasal spray (Imitrex®)
		zolmitriptan nasal spray (Zomig®)
		sumatriptan (Zecuity® TDS)
		sumatriptan injection (Imitrex®)

Triptan Anti-Migraine Medications Tier-2 Approval Criteria:

1. An FDA approved diagnosis; and
2. Trials of all available Tier-1 medications with inadequate response; or
3. Documented adverse effect to all available Tier-1 medications; or
4. Previous success with a Tier-2 product within the last 60 days.

Triptan Anti-Migraine Medications Tier-3 Approval Criteria:

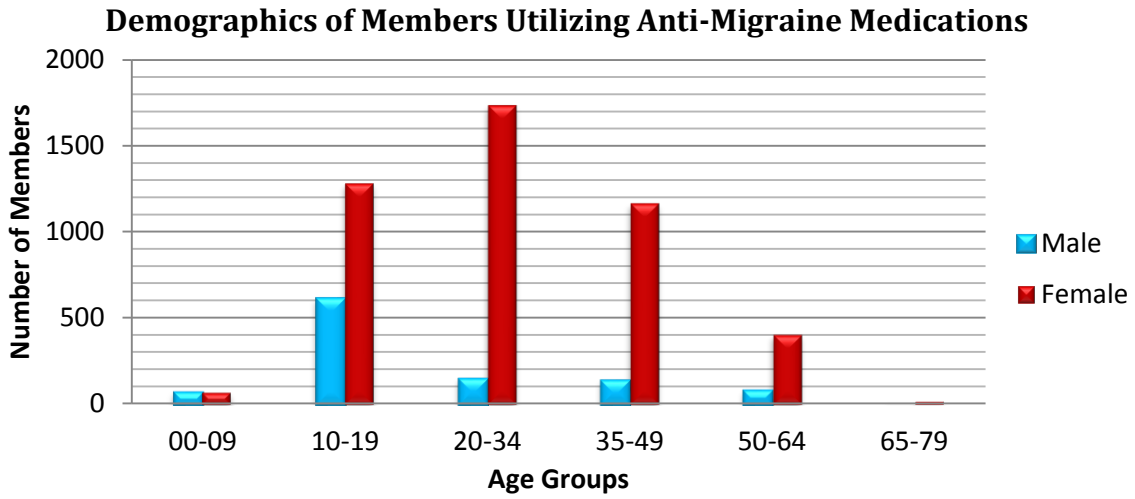
1. Trials of all available Tier-1 and Tier-2 products with inadequate response; or
2. Documented adverse effect to all available Tier-1 and Tier-2 medications; or
3. Previous success with a Tier-3 product within the last 60 days
4. Use of any non-oral formulation will require a patient-specific, clinically significant reason why the member cannot use the oral tablet formulation
5. Additionally, Zecuity® requires a patient-specific, clinically significant reason why the member cannot use all available generic formulations of sumatriptan (tablets, nasal spray, and injection)

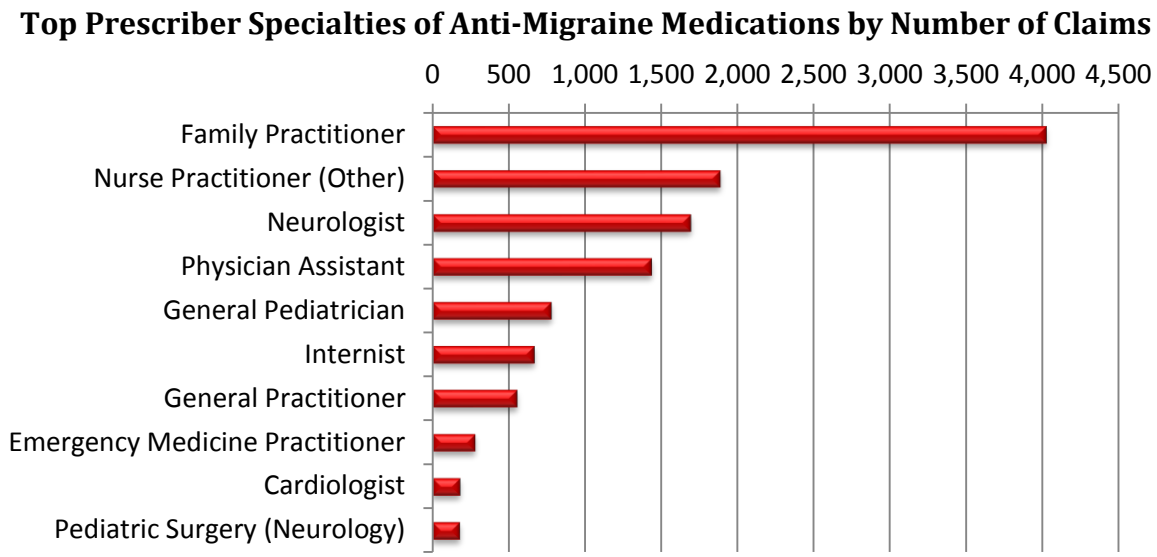
Utilization of Anti-Migraine Medications

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	5,561	11,726	$540,0991.82	$46.14	$2.85	117,498	189,859
2014	5,720	12,269	$463,158.12	$37.75	$2.32	123,417	199,377
% Change	**2.90%**	**4.60%**	**-14.40%**	**-18.20%**	**-18.60%**	**5.00%**	**5.00%**
Change	**159**	**543**	**-$77,833.70**	**-$8.39**	**-$0.53**	**5,919**	**9,518**

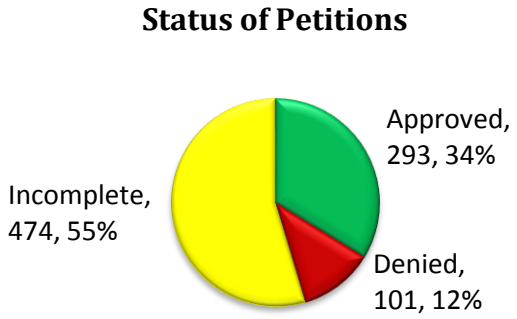
*Total number of unduplicated members.





Prior Authorization of Anti-Migraine Medications

There were 868 petitions submitted for the Anti-Migraine Medication category during fiscal year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[2]

Anticipated Patent Expirations:

- Axert® (almotriptan): November 2015
- Frova® (frovatriptan): November 2015
- Relpax® (eletriptan): August 2017
- Zomig® (zolmitriptan nasal spray): May 2021
- Treximet® (sumatriptan/naproxen): October 2025
- Sumavel® (sumatriptan jet-injector): November 2026
- Zecuity® (sumatriptan-transdermal system): April 2029

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Anti-Migraine Medications: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
SUMATRIPTAN PRODUCTS						
SUMATRIPTAN TAB 50MG	4,136	2,235	$68,017.39	$1.05	$16.45	14.69%
SUMATRIPTAN TAB 100MG	4,055	1,887	$65,347.07	$1.04	$16.12	14.11%
SUMATRIPTAN TAB 25MG	2,404	1,368	$29,876.77	$0.77	$12.43	6.45%
SUBTOTAL	**10,595**	**5,258**	**$163,241.23**	**$0.98**	**$15.41**	**35.25%**
RIZATRIPTAN PRODUCTS						
RIZATRIPTAN TAB 10MG	114	42	$5,198.58	$1.85	$45.60	1.12%
RIZATRIPTAN TAB 10MG ODT	101	34	$7,892.24	$2.93	$78.14	1.70%
RIZATRIPTAN TAB 5MG	36	13	$1,744.62	$2.01	$48.46	0.38%
RIZATRIPTAN TAB 5MG ODT	29	14	$1,209.36	$1.66	$41.70	0.26%
MAXALT-MLT TAB 10MG	13	7	$859.97	$2.69	$66.15	0.19%
MAXALT-MLT TAB 5MG	5	3	$463.76	$3.09	$92.75	0.10%
MAXALT TAB 10MG	1	1	$3.00	$0.20	$3.00	0.00%
MAXALT TAB 5MG	1	1	$306.37	$12.25	$306.37	0.07%
SUBTOTAL	**300**	**103**	**$17,677.90**	**$2.33**	**$58.93**	**3.82%**
TIER-1 SUBTOTAL	**10,895**	**5,345**	**$180,919.13**	**$1.04**	**$16.61**	**39.07%**
NARATRIPTAN PRODUCTS						
NARATRIPTAN TAB 2.5MG	351	162	$16,756.34	$2.82	$47.74	3.62%
NARATRIPTAN TAB 1MG	69	40	$3,519.26	$2.85	$51.00	0.76%
SUBTOTAL	**420**	**199**	**$20,275.60**	**$2.83**	**$48.28**	**4.38%**
ZOLMITRIPTAN PRODUCTS						
ZOLMITRIPTAN TAB 5MG	31	8	$1,603.77	$2.63	$51.73	0.35%
ZOLMITRIPTAN TAB 2.5MG	5	3	$467.24	$4.58	$93.45	0.10%
ZOLMITRIPTAN TAB 5MG	3	2	$144.85	$4.39	$48.28	0.03%
SUBTOTAL	**39**	**12**	**$2,215.86**	**$2.97**	**$56.81**	**0.48%**
TIER-2 SUBTOTAL	**459**	**207**	**$22,491.46**	**$2.84**	**$49.01**	**4.86%**

[2] [2] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
SUMATRIPTAN PRODUCTS						
SUMATRIPTAN SPR 20MG/ACT	223	98	$57,397.56	$12.07	$257.39	12.39%
SUMATRIPTAN SPR 5MG/ACT	223	128	$51,291.67	$12.46	$230.01	11.07%
SUMATRIPTAN INJ 6MG/0.5	178	73	$63,872.16	$23.30	$358.83	13.79%
SUMATRIPTAN INJ 6MG/0.5	37	17	$8,077.02	$8.04	$218.30	1.74%
SUMATRIPTAN INJ 6MG/0.5	29	10	$9,169.66	$17.70	$316.20	1.98%
SUMATRIPTAN INJ 4MG/0.5	7	6	$1,643.60	$21.91	$234.80	0.35%
SUMAVEL DOSE INJ 6MG/0.5	4	3	$2,783.81	$23.20	$695.95	0.60%
SUMATRIPTAN INJ 4MG/0.5	3	2	$1,143.63	$15.45	$381.21	0.25%
IMITREX SPR 20MG/ACT	2	1	$558.82	$9.31	$279.41	0.12%
SUMATRIPTAN INJ 6MG/0.5	1	1	$296.20	$22.78	$296.20	0.06%
SUBTOTAL	**707**	**316**	**$196,234.13**	**$14.56**	**$277.56**	**42.35%**
ELETRIPTAN PRODUCTS						
RELPAX TAB 40MG	88	20	$27,981.62	$24.61	$317.97	6.04%
RELPAX TAB 20MG	17	5	$5,454.73	$17.94	$320.87	1.18%
SUBTOTAL	**105**	**24**	**$33,436.35**	**$23.20**	**$318.44**	**7.22%**
FROVATRIPTAN PRODUCTS						
FROVA TAB 2.5MG	30	5	$9,864.72	$17.62	$328.82	2.13%
SUBTOTAL	**30**	**5**	**$9,864.72**	**$17.62**	**$328.82**	**2.13%**
SUMATRIPTAN-NAPROXEN PRODUCTS						
TREXIMET TAB 85-500MG	26	4	$6,494.88	$8.33	$249.80	1.40%
SUBTOTAL	**26**	**4**	**$6,494.88**	**$8.33**	**$249.80**	**1.40%**
ALMOTRIPTAN PRODUCTS						
AXERT TAB 12.5MG	18	6	$5,387.41	$38.21	$299.30	1.16%
AXERT TAB 6.25MG	12	4	$3,745.99	$17.10	$312.17	0.81%
SUBTOTAL	**30**	**10**	**$9,133.40**	**$25.37**	**$304.45**	**1.97%**
ZOLMITRIPTAN PRODUCTS						
ZOMIG NASAL SPR 5MG	17	9	$4,584.05	$10.37	$269.65	0.99%
SUBTOTAL	17	9	$4,584.05	$10.37	$269.65	0.99%
TIER-3 SUBTOTAL	**915**	**367**	**$259,747.53**	**$15.23**	**$283.88**	**56.06%**
TOTAL	**12,269**	**5,720**	**$463,158.1**	**$2.32**	**$37.75**	**100.00%**

*Total number of unduplicated members.

Annual Review of Anti-Ulcer Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Anti-Ulcer Medications		
Tier-1	**Tier-2**	**Tier-3**
omeprazole (Prilosec®)	dexlansoprazole (Dexilant®)	omeprazole (Prilosec® Powder)
pantoprazole (Protonix®)	lansoprazole (Prevacid® and ODT)	esomeprazole (Nexium®)
	rabeprazole (Aciphex®)	pantoprazole (Protonix® suspension, IV)
		esomeprazole strontium
		rabeprazole (Aciphex® sprinkles)

*Tier structure based on supplemental rebate participation.

Anti-Ulcer Medications Tier-2 Approval Criteria:

4. 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; or
5. A contraindication to all available Tier-1 medications; or
6. An indication not covered by lower tiered medications.

Anti-Ulcer Medications Tier-3 Approval Criteria:

1. A 14-day trial of all available Tier-1 and Tier-2 medications that has resulted in inadequate relief of symptoms or intolerable adverse effects; or
2. A contraindication to all available Tier-1 and Tier-2 medications; or
3. An indication not covered by lower tiered medications.
4. Special Formulations including ODTs, Sprinkle Capsules, Granules, Suspension and Solution for I.V. require special reason for use.

Proton-Pump Inhibitors for Pediatric Members Approval Criteria:

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

Anti-Ulcer Medications Special Prior Authorization Approval Criteria:

1. Authorization of ranitidine (Zantac® Effervescent Tablets) requires a patient-specific, clinically significant reason why the member cannot use other dosage formulations.
2. Pepcid® Suspension (famotidine) is reserved for members less than 1 month of age when no other anti-ulcer medications are indicated.
3. Authorization of omeprazole/sodium bicarbonate combination products requires a patient-specific, clinically significant reason for use in place of the individual components.

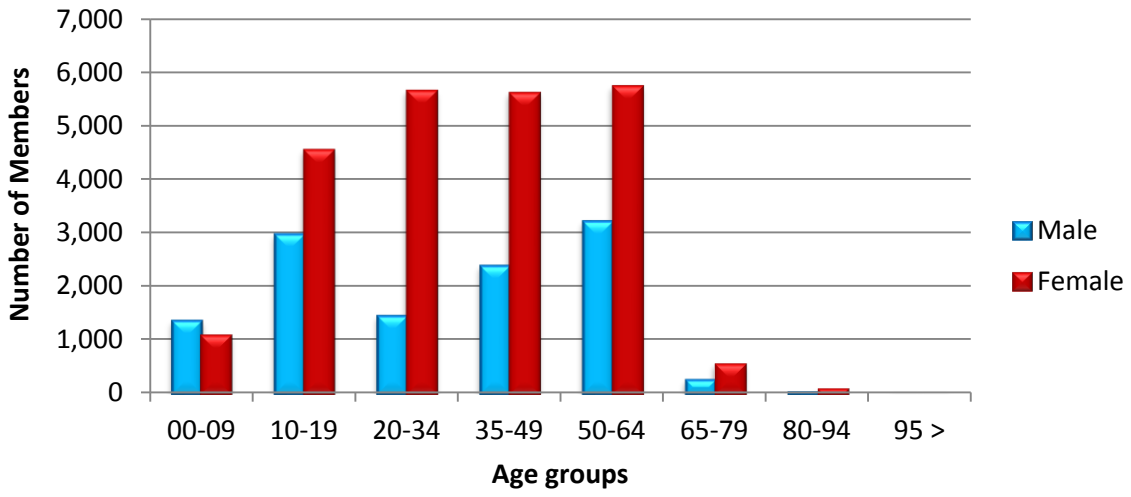
Utilization of Anti-Ulcer Medications

Comparison of Fiscal Years

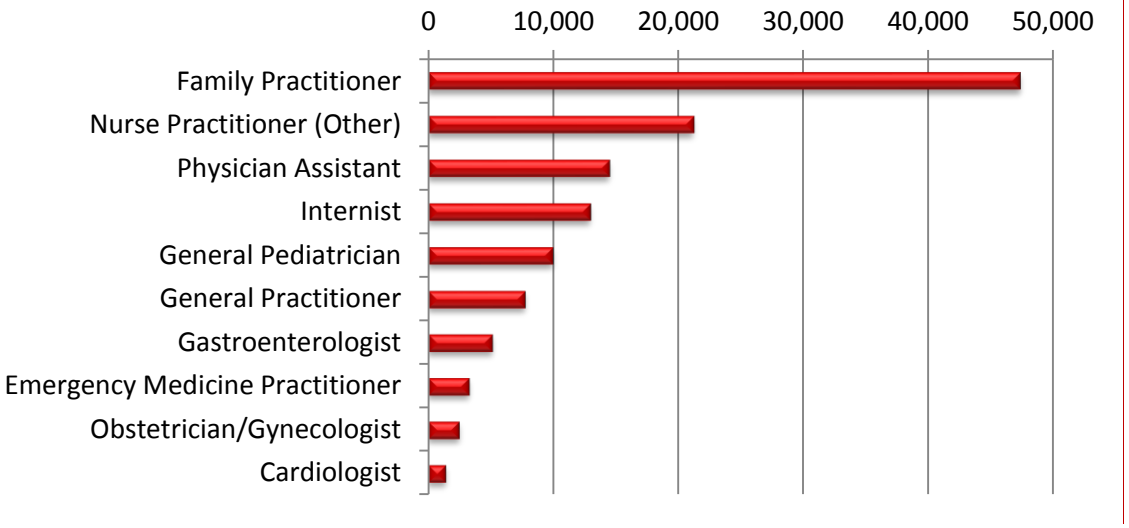
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	34,329	134,785	$2,975,082.89	$22.07	$0.68	5,372,248	4,381,879
2014	34,889	134,688	$2,627,803.01	$19.51	$0.60	5,351,775	4,381,904
% Change	1.60%	-0.10%	-11.70%	-11.60%	-11.80%	-0.40%	0.001%
Change	560	-97	-$347,279.88	-$2.56	-$0.08	-20,473	25

*Total number of unduplicated members.

Demographics of Members Utilizing Anti-Ulcer Medications



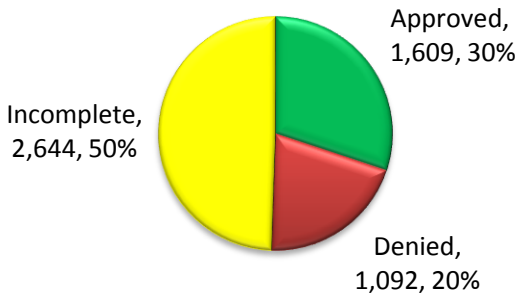
Top Prescriber Specialties of Anti-Ulcer Medications by Number of Claims



Prior Authorization of Anti-Ulcer Medications

There were 5,345 petitions submitted for the anti-ulcer medication category during calendar year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[3]

Anticipated Patent Expirations:

- Dexilant® (dexlansoprazole): January 2028
- Aciphex® Sprinkle (rabeprazole): September 2016

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Anti-Ulcer Medications: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
TIER-1 PRODUCTS					
OMEPRAZOLE CAP 20MG	66,573	20,596	$600,893.51	$0.26	$9.03
OMEPRAZOLE CAP 40MG	30,180	8,487	$317,003.40	$0.35	$10.50
PANTOPRAZOLE TAB 40MG	20,860	5,932	$169,142.43	$0.27	$8.11
OMEPRAZOLE CAP 10MG	2,581	1,040	$37,927.42	$0.49	$14.69
PANTOPRAZOLE TAB 20MG	2,302	817	$19,355.20	$0.28	$8.41
PROTONIX TAB 40MG	143	57	$1,488.36	$0.35	$10.41
TIER-1 SUBTOTAL	**122,639**	**33,662**	**$1,145,810.32**	**$0.28**	**$9.34**
TIER-2 PRODUCTS					
LANSOPRAZOLE CAP 30MG DR	4,855	715	$134,797.24	$0.93	$27.76
DEXILANT CAP 60MG DR	2,584	434	$449,740.08	$5.82	$174.05
PREVACID TAB 15MG STB	773	183	$195,578.21	$8.19	$253.01
LANSOPRAZOLE CAP 15MG DR	619	122	$21,503.03	$1.16	$34.74
PREVACID TAB 30MG STB	477	81	$111,389.32	$7.96	$233.52
DEXILANT CAP 30MG DR	413	81	$73,708.23	$6.03	$178.47

[3] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/9/15. Last accessed 1/12/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
RABEPRAZOLE TAB 20MG	218	62	$6,430.98	$0.99	$29.50
ACIPHEX TAB 20MG	127	30	$42,500.29	$11.15	$334.65
LANSOPRAZOLE TAB 30MG ODT	2	1	$217.48	$3.82	$108.74
LANSOPRAZOLE TAB 15MG ODT	1	1	$78.82	$5.25	$78.82
TIER-2 SUBTOTAL	**10,069**	**1,562**	**$1,035,943.68**	**$3.45**	**$102.88**
TIER-3 PRODUCTS					
NEXIUM CAP 40MG	1,414	169	$359,086.33	$8.36	$253.95
PROTONIX INJ 40MG	127	8	$1,590.54	$7.76	$12.52
PRILOSEC POW 10MG	75	22	$12,460.41	$6.37	$166.14
PRILOSEC POW 2.5MG	55	22	$14,892.71	$9.03	$270.78
NEXIUM GRA 10MG DR	48	16	$12,881.62	$8.95	$268.37
PROTONIX PAK	46	6	$9,880.72	$7.16	$214.80
NEXIUM CAP 20MG	43	12	$10,691.84	$8.29	$248.65
NEXIUM GRA 20MG DR	32	5	$7,930.54	$8.26	$247.83
NEXIUM GRA 5MG DR	16	8	$3,993.57	$8.32	$249.60
NEXIUM GRA 2.5MG DR	15	9	$3,767.85	$8.37	$251.19
NEXIUM GRA 40MG DR	7	2	$1,045.70	$4.98	$149.39
ESOMEPRAZOLE CAP 49.3MG	1	1	$63.88	$2.13	$63.88
TIER-3 SUBTOTAL	**1,879**	**272**	**$438,285.71**	**$8.27**	**$233.25**
TOTAL	**134,688**	**34,889***	**$2,627,803.01**	**$0.60**	**$19.51**

*Total number of unduplicated members.

Annual Review of Benlysta® (Belimumab)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Benlysta® (Belimumab) Approval Criteria:

1. An FDA approved diagnosis of active, autoantibody-positive, systemic lupus erythematosus, already receiving standard therapy; and
2. Member must be 18 years or older; and
3. Member must have a documented inadequate response to at least two of the following medications:
    a. High-dose oral corticosteroids
    b. Methotrexate
    c. Azathioprine
    d. Mycophenolate
    e. Cyclophosphamide; and
4. Member must not have severe active lupus nephritis or severe active central nervous system lupus; and
5. Combination use with biologic therapies or intravenous cyclophosphamide will not be approved.

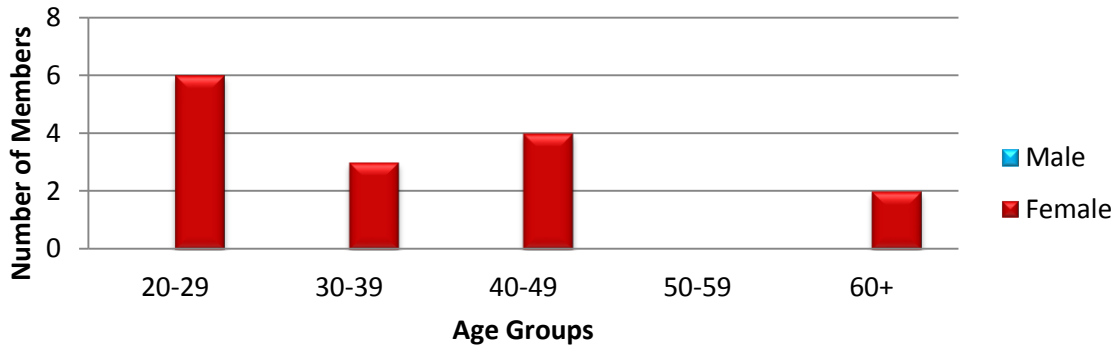
Utilization of Benlysta® (Belimumab)

Comparison of Fiscal Years

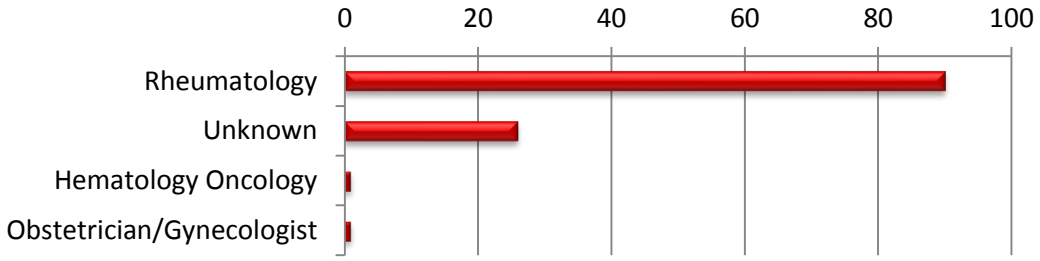
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Total Units
2013	13	78	$246,979.43	$3,166.40	7,294
2014	15	118	$330,651.89	$2,805.13	9,097
% Change	**15.4%**	**51.3%**	**33.9%**	**-11.4%**	**24.7%**
Change	**2**	**40**	**$83,672.46**	**-$361.27**	**1,803**

*Total number of unduplicated members.

Demographics of Members Utilizing Benlysta®



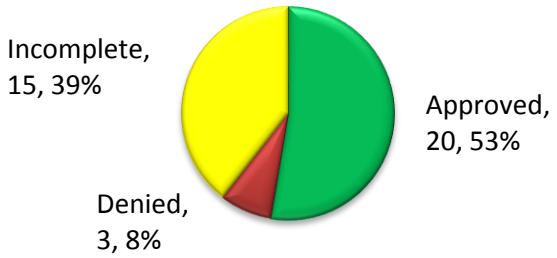
Top Prescriber Specialties of Benlysta® by Number of Claims



Prior Authorization of Benlysta® (Belimumab)

There were 38 petitions submitted for Benlysta® (belimumab) during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[4]

FDA Update:

- April 2014: Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents, including belimumab. Use with caution in patients with chronic infections. Consider interrupting therapy with belimumab if patients develop a new infection during treatment with belimumab.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[4] Benlysta® Prescribing Information. Available online at: http://gsksource.com/gskprm/en/US/adirect/gskprm?cmd=ProductDetailPage&product_id=1300455676143&featureKey=602591?cc=o1113c00136:e1:d1:w1:p20&pid=1734#nlmhighlights. Last revised 04/2014. Last accessed 12/16/14.

Annual Review of Benzodiazepine Medications

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Benzodiazepine Approval Criteria for Members 19 Years of Age & Older:

1. Currently there are no prior authorizations required however quantity limits are set at maximum of three units per day for most products.
2. Approval for dosing greater than three times daily requires a chronic physical diagnosis; for these diagnoses the maximum allowed dosing would be four times daily.
3. A member may receive more than three units per day if the following criteria exist:
    a. The number of units per day is greater than three, but less than the maximum daily dose for the product (or for a total daily dosing of three times daily).
    b. The member has a chronic diagnosis and a clinical reason for excessive units has been provided.

Benzodiazepine Approval Criteria for Members Under 19 Years of Age:

1. Member must have a chronic behavioral health related diagnosis or a chronic physical diagnosis
2. Approval Criteria for a Chronic Behavior Health Related Diagnosis:
    a. No concurrent stimulant ADHD medications; and
    b. No contraindicated conditions; and
    c. A maximum dosing of three times daily will apply.
3. Approval Criteria for a Chronic Physical Diagnosis:
    a. A maximum dosing of three times daily will apply if a hypnotic medication is being used concurrently;
    b. A maximum dosing of four times daily will apply if no hypnotic medication is being used concurrently.
4. Exceptions can be granted for administration prior to procedures.
5. Members 12 or younger will have the same criteria and the prescription must be originally written by a psychiatrist or neurologist.

Niravam™ (Alprazolam Orally Disintegrating Tablets) Approval Criteria:

1. An FDA approved diagnosis; and
2. A diagnosis indicating that the member has a condition that prevents him/her from swallowing tablets; and
3. The physician's signature is required for approval.
4. Dosing regimens that involve splitting of tablets will not be covered.

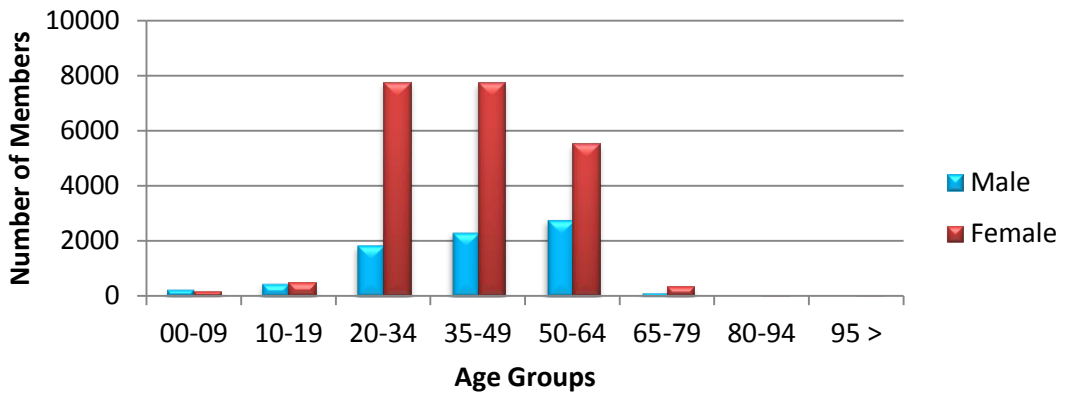
Utilization of Benzodiazepine Medications

Comparison of Calendar Years

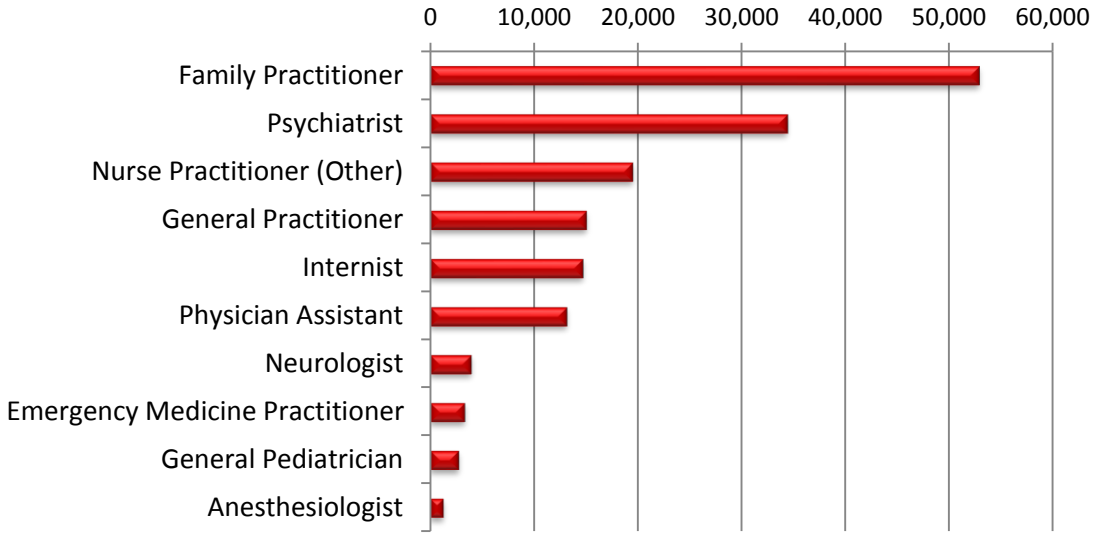
Calendar Year	*Total Members	Total Claims	Total Cost	Cost per Claim	Per-Diem Cost	Total Units	Total Days
2013	30,941	170,559	$1,447,017.07	$8.48	$0.31	10,703,850	4,711,624
2014	29,811	171,434	$1,259,938.34	$7.35	$0.26	10,799,599	4,766,332
% Change	**-3.70%**	**0.50%**	**-12.90%**	**-13.30%**	**-16.10%**	**0.90%**	**1.20%**
Change	**-1,130**	**875**	**-$187,078.73**	**-$1.13**	**-$0.05**	**95,749**	**54,708**

*Total number of unduplicated members

Demographics of Members Utilizing Benzodiazepine Medications

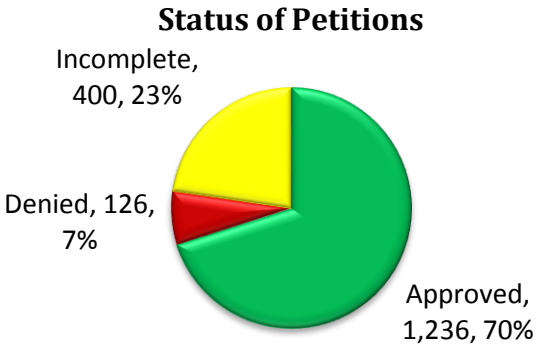


Top Prescriber Specialties of Benzodiazepine Medications by Number of Claims



Prior Authorization of Benzodiazepines

There were a total of 2,422 petitions submitted for benzodiazepines during fiscal year 2013. The following chart shows the status of the submitted petitions.



Market News and Updates

- Beginning January 1, 2013, SoonerCare ceased payment for benzodiazepine therapy for dual eligible members. Benzodiazepine therapy for dual eligible members is covered by the member's Medicare prescription drug plan and subject to the individual plan's criteria.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Benzodiazepine Medications: Calendar Year 2014

Product Utilized	Claims	Members	Cost	Units/ Day	Cost/ Claim
ALPRAZOLAM PRODUCTS					
ALPRAZOLAM TAB 1MG	39,688	6,802	$307,131.82	2.56	$7.74
ALPRAZOLAM TAB 2MG	18,127	2,752	$148,234.41	1.99	$8.18
ALPRAZOLAM TAB 0.5MG	17,253	4,455	$105,542.51	2.32	$6.12
ALPRAZOLAM TAB 0.25MG	4,235	1,538	$23,090.64	2.25	$5.45
ALPRAZOLAM TAB 1MG ER	148	53	$1,861.72	1	$12.58
ALPRAZOLAM TAB 2MG ER	143	50	$2,372.84	1.21	$16.59
ALPRAZOLAM TAB 3MG ER	124	30	$2,900.12	1.07	$23.39
ALPRAZOLAM TAB 0.5MG ER	56	28	$511.31	1	$9.13
ALPRAZOLAM TAB 3MG XR	19	7	$429.80	1	$22.62
ALPRAZOLAM TAB 2MG XR	17	10	$315.00	1.2	$18.53
ALPRAZOLAM TAB 1MG XR	11	7	$131.08	1	$11.92
ALPRAZOLAM CON 1 MG/ML	9	2	$729.88	1	$81.10
ALPRAZOLAM TAB 0.5MG XR	5	4	$40.42	1	$8.08
ALPRAZOLAM TAB 0.25 ODT	1	1	$9.66	2	$9.66
ALPRAZOLAM TAB 1MG ODT	1	1	$59.17	1.88	$59.17
Subtotal	**79,837**	**13,228**	**$593,360.38**	**2.35**	**$7.43**
CLONAZEPAM PRODUCTS					
CLONAZEPAM TAB 1MG	23,772	5,067	$155,261.62	2.17	$6.53
CLONAZEPAM TAB 0.5MG	15,783	4,495	$86,137.75	2.03	$5.46
CLONAZEPAM TAB 2MG	6,534	1,275	$44,708.12	1.95	$6.84
CLONAZEP ODT TAB 0.25MG	646	213	$34,379.62	2.11	$53.22
CLONAZEP ODT TAB 0.5MG	388	112	$17,394.83	2.48	$44.83
CLONAZEP ODT TAB 0.125MG	208	90	$12,476.99	2.51	$59.99
CLONAZEP ODT TAB 1MG	164	55	$5,860.21	1.78	$35.73
CLONAZEP ODT TAB 2MG	82	27	$2,220.95	1.38	$27.08
KLONOPIN TAB 0.5MG	10	2	$1,600.60	2.68	$160.06
KLONOPIN TAB 1MG	9	1	$1,909.46	3	$212.16
KLONOPIN TAB 2MG	8	1	$1,611.32	2	$201.42
Subtotal	**47,604**	**9,706**	**$363,561.47**	**2.1**	$7.64
DIAZEPAM PRODUCTS					
DIAZEPAM TAB 10MG	13,596	3,037	$93,211.96	2.31	$6.86
DIAZEPAM TAB 5MG	10,234	3,134	$51,851.93	2.16	$5.07
DIAZEPAM TAB 2MG	1,318	447	$5,966.75	2.31	$4.53
DIAZEPAM SOL 1MG/ML	303	72	$7,040.09	8.84	$23.23
DIAZEPAM INJ 5MG/ML	26	8	$1,553.54	1.47	$59.75
DIAZEPAM CON 5MG/ML	17	5	$1,073.09	2.47	$63.12
DIAZEPAM SOL 5MG/5ML	7	2	$1,811.28	11.54	$258.75
Subtotal	**25,501**	**6,119**	**$162,508.64**	**2.32**	**$6.37**
LORAZEPAM PRODUCTS					
LORAZEPAM TAB 1MG	8,476	2,577	$48,466.84	2.29	$5.72
LORAZEPAM TAB 0.5MG	5,281	1,792	$28,421.53	2.14	$5.38

Product Utilized	Claims	Members	Cost	Units/ Day	Cost/ Claim
LORAZEPAM TAB 2MG	2,640	642	$19,575.48	2.31	$7.41
LORAZEPAM CON 2MG/ML	121	53	$4,939.68	1.36	$40.82
LORAZEPAM INJ 2MG/ML	121	61	$916.42	1.42	$7.57
ATIVAN TAB 1MG	9	1	$8,997.63	3	$999.74
Subtotal	**16,648**	**4,596**	**$111,317.58**	**2.24**	**$6.69**
CLORAZEPATE PRODUCTS					
CLORAZ DIPOT TAB 7.5MG	425	99	$7,095.00	2.4	$16.69
CLORAZ DIPOT TAB 3.75MG	353	54	$4,959.21	2.46	$14.05
CLORAZ DIPOT TAB 15MG	197	43	$3,232.67	2.84	$16.41
Subtotal	**975**	**181**	**$15,286.88**	**2.51**	**$15.68**
CHLORDIAZEPOXIDE					
CHLORDIAZEP CAP 25MG	413	208	$2,559.06	2.42	$6.20
CHLORDIAZEP CAP 10MG	221	86	$1,395.47	2.4	$6.31
CHLORDIAZEP CAP 5MG	82	37	$681.35	2.22	$8.31
Subtotal	**716**	**316**	**$4,635.88**	**2.38**	**$6.47**
OXAZEPAM PRODUCTS					
OXAZEPAM CAP 15MG	71	21	$4,819.82	2.14	$67.88
OXAZEPAM CAP 30MG	47	12	$3,435.70	2.11	$73.10
OXAZEPAM CAP 10MG	35	11	$1,011.99	1.62	$28.91
Subtotal	**153**	**37**	**$9,267.51**	**2.02**	**$60.57**
Total	**171,434**	**29,811***	**$1,259,938.34**	**2.27**	**$7.35**

*Total number of unduplicated members.

Annual Review of Benign Prostatic Hyperplasia Medications

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Benign Prostatic Hyperplasia (BPH) Medications		
Tier-1	**Tier-2**	**Tier-3**
alfuzosin (Uroxatral®)	doxazosin ER (Cardura XL®)	tadalafil 5mg (Cialis®)
doxazosin (Cardura®)	dutasteride (Avodart®)	
finasteride (Proscar®)	dutasteride/tamsulosin (Jalyn®)	
tamsulosin (Flomax®)	silodosin (Rapaflo®)	
terazosin (Hytrin®)		

Benign Prostatic Hyperplasia Medications Tier-2 Approval Criteria:

5. An FDA approved diagnosis; and
6. A four-week trial of two Tier-1 medications from different pharmacological classes within the past 90 days; or
7. Documented adverse effect, drug interaction, or contraindication to all available Tier-1 medications.

Benign Prostatic Hyperplasia Medications Tier-3 Approval Criteria:

6. An FDA approved diagnosis of Benign Prostatic Hyperplasia (BPH); and
7. A four-week trial of at least two Tier-1 medications from different pharmacological classes; and
8. A four-week trial of all Tier-2 medications within the past five months; or
9. Documented adverse effect, drug interaction, contraindication, or lack of efficacy to all available Tier-1 and Tier-2 medications.
10. Authorizations for Cialis® (tadalafil) will be granted for the 5mg tablets only.

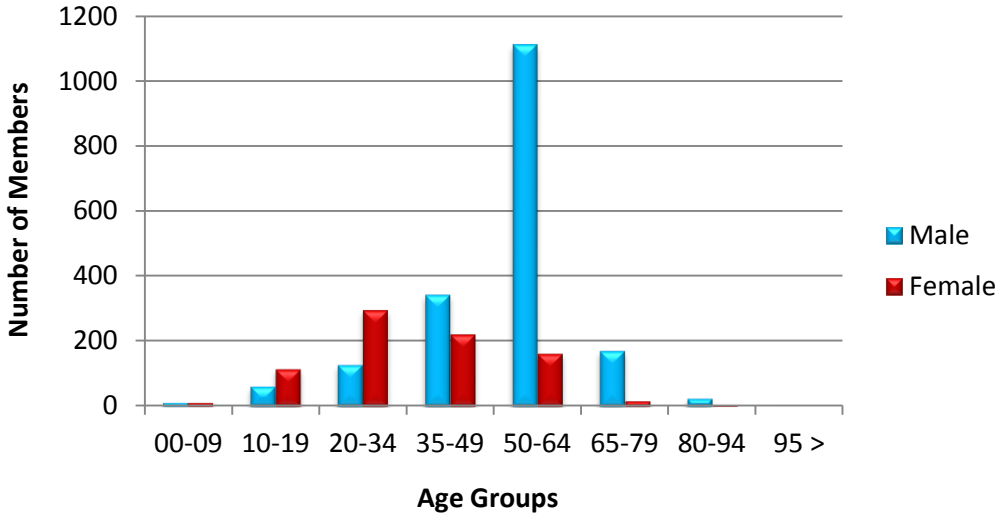
Utilization of BPH Medications

Comparison of Calendar Years

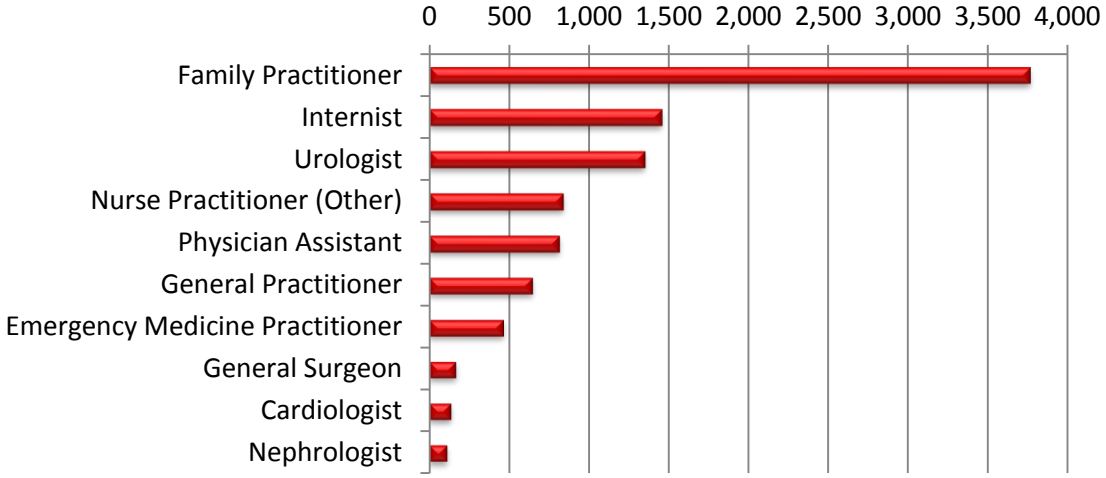
Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	2,776	10,517	$206,114.49	$19.60	$0.54	416,348	381,117
2014	2,681	10,192	$208,357.28	$20.44	$0.56	405,155	369,774
% Change	**-3.40%**	**-3.10%**	**1.10%**	**4.30%**	**3.70%**	**-2.70%**	**-3.00%**
Change	**-95**	**-325**	**$2,242.79**	**$0.84**	**$0.02**	**-11,193**	**-11,343**

*Total number of unduplicated members.

Demographics of Members Utilizing BPH Medications



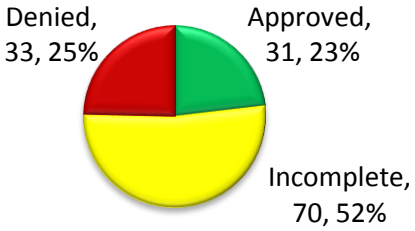
Top Prescriber Specialties of BPH Medications by Number of Claims



Prior Authorization of BPH Medications

There were 134 petitions submitted for the BPH medication category during calendar year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[5]

Anticipated Patent Expirations:

- Avodart® (dutasteride): November 2015
- Jalyn® (dutasteride/tamsulosin): November 2015
- Rapaflo® (silodosin): December 2018
- Cialis® (tadalafil): November 2020

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of BPH Medications: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TAMSULOSIN PRODUCTS						
TAMSULOSIN CAP	6,226	2,015	$83,166.72	$0.39	$13.36	39.92%
FLOMAX CAP 0.4MG	5	2	$2,191.02	$5.62	$438.20	1.05%
SUBTOTAL	**6,231**	**2,017**	**$85,357.74**	**$0.40**	**$13.70**	**40.97%**
DOXAZOSIN PRODUCTS						
DOXAZOSIN TAB 4MG	871	180	$24,384.83	$0.77	$28.00	11.70%
DOXAZOSIN TAB 2MG	599	149	$15,341.20	$0.70	$25.61	7.36%
DOXAZOSIN TAB 8MG	305	65	$7,529.41	$0.62	$24.69	3.61%
DOXAZOSIN TAB 1MG	274	79	$6,916.29	$0.70	$25.24	3.32%
CARDURA TAB 8MG	12	3	$211.23	$0.50	$17.60	0.10%
SUBTOTAL	**2061**	**476**	**$54,382.96**	**$0.71**	**$26.39**	**26.10%**
FINASTERIDE PRODUCTS						
FINASTERIDE TAB 5MG	726	167	$8,302.82	$0.28	$11.44	3.98%
SUBTOTAL	**726**	**167**	**$8,302.82**	**$0.28**	**$11.44**	**3.98%**
TERAZOSIN PRODUCTS						
TERAZOSIN CAP 2MG	286	77	$2,316.39	$0.20	$8.10	1.11%
TERAZOSIN CAP 5MG	279	67	$2,081.60	$0.18	$7.46	1.00%
TERAZOSIN CAP 1MG	151	54	$1,017.87	$0.18	$6.74	0.49%
TERAZOSIN CAP 10MG	74	21	$550.24	$0.14	$7.44	0.26%
SUBTOTAL	**790**	**219**	**$5,966.10**	**$0.18**	**$7.55**	**2.86%**
ALFUZOSIN PRODUCTS						
ALFUZOSIN TAB 10MG	123	31	$1,719.92	$0.35	$13.98	0.83%
SUBTOTAL	**123**	**31**	**$1,719.92**	**$0.35**	**$13.98**	**0.83%**
TIER-1 SUBTOTAL	**9,931**	**2,661***	**$155,729.54**	**$0.43**	**$15.68**	**74.74%**
DUTASTERIDE PRODUCTS						
AVODART CAP 0.5MG	128	27	$28,325.68	$4.90	$221.29	13.59%
SUBTOTAL	**128**	**27**	**$28,325.68**	**$4.90**	**$221.29**	**13.59%**
SILODOSIN PRODUCTS						

[5] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
RAPAFLO CAP 8MG	78	11	$12,238.72	$5.27	$156.91	5.87%
RAPAFLO CAP 4MG	2	2	$308.48	$5.14	$154.24	0.15%
SUBTOTAL	**80**	**13**	**$12,547.20**	**$5.27**	**$156.84**	**6.02%**
DUTASTERIDE/TAMSULOSIN PRODUCTS						
JALYN CAP	33	6	$6,292.00	$4.88	$190.67	3.02%
SUBTOTAL	**33**	**6**	**$6,292.00**	**$4.88**	**$190.67**	**3.02%**
DOXAZOSIN PRODUCTS						
CARDURA XL TAB 4MG	3	3	$184.77	$2.76	$61.59	0.09%
SUBTOTAL	**3**	**3**	**$184.77**	**$2.76**	**$61.59**	**0.09%**
TIER-2 SUBTOTAL	**244**	**45***	**$47,349.65**	**$4.97**	**$194.06**	**22.73%**
TADALAFIL PRODUCTS						
CIALIS TAB 5MG	17	2	$5,278.09	$10.35	$310.48	2.53%
SUBTOTAL	**17**	**2**	**$5,278.09**	**$10.35**	**$310.48**	**2.53%**
TIER-3 SUBTOTAL	**17**	**2***	**$5,278.09**	**$10.35**	**$310.48**	**2.53%**
TOTAL	**10,192**	**2,681***	**$208,357.28**	**$0.56**	**$20.44**	**100.00%**

*Total number of unduplicated members.

Annual Review of Colcrys® (Colchicine) and Uloric® (Febuxostat)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Colcrys® (Colchicine) Approval Criteria:
Colcrys® (colchicine) will have a free floating two days supply of six tablets per 365 days. Long-term use of Colcrys® will require prior authorization with the following criteria:

1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels greater than 6.5mg/dL; and
2. A patient-specific, clinically significant reason why colchicine/probenecid would not be a viable option for the member.
3. A quantity limit of 60 tablets per 30 days will apply for the diagnosis of gout.
4. Members with the diagnosis of Familial Mediterranean Fever verified by genetic testing will be approved for up to 2.4mg per day.

Uloric® (Febuxostat) Approval Criteria:

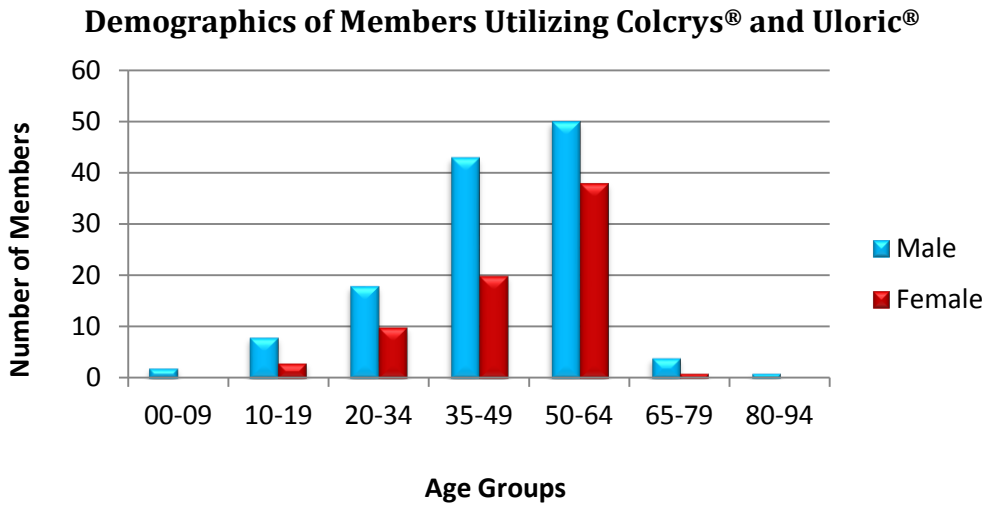
1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels greater than 6.5mg/dL; and
2. A patient-specific, clinically significant reason why allopurinol is not a viable option for the member.
3. A quantity limit of 30 tablets per 30 days will apply.

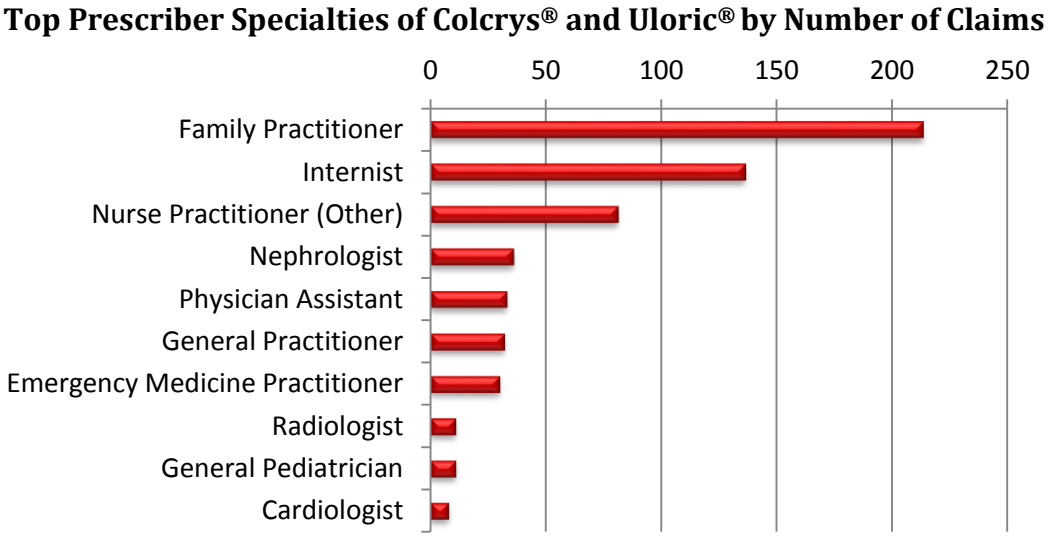
Utilization of Colcrys® (Colchicine) and Uloric® (Febuxostat)

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	182	658	$63,647.34	$96.73	$6.53	11,134	9,749
2014	198	636	$72,114.33	$113.39	$6.87	11,243	10,490
% Change	8.80%	-3.30%	13.30%	17.20%	5.20%	1.00%	7.60%
Change	16	-22	$8,466.99	$16.66	$0.34	109	741

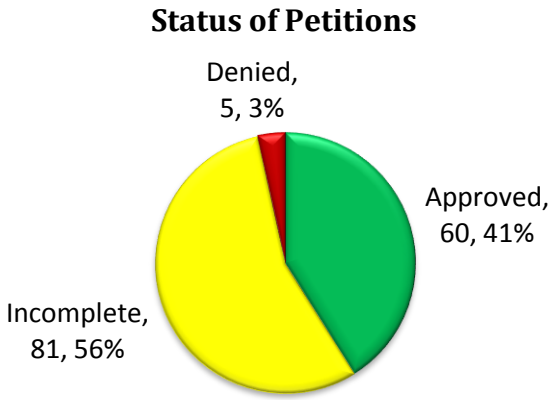
*Total number of unduplicated members.





Prior Authorization of Colcrys® (Colchicine) and Uloric® (Febuxostat)

There were 146 petitions submitted for the Colcrys® and Uloric® during fiscal year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[6]

Anticipated Patent Expirations:

- Colcrys® (colchicine): February 2029
  - A generic colchicine 0.6mg became available on the market January 2015 despite the patent for Colcrys® remaining in place. Pricing of the generic colchicine is similar to the brand formulation.
- Uloric® (febuxostat): September 2031

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Colcrys® and Uloric®: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
COLCHICINE PRODUCTS						
COLCRYS TAB 0.6MG	432	168	$28,696.30	$6.51	$66.43	39.79%
SUBTOTAL	**432**	**168**	**$28,696.30**	**$6.51**	**$66.43**	**39.79%**
FEBUXOSTAT PRODUCTS						
ULORIC TAB 40MG	132	24	$27,738.68	$7.08	$210.14	38.46%
ULORIC TAB 80MG	72	15	$15,679.35	$7.26	$217.77	21.74%
SUBTOTAL	**204**	**39**	**$43,418.03**	**$7.14**	**$212.83**	**60.21%**
TOTAL	**636**	**198***	**$72,114.33**	**$6.87**	**$113.39**	**100.00%**

*Total number of unduplicated members.

[6] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/12/15. Last accessed 1/13/15.

Annual Review of Crinone® (Progesterone Vaginal Gel)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Crinone® (Progesterone Vaginal Gel) Approval Criteria:

1. Member must be currently pregnant; and
2. Member must have a history of previous miscarriage(s) or be at high risk of miscarriage; or
3. Has a diagnosis of short cervix (10mm – 20mm) determined by sonography.
4. Approval length will be based on duration of need.

Crinone® is FDA approved for progesterone supplementation or replacement as part of an Assisted Reproductive Technology (ART) treatment in infertile women with progesterone deficiency; however, medications for the treatment of infertility are not covered by SoonerCare.

Utilization of Crinone® (Progesterone Vaginal Gel)

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	16	23	$7,660.50	$333.07	$17.49	679	438
2014	9	16	$5,947.73	$371.73	$14.83	518	401
% Change	**-43.80%**	**-30.40%**	**-22.40%**	**11.60%**	**-15.20%**	**-23.70%**	**-8.40%**
Change	**-7**	**-7**	**-$1,712.77**	**$38.66**	**-$2.66**	**-161**	**-37**

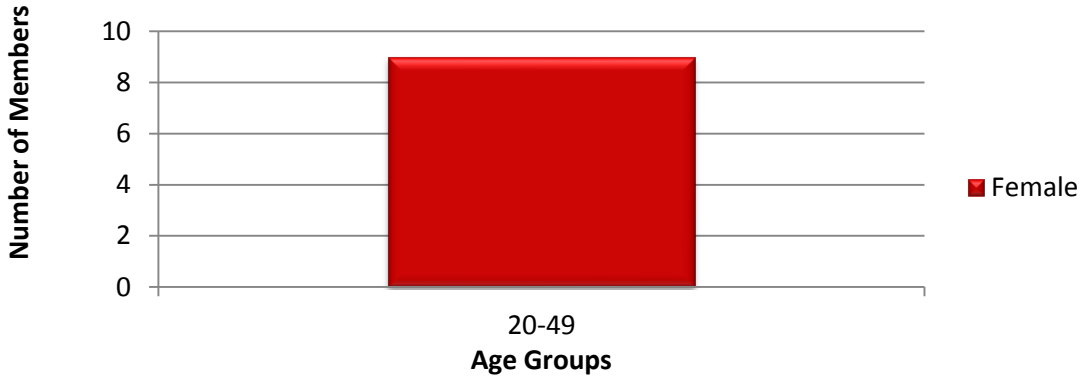
*Total number of unduplicated members.

Utilization Details of Crinone® (Progesterone Vaginal Gel)

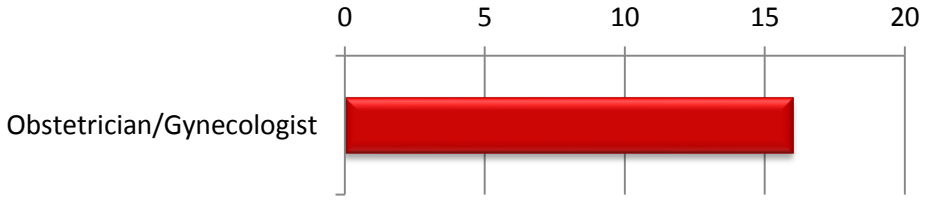
Medication Name	Claims	Members	Cost	Units	Cost/Claim
Crinone® 8% vaginal gel	14	8	$5,842.59	449	$417.33
Crinone® 4% vaginal gel	2	1	$105.14	70	$52.57
Total	**16**	**9***	**$5,947.73**	**519**	**$371.73**

*Total number of unduplicated members.

Demographics of Members Utilizing Crinone® (Progesterone Vaginal Gel)



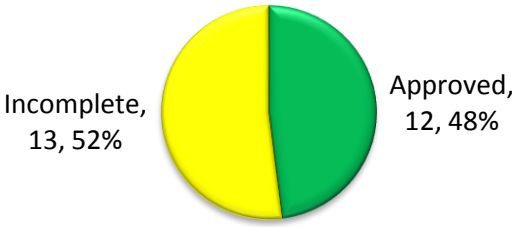
Top Prescriber Specialties of Crinone® (Progesterone Vaginal Gel) by Number of Claims



Prior Authorization of Crinone® (Progesterone Vaginal Gel)

There were 25 petitions submitted for this medication during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[7]

- There are no unexpired patents for Crinone® (progesterone vaginal gel); however, there are currently no generic products available.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[7] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/15/15. Last accessed 1/16/15.

Annual Review of Elidel™ (Pimecrolimus Topical) and Protopic® (Tacrolimus Topical)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Elidel™ (Pimecrolimus Topical) and Protopic® (Tacrolimus Topical) Approval Criteria:

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

Members must meet all of the following criteria for authorization:

1. An FDA approved diagnosis:
    a. Elidel™ and Protopic®: short-term and intermittent treatment for mild to moderate atopic dermatitis (eczema)
2. Age Restrictions:
    a. Elidel™ 1% is restricted to two years of age and older
    b. Protopic® 0.03% is restricted to two years of age and older
    c. Protopic® 0.1% is restricted to 15 years of age and older

Clinical exceptions for children meeting age restriction:

1. Documented adverse effect, drug interaction, or contraindication to Tier-1 products; or
2. Atopic dermatitis of face or groin where physician does not want to use topical corticosteroids; or
3. Prescribed by a dermatologist.

Clinical exceptions for children <u>not</u> meeting age restriction:

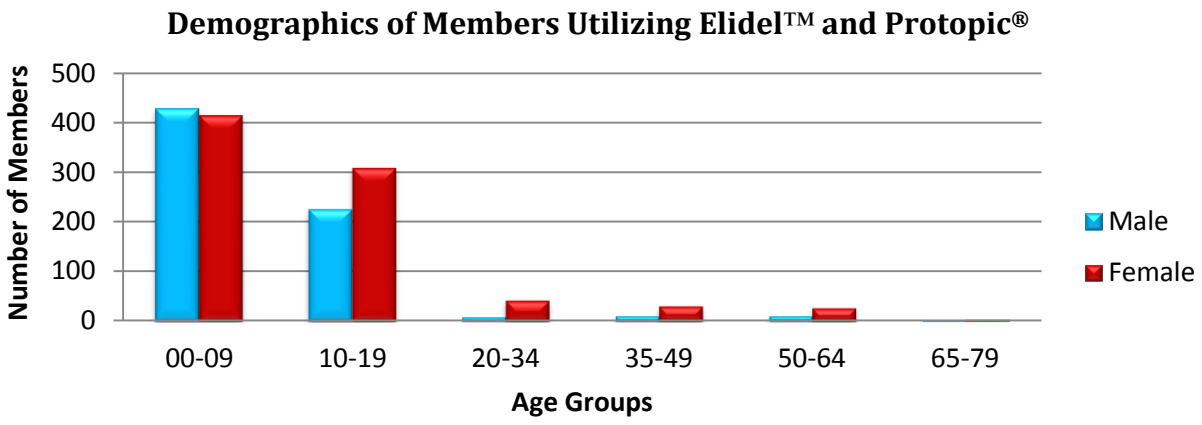
1. Prescribed by dermatologist.

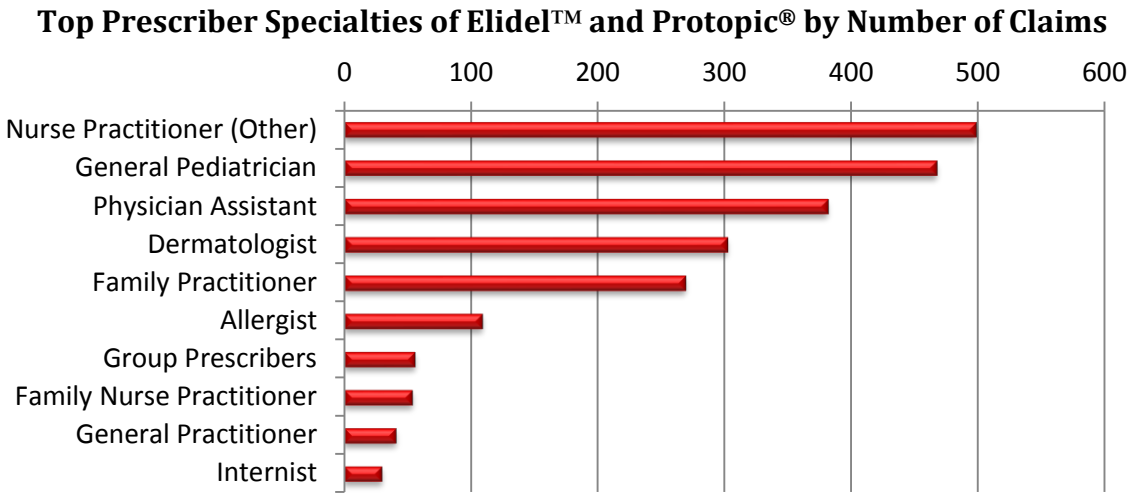
Utilization of Elidel™ and Protopic®

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	1,690	2,518	$639,952.33	$254.15	$7.84	116,670	81,585
2014	1,522	2,247	$681,191.06	$303.16	$9.29	102,680	73,356
% Change	**-9.90%**	**-10.80%**	**6.40%**	**19.30%**	**18.50%**	**-12.00%**	**-10.10%**
Change	**-168**	**-271**	**$41,238.73**	**$49.01**	**$1.45**	**-13,990**	**-8,229**

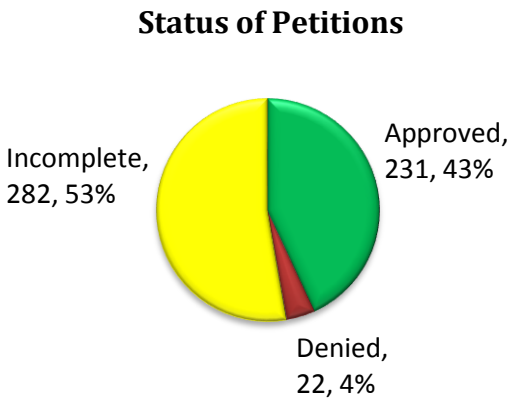
*Total number of unduplicated members.





Prior Authorization of Elidel™ and Protopic®

There were 535 petitions submitted for Elidel™ and Protopic® during fiscal year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[8]

Anticipated Patent Expirations:

- Elidel™ (pimecrolimus topical): 12/2018
- Protopic® (tacrolimus topical): The patent expired 09/2014 and a generic is now available. However, there is not a significant cost difference at this time.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Elidel™ and Protopic®: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
PROTOPIC OIN 0.03%	1,146	743	$370,074.47	$10.49	$322.93	54.33%
PROTOPIC OIN 0.1%	170	118	$66,533.11	$11.87	$262.71	9.77%
ELIDEL CRE 1%	931	708	$244,583.48	$7.53	$391.37	35.91%
TOTAL	**2,247**	**1,522***	**$681,191.06**	**$9.29**	**$303.16**	**100%**

*Total number of unduplicated members.

[8] [8] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/08/14. Last accessed 12/09/14.

Annual Review of Fibric Acid Derivative Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Fibric Acid Derivative Medications	
Tier-1	**Tier-2**
fenofibrate (Lofibra® Capsules)	fenofibrate (Antara® Capsules)
fenofibrate (Trilipix® Tablets)	fenofibrate (Triglide® Tablets) 50mg, 160mg
fenofibrate (Tricor® Tablets)	fenofibrate (Lipofen® Capsules)
gemfibrozil (Lopid® Tablets)	fenofibrate (Fenoglide® Tablets)
clofibrate (Atromid-S® Capsules)	

Fibric Acid Derivative Medications Tier-2 Approval Criteria:

1. Laboratory documented failure of a Tier-1 medication after a six month trial; or
2. Documented adverse effect, drug interaction, or contraindication to all Tier-1 products.

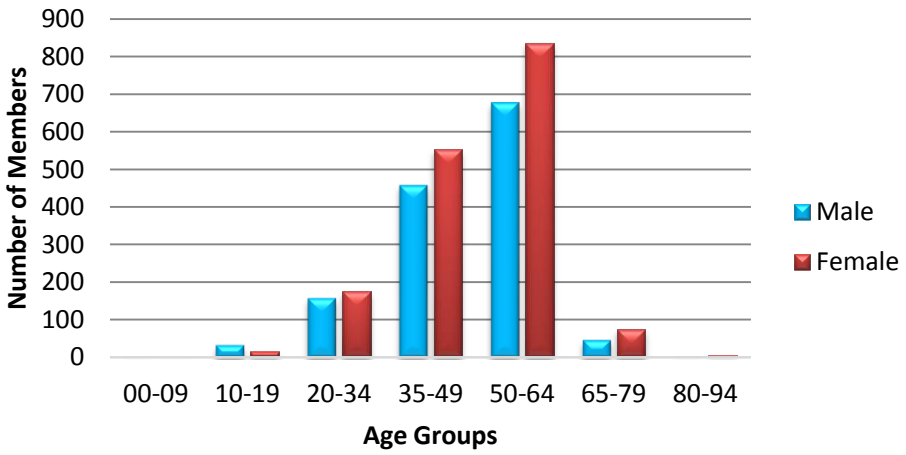
Utilization of Fibric Acid Derivative Medications

Comparison of Fiscal Years

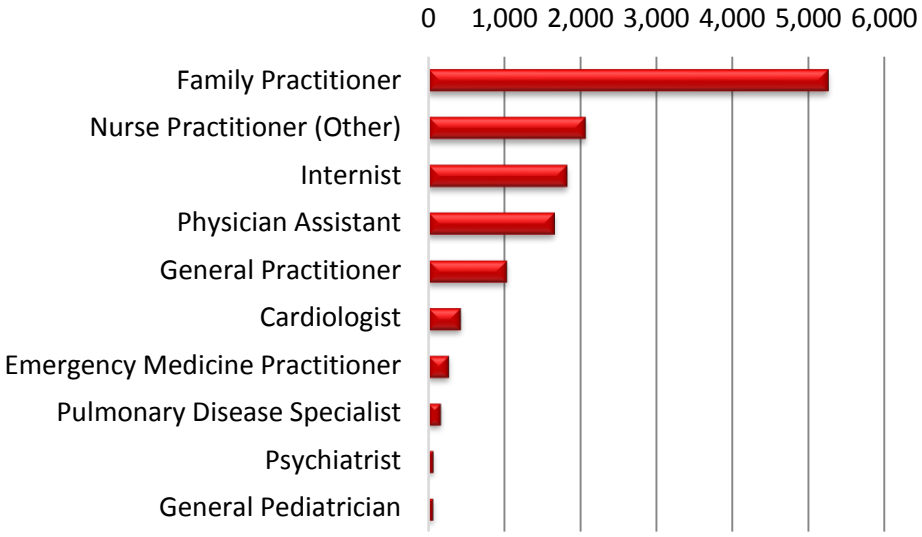
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	2,955	13,327	$1,311,106.82	$98.38	$2.62	651,808	500,947
2014	3,042	13,142	$928,349.03	$70.64	$1.86	643,788	498,824
% Change	**2.90%**	**-1.40%**	**-29.20%**	**-28.20%**	**-29.00%**	**-1.20%**	**-0.40%**
Change	**87**	**-185**	**-$382,757.79**	**-$27.74**	**-$0.76**	**-8,020**	**-2,123**

*Total number of unduplicated members.

Demographics of Members Utilizing Fibric Acid Derivative Medications



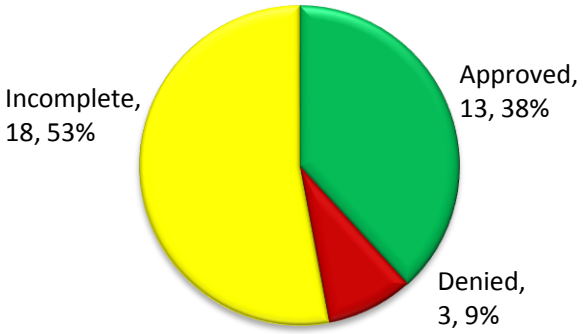
Top Prescriber Specialties of Fibric Acid Derivative Medications by Number of Claims



Prior Authorization of Fibric Acid Derivative Medications

There were 34 petitions submitted for the Fibric Acid medication category during Fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[9]

Recent Patient Expirations:

- Lipofen® (fenofibrate capsules): January 2015

Anticipated Patent Expirations:

- Triglide® (fenofibrate tablets): September 2021
- Fenoglide® (fenofibrate tablets): December 2024
- Antara® (fenofibrate capsules): August 2025

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[9] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.

Utilization Details of Fibric Acid Derivative Medications: Fiscal Year 2014

Product Utilized	Claims	Members	Cost	Cost/Claim	Cost/Day	% Cost
Tier-1 Products						
GEMFIBROZIL TAB 600MG	4,898	1,133	$68,773.00	$14.04	$0.44	7.41%
FENOFIBRATE TAB 145MG	2,672	715	$379,461.96	$142.01	$3.29	40.87%
FENOFIBRATE TAB 160MG	1,805	444	$89,160.01	$49.40	$1.18	9.60%
FENOFIBRIC CAP 135MG DR	1,114	294	$186,610.73	$167.51	$3.78	20.10%
FENOFIBRATE TAB 48MG	536	155	$25,967.60	$48.45	$1.25	2.80%
FENOFIBRATE TAB 54MG	517	124	$15,686.67	$30.34	$0.82	1.69%
TRILIPIX CAP 135MG	435	188	$76,894.45	$176.77	$4.97	8.28%
FENOFIBRATE CAP 134MG	398	101	$27,058.11	$67.99	$1.47	2.91%
FENOFIBRIC CAP 45MG DR	241	64	$15,477.87	$64.22	$1.50	1.67%
FENOFIBRATE CAP 200MG	206	39	$16,699.67	$81.07	$2.26	1.80%
TRILIPIX CAP 45MG	123	53	$7,992.04	$64.98	$1.89	0.86%
FENOFIBRATE CAP 67MG	65	16	$2,175.21	$33.46	$0.85	0.23%
TRICOR TAB 145MG	53	22	$10,472.14	$197.59	$5.34	1.13%
TRICOR TAB 48MG	31	14	$1,689.60	$54.50	$1.76	0.18%
LOFIBRA TAB 160MG	5	5	$317.83	$63.57	$1.18	0.03%
Tier-1 Subtotal	**13,099**	**3,367**	**$924,436.89**	**$70.57**	**$1.86**	**99.56%**
Tier-2 Products						
TRIGLIDE TAB 160MG	30	23	$1,380.90	$46.03	$1.53	0.15%
FENOFIBRATE CAP 130MG	8	2	$1,966.22	$245.78	$5.46	0.21%
LIPOFEN CAP 150MG	4	2	$513.74	$128.44	$4.28	0.06%
FENOFIBRATE CAP 43MG	1	1	$51.28	$51.28	$1.71	0.01%
Tier-2 Subtotal	**43**	**28**	**$3,912.14**	**$90.98**	**$2.77**	**0.43%**
Total	**13,142**	**3,042***	**$928,349.03**	**$70.64**	**$1.86**	**100%**

*Total number of unduplicated members.

Annual Review of HFA Rescue Inhalers

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Short Acting Beta-2 Agonists	
Tier-1	**Tier-2**
albuterol HFA (ProAir® HFA)	albuterol HFA (Ventolin® HFA)
albuterol HFA (Proventil® HFA)	levalbuterol HFA (Xopenex® 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.

Short Acting Beta-2 Antagonists Tier-2 Approval Criteria:

1. An FDA approved or clinically accepted indication; and
2. A patient-specific, clinically significant reason member cannot use all available Tier-1 products.

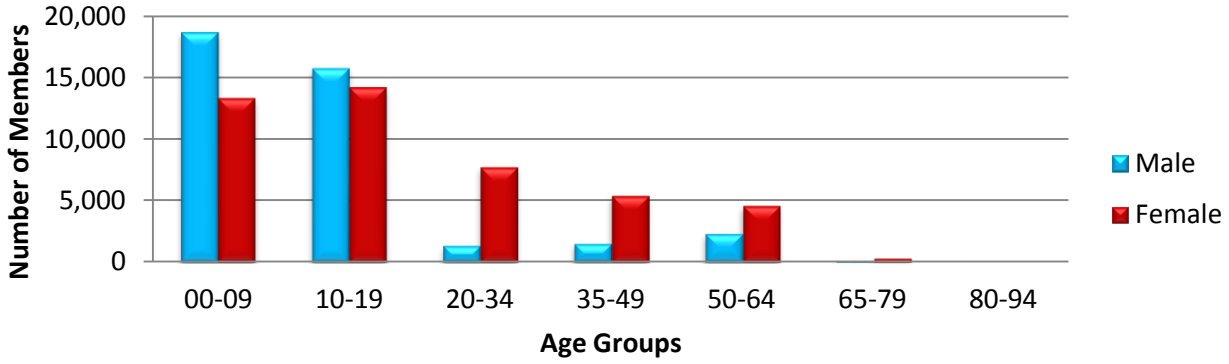
Utilization of HFA Rescue Inhalers

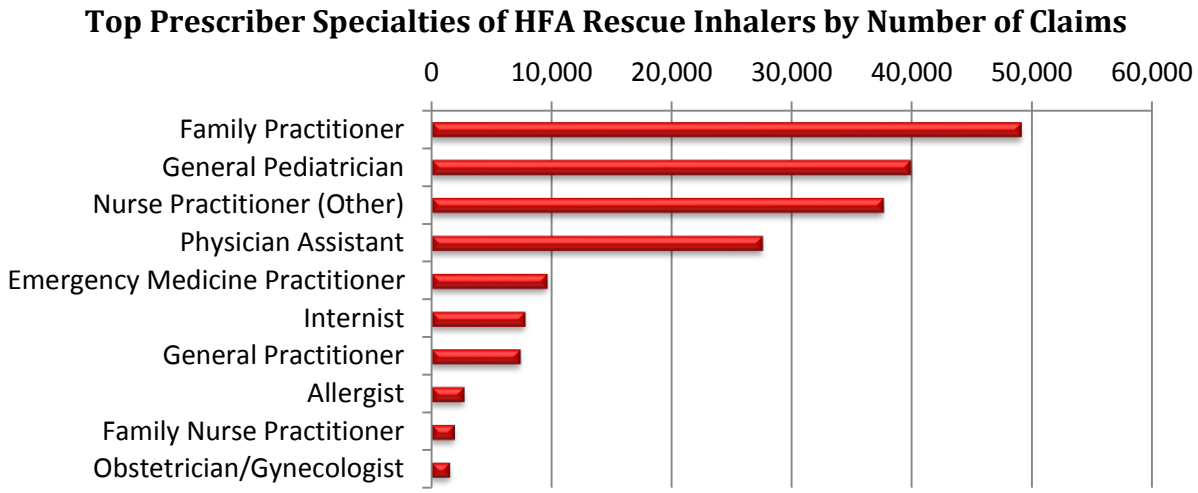
Comparison of Calendar Years

Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	83,303	180,026	$10,667,377.92	$59.25	$2.43	1,792,393	4,387,212
2014	85,671	192,254	$12,326,138.98	$64.11	$2.60	1,913,564	4,739,040
% Change	**2.80%**	**6.80%**	**15.50%**	**8.20%**	**7.00%**	**6.80%**	**8.00%**
Change	**2,368**	**12,228**	**$1,658,761.06**	**$4.86**	**$0.17**	**121,171**	**351,828**

*Total number of unduplicated members.

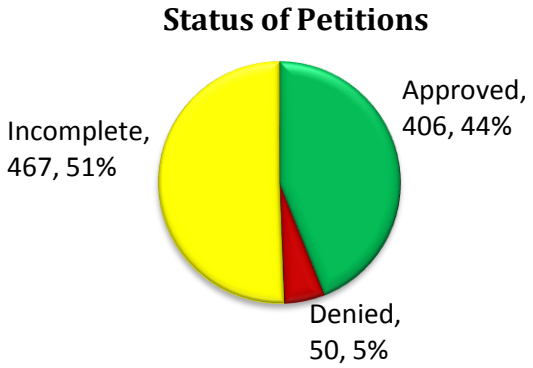
Demographics of Members Utilizing HFA Rescue Inhalers





Prior Authorization of HFA Rescue Inhalers

There were 923 petitions submitted for the HFA rescue inhalers category during calendar year 2014.



Market News and Updates[10]

Anticipated Patent Expirations:

- Proventil® HFA (albuterol): December 2016
- Xopenex® HFA (levalbuterol): October 2024
- Ventolin® HFA (albuterol): August 2026
- Proair® HFA (albuterol): Septmeber 2028

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[10] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/15/15. Last accessed 1/15/15.

Utilization Details of HFA Rescue Inhalers: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TIER-1 PRODUCTS						
PROAIR HFA AER	158,898	74,106	$9,913,613.57	$2.54	$62.39	80.43%
PROVENTIL AER HFA	31,930	13,960	$2,323,518.73	$2.92	$72.77	18.85%
SUBTOTAL	**190,828**	**88,066**	**$12,237,132.30**	**$2.60**	**$64.13**	**99.28%**
TIER-2 PRODUCTS						
VENTOLIN HFA AER	720	138	$41,760.96	$2.39	$58.00	0.34%
XOPENEX HFA AER	706	233	$47,245.72	$2.55	$66.92	0.38%
SUBTOTAL	**1,426**	**371**	**$89,006.68**	**$2.47**	**$62.42**	**0.72%**
TOTAL	**192,254**	**85,671***	**$12,326,138.98**	**$2.60**	**$64.11**	**100%**

*Total number of unduplicated members.

Annual Review of Gralise™ (Gabapentin Extended-Release) & Horizant® (Gabapentin Enacarbil Extended-Release)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Gralise™ (Gabapentin Extended-Release) Approval Criteria:

1. An FDA-approved indication of postherpetic neuralgia; and
2. Member must be 18 years of age or older; and
3. Documented treatment attempts at recommended dosing with at least one agent from two of the following drug classes that did not yield adequate relief or contraindications to all of the following drug classes:
    a. Tricyclic antidepressants
    b. Anticonvulsants
    c. Topical or oral analgesics
4. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.

Horizant® (Gabapentin Enacarbil Extended-Release) Approval Criteria:

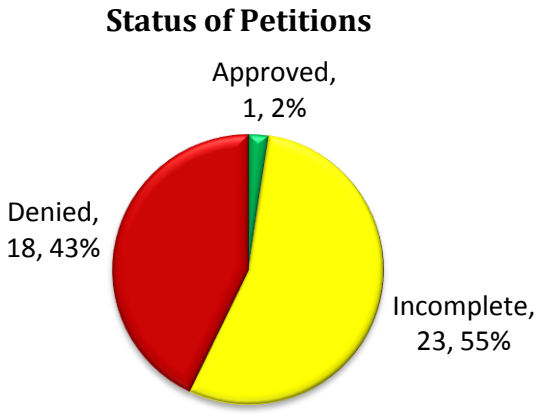
5. For the FDA-approved indication of restless leg syndrome:
    a. Member must be 18 years of age or older; and
    b. Documented treatment attempts at recommended dosing with at least two of the following that did not yield adequate relief or contraindications to all of the following:
        i. carbidopa/levodopa
        ii. pramipexole
        iii. ropinirole
    c. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.
6. For the FDA-approved indication of postherpetic neuralgia:
    a. Member must be 18 years of age or older; and
    b. Documented treatment attempts at recommended dosing with at least one agent from two of the following drug classes that did not yield adequate relief or contraindications to all of the following drug classes:
        i. Tricyclic antidepressants
        ii. Anticonvulsants
        iii. Topical or oral analgesics
    c. A patient-specific, clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.

Utilization of Gralise™ and Horizant®

There has been no use of Gralise™ or Horizant® during fiscal year 2014. During fiscal year 2013, there was 1 member utilizing Gralise™ (2 claims) and 1 member utilizing Horizant® (1 claim).

Prior Authorization of Gralise™ and Horizant®

There were 42 petitions submitted for Gralise™ and Horizant® during fiscal year 2014. The following chart shows the status of the submitted petitions. One petition was approved for Horizant® for the diagnosis of restless leg syndrome; however, the medication was not filled at the pharmacy or utilized during fiscal year 2014.



Market News and Updates[11]

Anticipated Patent Expirations:

- Gralise™ (gabapentin extended-release tablets): February 2024
- Horizant® (gabapentin enacarbil extended-release tablets): June 2029

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[11] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/23/14. Last accessed 12/27/14.

Annual Review of Juxtapid™ (Lomitapide) and Kynamro® (Mipomersen)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Juxtapid™ (Lomitapide) and Kynamro® (Mipomersen) Approval Criteria:

1. An FDA approved diagnosis of homozygous familial hypercholesterolemia defined by the presence of at least one of the following criteria:
    a. A documented functional mutation(s) in both LDL receptor alleles or alleles known to affect LDL receptor functionality via genetic testing; or
    b. An untreated total cholesterol >500 mg/dL and triglycerides <300mg/dL and at least one of the following:
        i. Documentation that both parents with untreated total cholesterol >250mg/dL; or
        ii. Presence of tendinous/cutaneous xanthoma prior to age 10 years; and
2. Documented failure of high dose statin therapy (LDL reduction capability equivalent to atorvastatin 80mg or higher); and
3. Prescriber must be certified with Juxtapid™ or Kynamro™ REMS program.

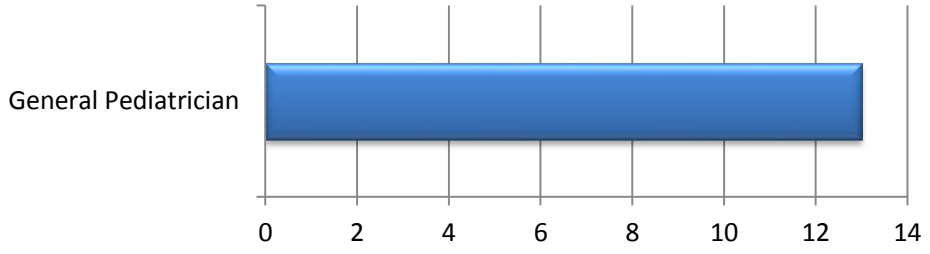
Utilization of Juxtapid™ and Kynamro®

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	0	0	0	0	0	0	0
2014	1	13	$371,375.82	$28,567.37	$952.25	420	390
% Change	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**
Change	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**0**	**0**

*Total number of unduplicated members.

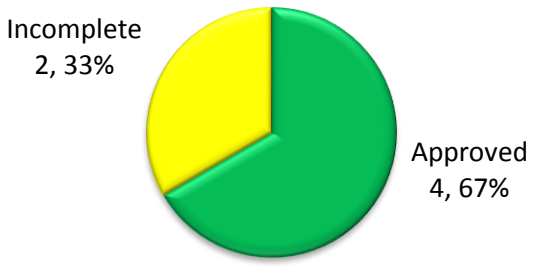
Top Prescriber Specialties of Juxtapid™ and Kynamro® by Number of Claims



Prior Authorization of Juxtapid™ and Kynamro®

There were 6 petitions submitted for Juxtapid™ and Kynamro® during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[12]

Anticipated Patent Expirations:

- Kynamro® (mipomersen): December 2025
- Juxtapid™ (lomitapide): August 2027

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Juxtapid™ and Kynamro®: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
JUXTAPID 5MG	8	1	$234,696.11	$977.90	$29,337.01	63.20%
JUXTAPID 10MG	4	1	$108,067.52	$900.56	$27,016.88	29.10%
JUXTAPID 20MG	1	1	$28,612.19	$953.74	$28,612.19	7.70%
TOTAL	**13**	**1***	**$371,375.82**	**$952.25**	**$28,322.03**	**100%**

*Total number of unduplicated members.

[12] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 01/15. Last accessed 01/15.

Annual Review of Kalydeco® (Ivacaftor)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Kalydeco® (Ivacaftor) Approval Criteria:

5. An FDA approved indication of cystic fibrosis with a G551D, *G1244E, G1349D, G178R, G551S, R117H, S1251N, S1255P, S549N,* or *S549R* mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene detected by genetic testing; and
6. Member must be two years of age or older.
7. A quantity limit of 56 tablets per 28 days will apply.
8. Initial approval will be for the duration of six months, after which time, compliance and information regarding efficacy, such as improvement in FEV_1, will be required for continued approval.

Utilization of Kalydeco® (Ivacaftor)

Comparison of Fiscal Years

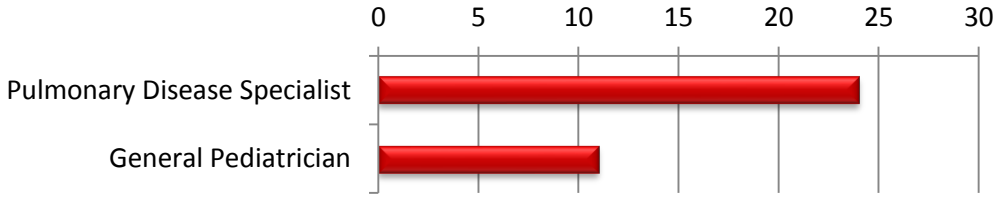
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	3	24	$613,706.86	$25,571.12	$852.37	1,440	720
2014	3	35	$946,427.65	$27,040.79	$901.36	2,100	1,050
% Change	**0.00%**	**45.80%**	**54.20%**	**5.70%**	**5.70%**	**45.80%**	**45.80%**
Change	**0**	**11**	**$332,720.79**	**$1,469.67**	**$48.99**	**660**	**330**

*Total number of unduplicated members.

Utilization Details of Kalydeco® (Ivacaftor)

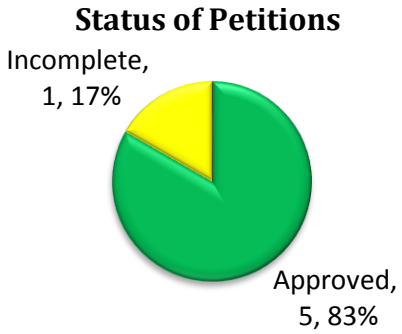
Medication Name	Claims	Members	Cost	Units	Cost/Claim
Kalydeco® (Ivacaftor)	35	3	$946,427.65	2,100	$27,040.79

Top Prescriber Specialties of Kalydeco® by Number of Claims



Prior Authorization of Kalydeco® (Ivacaftor)

There were 6 petitions submitted for this medication during fiscal year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[13, 14, 15, 16]

- Anticipated patent expiration of Kalydeco® (ivacaftor): May 2027
- Kalydeco® was originally indicated for cystic fibrosis with a G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene; however, the label was updated in February 2014 to also include *G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N,* and *S549R* mutations in the CFTR gene, and again in December 2014 to include a *R117H mutation in the CFTR gene*. SoonerCare criteria has been updated to include the new genetic mutations.
    - If the patient's genotype is unknown, an FDA-cleared cystic fibrosis mutation test should be used to detect the presence of a CFTR mutation, followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use.
    - Kalydeco® is not effective in patients with cystic fibrosis who are homozygous for the F508del mutation in the CFTR gene.
- Vertex Pharmaceuticals, Inc. submitted a new drug application for a combination product containing ivacaftor and lumacaftor. This combination product was studied in cystic fibrosis patients ages 12 and older who are homozygous for the F508del mutation in the CFTR gene. F508del is the most common mutation of cystic fibrosis.
- Kalydeco® received FDA approval for a granule formulation to be used in children two to six years of age with cystic fibrosis who have one of the 10 mutations in the cystic fibrosis transmembrane conductance regulator. SoonerCare criteria has been updated to include the new formulation and age range.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

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[13] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.
[14] Kalydeco® package insert, Vertex Pharmaceuticals Inc. Available online at: http://pi.vrtx.com/files/uspi_ivacaftor.pdf. Last revised 12/2014. Last accessed 1/13/15.
[15] Vertex Pharmaceuticals, Inc.: Research & Development Pipeline. Available online at: http://www.vrtx.com/research-development/pipeline. Last accessed 1/15/15.
[16] Brooks, Megan. Medscape: FDA Oks Ivacaftor (Kalydeco) for Preschoolers with CF. Available online at: http://www.medscape.com/viewarticle/841731. Last revised 03/18/2015. Last accessed 04/09/15.

Annual Review of Lamisil® Oral Granules (Terbinafine)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Lamisil® Oral Granules (Terbinafine) Approval Criteria:

1. An FDA approved diagnosis of tinea capitis or onychomychosis; and
2. No improvement after at least three weeks of therapy with griseofulvin; or
3. Intolerance or hypersensitivity to griseofulvin or penicillin; and
4. Member is unable to utilize the tablet formulation.

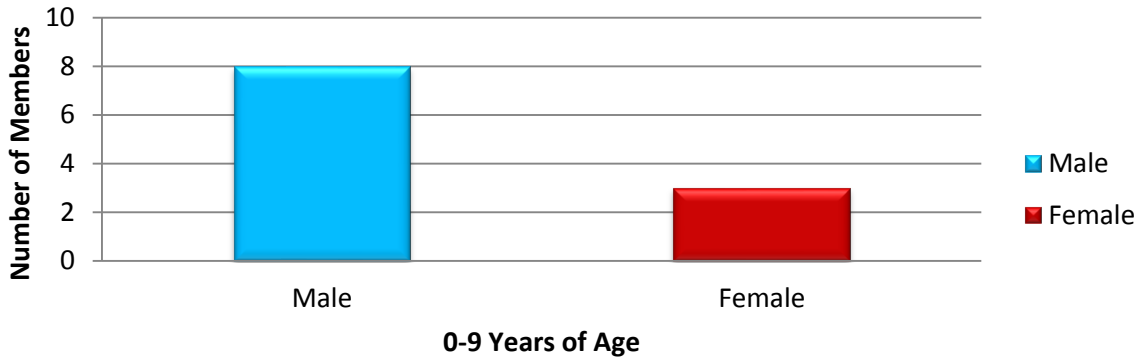
Utilization of Lamisil® Oral Granules (Terbinafine)

Comparison of Fiscal Years

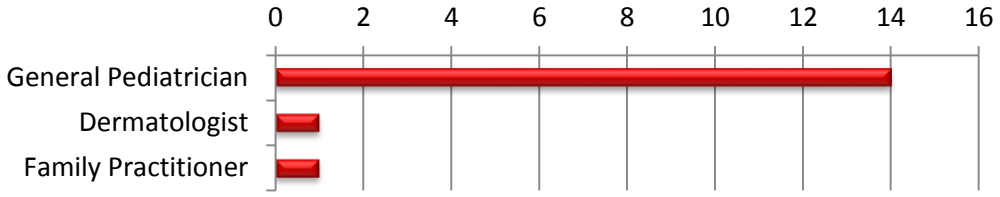
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	14	17	$7,852.16	$461.89	$12.02	611	653
2014	11	16	$6,418.53	$401.16	$11.18	516	574
% Change	-21.40%	-5.90%	-18.30%	-13.10%	-7.00%	-15.50%	-12.10%
Change	-3	-1	-$1,433.63	$60.73	$0.84	-95	-79

*Total number of unduplicated members.

Demographics of Members Utilizing Lamisil® Oral Granules



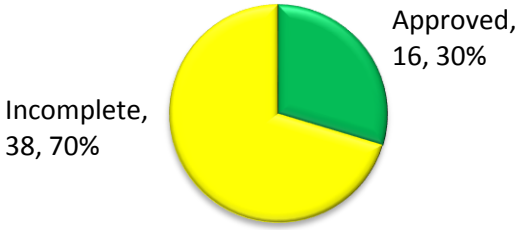
Top Prescriber Specialties of Lamisil® Oral Granules by Number of Claims



Prior Authorization of Lamisil® Oral Granules

There were 54 petitions submitted for Lamisil® Oral Granules during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[17]

Anticipated Patent Expirations:

- There are no unexpired patents on Lamisil® Oral Granules; however, there are no generic products available.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Lamisil® Oral Granules: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
LAMISIL GRA 125MG	14	9	$4,913.27	$9.79	$350.95	76.55%
LAMISIL GRA 187.5MG	2	2	$1,505.26	$20.91	$752.63	23.45%
TOTAL	**16**	**11***	**$6,418.53**	**$11.18**	**$401.16**	**100%**

*Total number of unduplicated members.

[17] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/15/14. Last accessed 12/16/14.

Annual Review of Lidoderm® (Lidocaine Patch)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Lidoderm® (Lidocaine Patch) Approval Criteria:

1. An FDA approved diagnosis of pain caused by post herpetic neuralgia; and
2. Documented treatment attempts at recommended dosing to at least one agent from two of the following drug classes that failed to provide adequate relief or contraindications to all agents from the following classes:
   - Tricyclic antidepressants
   - Anticonvulsants
   - Topical or Oral Analgesics

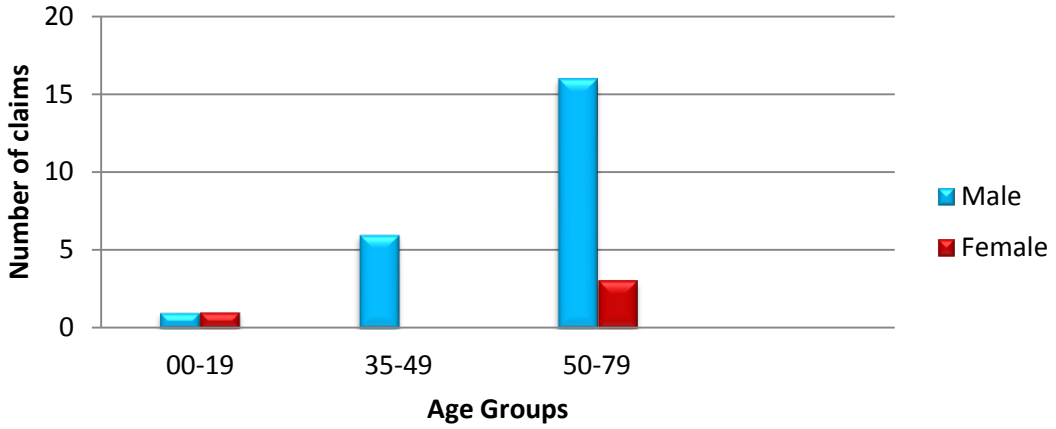
Utilization of Lidoderm® (Lidocaine Patch)

Comparison of Fiscal Years

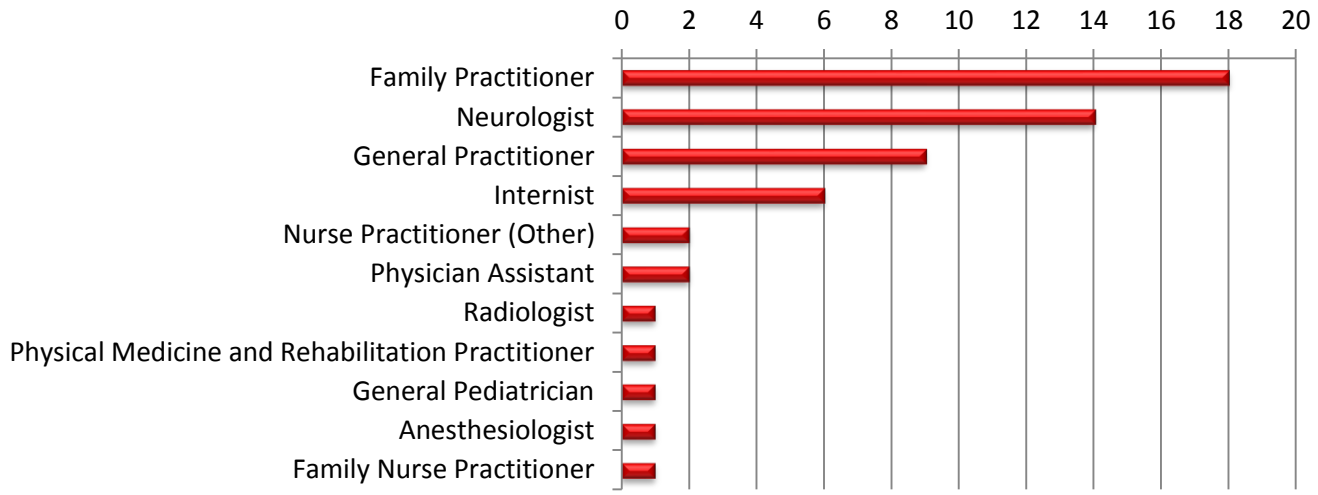
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	27	54	$15,711.62	$290.96	$9.54	1,962	1,647
2014	27	56	$22,071.64	$394.14	$14.64	2,771	1,508
% Change	**0.00%**	**3.70%**	**40.50%**	**35.50%**	**53.50%**	**41.20%**	**-8.40%**
Change	**0**	**2**	**$6,360.02**	**$103.18**	**$5.10**	**809**	**-139**

*Total number of unduplicated members.

Demographics of Members Utilizing Lidoderm® (Lidocaine Patch)



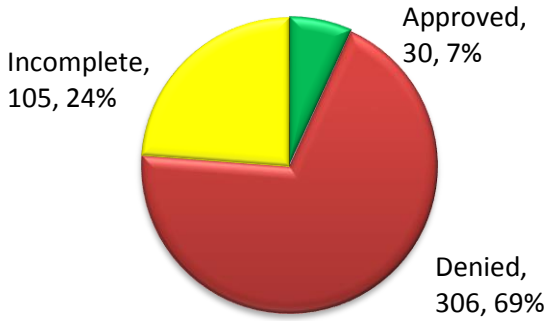
Top Prescriber Specialties of Lidoderm® (Lidocaine Patch) by Number of Claims



Prior Authorization of Lidoderm® (Lidocaine Patch)

There were 441 petitions submitted for Lidoderm® during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[18]

- **August 2012:** The FDA approved of the first generic version of Lidoderm® for the relief of pain associated with post-herpetic neuralgia. Watson Pharmaceuticals launched the product September 2013 pursuant with its settlement agreement with Endo Pharmaceuticals Inc. and under Hatch Waxman rules, it was entitled to 180 days of marketing exclusivity.
- Current pricing of the generic formulation remains similar to the brand formulation.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[18] Formulary Staff. FDA Approves First Generic Version of Lidoderm. *Formulary Journal.* Available online at: http://formularyjournal.modernmedicine.com/formulary-journal/content/fda-approves-first-generic-version-lidoderm?page=full. Last revised 08/24/12. Last accessed 04/10/15.

Utilization Details of Lidoderm® (Lidocaine Patch): Fiscal Year 2014

Product Utilized	Total Claims	Total Members	Total Cost	Claims/ Client	Cost/ Day	% Cost
lidocaine 5% Patch	42	23	$15,856.27	1.83	$14.64	71.84%
Lidoderm 5% Patch	14	10	$6,215.37	1.4	$14.62	28.16%
Total	**56**	**27***	**$22,071.64**	**2.07**	**$14.64**	**100%**

*Total number of unduplicated members.

Annual Review of Metozolv® ODT (Metoclopramide Orally Disintegrating Tablets)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Metozolv® ODT (Metoclopramide Orally Disintegrating Tablets) Approval Criteria:

1. Use of Metozolv® ODT requires a patient-specific, clinically significant reason why the member is unable to use the metoclopramide oral tablet formulation.

Utilization of Metozolv® ODT (Metoclopramide Orally Disintegrating Tablets)

There was no utilization of Metozolv® ODT during fiscal year 2014.

Prior Authorization of Metozolv® ODT (Metoclopramide Orally Disintegrating Tablets)

There were no prior authorization requests submitted for Metozolv® ODT (metoclopramide orally disintegrating tablets) during fiscal year 2014.

Market News and Updates[19]

Anticipated Patent Expirations:

- Metozolv® ODT (metoclopramide orally disintegrating tablets): July 2017

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[19] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/16/14. Last accessed 12/17/14.

Annual Review of Miscellaneous Butalbital Medications

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Miscellaneous Butalbital Medications Approval Criteria:

1. An FDA approved indication for the treatment of tension-type headache; and
2. Member must be 12 years of age or older; and
3. Failure within the previous 60 days of the following:
    a. All available formulations of butalbital/acetaminophen products that do not require prior authorization (Products available without prior authorization contain butalbital/acetaminophen/caffeine in the standard 50mg-325mg-40mg dose); and
    b. At least two NSAIDs, unless contraindicated

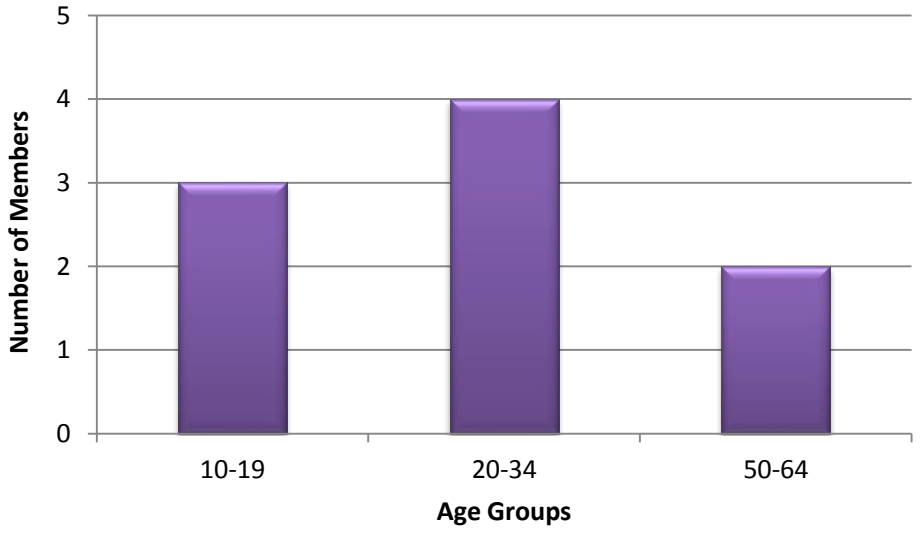
Utilization of Miscellaneous Butalbital Medications

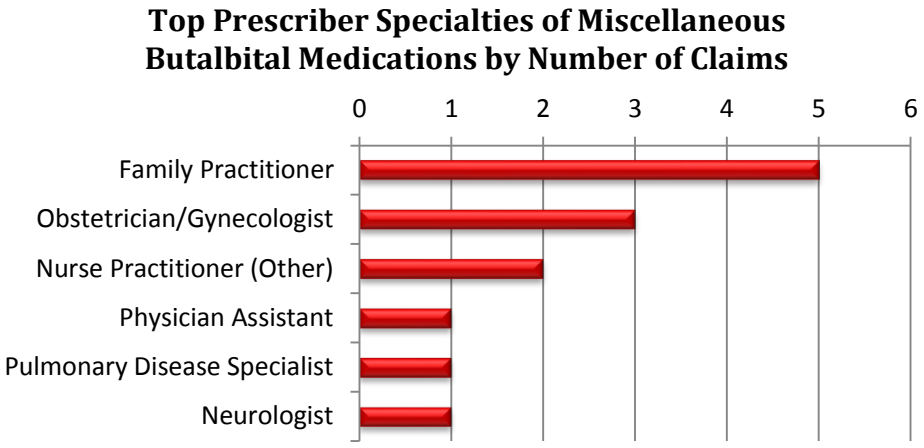
Comparison of Calendar Years

Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	185	404	$7,546.44	$18.68	$1.14	21,939	6,619
2014	9	13	$615.93	$47.38	$4.25	430	145
% Change	-95.10%	-96.80%	-91.80%	153.60%	272.80%	-98.00%	-97.80%
Change	-176	-391	$6,930.51	$28.70	$3.11	-21,509	-6,474

*Total number of unduplicated members.

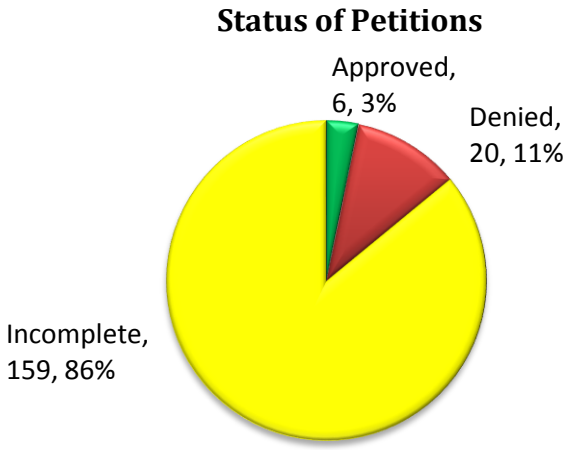
Demographics of Members Utilizing Miscellaneous Butalbital Medications





Prior Authorization of Miscellaneous Butalbital Medications

There were 185 petitions submitted for the Miscellaneous Butalbital Medication category during calendar year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[20]

- There are no unexpired patents for the miscellaneous butalbital medications. Despite generic availability of these products, the unique formulations still remain more costly than their standard formulation counterparts.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[20] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 04/09/15. Last accessed 04/10/15.

Utilization Details of Miscellaneous Butalbital Medications: Calendar Year 2014

Product Name	Claims	Members	Cost	Cost/Claim	Cost/Day	% Cost
But-Apap-Caf Cap 50/300/40mg	8	5	$552.49	$69.06	$7.08	89.70%
But-Apap-Caf Tab 50/500/40mg	5	4	$63.44	$12.69	$0.95	10.30%
Total	**13**	**9***	**$615.93**	**$47.38**	**$4.25**	**100%**

*Total number of unduplicated members.

Annual Review of Mozobil® (Plerixafor), Nplate® (Romiplostim) & Arcalyst® (Rilonacept)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Mozobil® (Plerixafor) Approval Criteria:

1. An FDA approved indication for 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); and
2. Member 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; and
3. Mozobil® must be prescribed by an oncologist only; and
4. Member must be 18 years of age or older; and
5. Mozobil® must be given in combination with the granulocyte-colony stimulating factor (G-CSF) Neupogen® (filgrastim); and
6. The following dosing restrictions will apply (requires current body weight in kilograms):
    a. Recommended dose is 0.24mg/kg, maximum dose is 40mg/day, administered 11 hours prior to apheresis for up to four consecutive days.
    b. Dosing for renal impairment:
        i. Creatinine clearance ≤ 50 mL/min: 0.16mg/kg, maximum of 27mg/day.
7. Approvals will be for the duration of two months.

Nplate® (Romiplomstim) Approval Criteria:

1. An FDA approved indication of chronic immune (idiopathic) thrombocytopenia purpura (ITP) in adults 18 and over; and
2. Previous insufficient response with at least two of the following treatments:
    a. Corticosteroids; or
    b. Immunoglobulin; or
    c. Splenectomy; and
3. Member must have a recent platelet count of < 50 x 10^9/L; and
4. The following dosing restrictions will apply:
    a. Initial dosing of 1mcg/kg once weekly as a subcutaneous injection with recent patient weight in kilograms provided
5. The following criteria will apply for continuation:
    a. Weekly CBCs with platelet count and peripheral blood smears until stable platelet count (≥ 50 x 109/L for at least four weeks without dose adjustment) has been achieved; then should be obtained monthly thereafter.
    b. Dosing adjustments:
        i. Platelets < 50 x 10^9/L, increase dose by 1mcg/kg
        ii. Platelets > 200 x 10^9/L for two consecutive weeks, reduce dose by 1mcg/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 1mcg/kg

6. The following criteria will apply in regards to discontinuation:
   a. Platelet count does not increase to a level sufficient to avoid clinically important bleeding after four weeks of therapy at the maximum weekly dose of 10mcg/kg
7. Approvals will be for the duration of four weeks initially and then quarterly thereafter.

Arcalyst® (Rilonacept) Approval Criteria:

1. An 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 years and older; and
2. The member should not be using a tumor necrosis factor blocking agent (e.g. adalimumab, etanercept, and infliximab) or anakinra; and
3. Documentation that the member does not have active or chronic infection including hepatitis B, hepatitis C, human immunodeficiency virus, or tuberculosis; and
4. The following dosing restrictions will apply:
   a. Dosing should not be more often than once weekly
   b. Approved dosing schedule for adults 18 years and older:
      i. Initial treatment: loading dose of 320mg delivered as two 2mL subcutaneous injections of 160mg each given on the same day at two different injection sites.
      ii. Continued treatment is one 160mg injection given once weekly.
   c. Approved dosing schedule for pediatric patients aged 12-17 years (must have patient weight in kilograms):
      i. Initial treatment: loading dose of 4.4mg/kg, up to a maximum of 320mg, delivered as one or two subcutaneous injections with a maximum single-injection volume of 2mL.
      ii. Continued treatment is 2.2mg/kg, up to a maximum of 160mg, given once weekly.
5. Approvals will be for the duration of one year.

Utilization of Mozobil® (Plerixafor), Nplate® (Romiplostim) & Arcalyst® (Rilonacept)

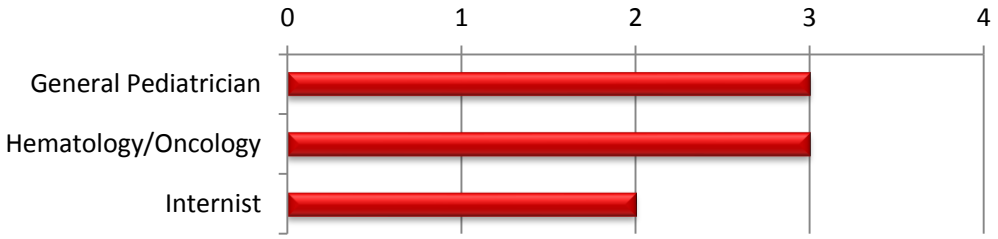
Nplate® (Romiplostim) Fiscal Year comparison: Medical Claims

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Total Units
2013	1	6	$6,835.14	$1,139.19	143
2014	1	3	$3,870.75	$1,290.25	75
% Change	**0.00%**	**-50.00%**	**-43.37%**	**13.26%**	**-47.55%**
Change	**0**	**-3**	**-$2,964.39**	**$151.06**	**-68**

*Total number of unduplicated members.

- There were no pharmacy claims for Nplate® (romiplostim) during fiscal year 2013. Details of fiscal year 2014 can be found at the end of the report.
- There were no pharmacy claims for Mozobil® (Plerixafor) during fiscal year 2013 or fiscal year 2014. Details of medical claims for fiscal year 2014 can be found at the end of the report.
- There were no pharmacy or medical claims for Arcalyst® (Rilonacept) during fiscal year 2013 or fiscal year 2014.

Top Prescriber Specialties of Nplate® (Romiplostim)



- All claims for Mozobil® (Plerixafor) during fiscal year 2014 were prescribed by hematologists/oncologists.

Demographics of Members Utilizing of Mozobil® (Plerixafor), Nplate® (Romiplostim) & Arcalyst® (Rilonacept)

- Due to the limited number of members utilizing these products, member demographics information cannot be provided.

Prior Authorization of Mozobil® (Plerixafor), Nplate® (Romiplostim) & Arcalyst® (Rilonacept)

- During fiscal year 2014 there were 4 petitions submitted for Mozobil® and all were approved.
- During fiscal year 2014 there were 17 petitions submitted for Nplate®: 6 approved and 11 incomplete.
- There were no prior authorization requests submitted for Arcalyst® during fiscal year 2014.

Market News and Updates[21]

Anticipated Patent Exclusivity Expirations:

- Mozobil®(Plerixafor): December 2015

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[21] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 4/7/15. Last accessed 4/8/15.

Utilization Details of Mozobil® (Plerixafor), Nplate® (Romiplostim) & Arcalyst® (Rilonacept): Fiscal Year 2014

Fiscal 2014 Medical Claims

Product Utilized	Total Members	Total Claims	Total Cost	Total Units	Cost/ Claim	Procedure Code
PLERIXAFOR PRODUCTS						
Mozobil	3	8	$57,416.64	192	$7,177.08	J2562
SUBTOTAL	**3**	**8**	**$57,416.64**	**192**	**$7,177.08**	**J2562**
ROMIPLOSTIM PRODUCTS						
Nplate	1	3	$3,870.75	75	$1,290.25	J2796
SUBTOTAL	**1**	**3**	**$3,870.75**	**75**	$1,290.25	J2796
TOTAL	**4***	**11**	**$61,287.39**	**267**	**$5,571.58**	**N/A**

*Total number of unduplicated members.
No Arcalyst® medical claims submitted during fiscal year 2014.

Fiscal 2014 Pharmacy Claims

Product Utilized	Total Claims	Total Members	Total Cost	Cost/Day	Cost/Claim	%Cost
NPLATE 500MCG	3	3	$30,540.58	$355.12	$10,180.19	73.61%
NPLATE 250MCG	2	1	$10,949.33	$195.52	$5,474.67	26.39%
Total	**5**	**3***	**$41,489.91**	**$292.18**	**$8,297.98**	**100%**

*Total number of unduplicated members.
No Mozobil® pharmacy claims submitted during fiscal year 2014.

Annual Review of Muscle Relaxant Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Muscle Relaxant Medications		
Tier-1	**Tier-2**	**Special Prior Authorization**
baclofen (Lioresal®)	metaxalone (Skelaxin®)	carisoprodol (Soma®) 350mg
chlorzoxazone (Parafon Forte®)		carisoprodol/Aspirin
cyclobenzaprine (Flexeril®)		carisoprodol/ASA/Codeine
methocarbamol (Robaxan®)		carisoprodol (Soma®) 250mg
orphenadrine (Norflex®)		Cyclobenzaprine ER (Amrix®)
tizanidine (Zanaflex®)		Cyclobenzaprine (Flexmid®)
		Chlorzoxazone (Lorzone®)
		Tizanidine (Zanaflex®)

Muscle Relaxant Medications Tier-2 Approval Criteria:

1. Failure with at least two Tier-1 medications within the past 90 days defined as no beneficial response after at least two weeks of use during which time the drug has been titrated to the recommended dose.
2. Approvals will be for the duration of three months, except for members with chronic diseases such as multiple sclerosis, cerebral palsy, muscular dystrophy, paralysis, or other chronic musculoskeletal diagnosis confirmed with diagnostic results, in which case authorizations will be for the duration of one year.
3. For repeat authorizations, there must be documentation of failed withdrawal attempt within past three months defined as increase in pain and debilitating symptoms when medication was discontinued.

Soma® (Carisoprodol) 350mg Approval Criteria:

1. Members may receive three months of carisoprodol 350mg per rolling 365 days without prior authorization.
2. After the member has used the three months, an additional approval for one month may be granted to allow titration or change to a Tier-1 muscle relaxant. This additional one-month approval is granted one time only. Further authorizations will not be granted.
3. Clinical exceptions may be made for members with the following diagnosis and approvals will be granted for the duration of one year: multiple sclerosis, cerebral palsy, muscular dystrophy, or paralysis.
4. A quantity limit of 120 tablets per 30 days will apply for carisoprodol and carisoprodol combination products.

Soma® (Carisoprodol) 250mg Approval Criteria:

1. Authorization requires detailed documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350mg, and a specific reason why member cannot be drowsy for even a short time period. Member must not have other sedating medications in current claims history; and
2. 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.

Lorzone ™ (Chlorzoxazone) Approval Criteria:

1. Generic chlorzoxazone 500mg tablets must be tried prior to consideration of Lorzone™; and
2. A patient-specific, clinically significant reason why the member cannot use generic chlorzoxazone 500mg tablets; and
3. The following quantity limits apply:
    a. Lorzone™ 375mg tablets: 120 tablets for 30 days
    b. Lorzone™ 750mg tablets: 120 tablets for 30 days

Zanaflex® (Tizanidine) Capsules Approval Criteria:

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

Amrix® (Cyclobenzaprine Extended-Release) and Fexmid® (Cyclobenzaprine 7.5mg Tablets):

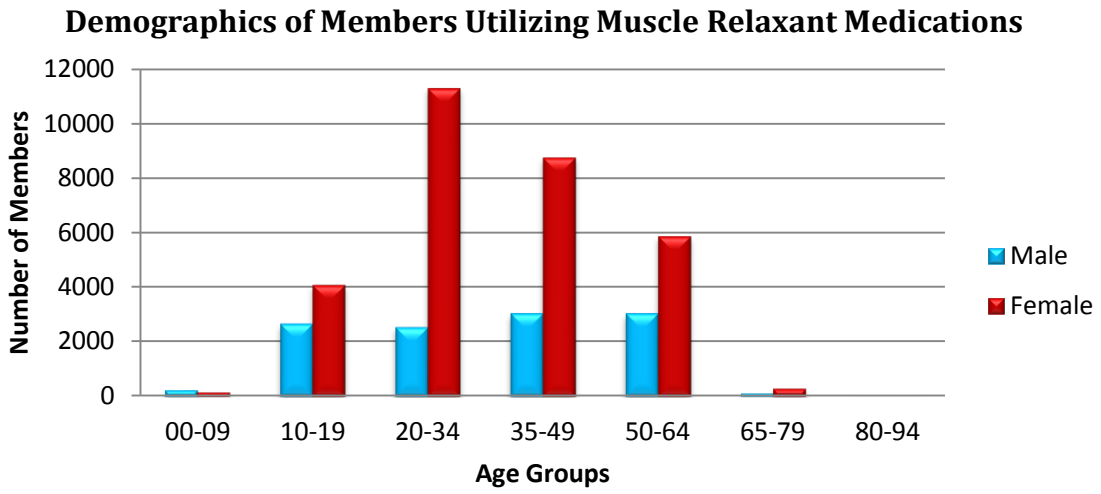
1. Authorization requires clinical documentation of inability to take other generically available forms of cyclobenzaprine tablets.
2. The following quantity limits apply:
    a. Amrix® capsules: 30 capsules for 30 days
    b. Fexmid® 7.5mg tablets: 90 tablets for 30 days

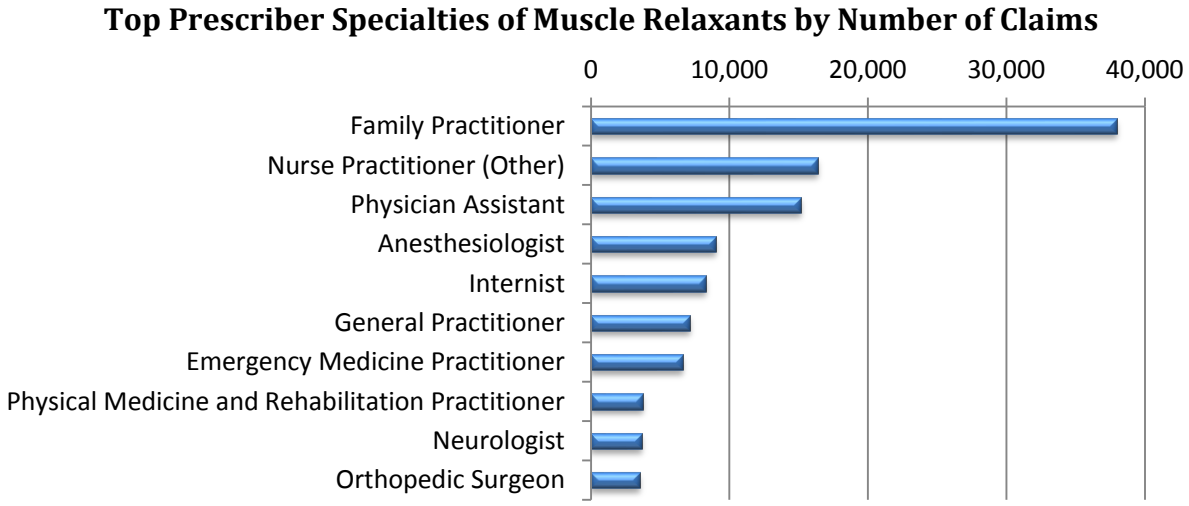
Utilization of Muscle Relaxant Medications

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	42,407	119,292	$1,462,851.76	$12.26	$0.52	7,801,723	2,830,284
2014	42,120	122,831	$1,809,829.96	$14.73	$0.61	8,164,210	2,972,372
% Change	-0.70%	3.00%	23.70%	20.10%	17.30%	4.60%	5.00%
Change	-287	3,539	$346,978.20	$2.47	$0.09	362,487	142,088

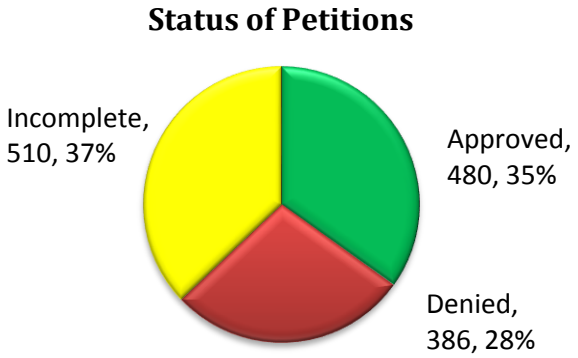
*Total number of unduplicated members.





Prior Authorization of Muscle Relaxant Medications

There were 1,376 petitions submitted for the Muscle Relaxant Medication category during fiscal year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[22]

Anticipated Patent Expirations:

- Amrix® (cyclobenzaprine extended-release capsules): November 2023

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Muscle Relaxant Medications: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
BACLOFEN PRODUCTS						
LIORESAL INT INJ 40MG/20	14	2	$25,484.76	$71.39	$1,820.34	1.41%
BACLOFEN POW	307	69	$15,685.16	$1.58	$51.09	0.87%
BACLOFEN TAB 10MG	13,471	4,301	$140,718.18	$0.38	$10.45	7.78%
BACLOFEN TAB 20MG	5,827	1,411	$112,307.03	$0.67	$19.27	6.21%
SUBTOTAL	**19,619**	**5,783**	**$294,195.13**	**$0.53**	**$14.99**	**16.27%**
CARISOPRODOL PRODUCTS						
CARISOPRODOL 250MG	4	4	$344.43	$4.47	$86.11	0.02%
CARISOPRODOL 350MG	7,850	3,578	$67,548.13	$0.34	$8.60	3.73%
CAR/ASA/COD	4	3	$206.30	$4.13	$51.58	0.01%
CARISOPR/ASA TAB 200-325	3	3	$148.49	$5.94	$49.50	0.01%
SUBTOTAL	**7,861**	**3,588**	**$68,247.35**	**$0.34**	**$8.68**	**3.77%**
CHLORZOXAZONE PRODUCTS						
CHLORZOXAZON TAB 500MG	1,659	800	$29,541.95	$0.77	$17.81	1.63%
SUBTOTAL	**1,659**	**800**	**$29,541.95**	**$0.77**	**$17.81**	**1.63%**
CYCLOBENZAPRINE PRODUCTS						
AMRIX CAP 15MG	10	1	$10,058.84	$27.94	$1,005.88	0.56%
CYCLOBENZAPR POW HCL	16	12	$593.26	$1.40	$37.08	0.03%
CYCLOBENZAPR TAB 10MG	49,221	22,512	$390,291.74	$0.35	$7.93	21.57%
CYCLOBENZAPR TAB 5MG	7,426	4,874	$61,511.77	$0.44	$8.28	3.40%
SUBTOTAL	**56,673**	**27,399**	**$462,455.61**	**$0.37**	**$8.16**	**25.56%**
METAXALONE PRODUCTS						
METAXALONE TAB 800MG	494	178	$134,634.25	$10.38	$272.54	7.44%
SKELAXIN TAB 800MG	9	1	$1,781.56	$7.75	$197.95	0.10%
SUBTOTAL	**503**	**179**	**$136,415.81**	**$10.33**	**$271.20**	**7.54%**
METHOCARBAMOL PRODUCTS						
METHOCARB 500MG	4,434	2,383	$46,711.78	$0.50	$10.53	2.58%
METHOCARB 750MG	5,765	2,770	$77,455.86	$0.57	$13.44	4.28%
SUBTOTAL	**10,199**	**5,153**	**$124,167.64**	**$0.54**	**$12.17**	**6.86%**
ORPHENADRINE PRODUCTS						
ORPHENADRINE INJ 30MG/ML	1	1	$22.36	$22.36	$22.36	0.00%

[22] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 4/7/15. Last accessed 4/8/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
ORPHENADRINE TAB 100MG	3,054	2,024	$59,579.38	$1.04	$19.51	3.29%
ORPH/ASA/CAF TAB	1	1	$28.79	$4.11	$28.79	0.00%
ORPHEN CPD TAB DS	2	2	$31.22	$6.24	$15.61	0.00%
SUBTOTAL	**3,058**	**2,028**	**$59,661.75**	**$1.04**	**$19.51**	**3.29%**
TIZANIDINE PRODUCTS						
TIZANIDINE TAB 2MG	2,185	810	$60,991.48	$1.05	$27.91	3.37%
TIZANIDINE TAB 4MG	21,073	6,521	$573,927.53	$1.01	$27.24	31.71%
ZANAFLEX TAB 4MG	1	1	$225.71	$7.52	$225.71	0.01%
SUBTOTAL	**23,259**	**7,332**	**$635,144.72**	**$1.01**	**$27.31**	**35.09%**
TOTAL	**122,831**	**42,120**	**$1,809,829.96**	**$0.61**	**$14.73**	**100%**

*Total number of unduplicated members.

Annual Review of Nasal Allergy Medications

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Nasal Allergy Medications*		
Tier-1	**Tier-2**	**Tier-3**
flunisolide (Nasalide®, Nasarel®)	beclomethasone (Beconase® AQ)	azelastine (Astelin®, Astepro®)
fluticasone (Flonase®)		azelastine/fluticasone (Dymista®)
triamcinolone (Nasacort AQ®)		beclomethasone (Qnasl®)
		budesonide (Rhinocort AQ®)
		ciclesonide (Omnaris®, Zetonna)
		fluticasone (Veramyst®)
		mometasone (Nasonex®)
		olapatadine (Patanase®)

*Tier structure based on supplemental rebate participation.

Nasal Allergy Medications Tier-2 Approval Criteria:

1. Failure with all Tier 1 medications defined as no beneficial response after at least three weeks use at the maximum recommended dose; or
2. Documented adverse effect or contraindication to all Tier-1 medications.

Nasal Allergy Medications Tier-3 Approval Criteria:

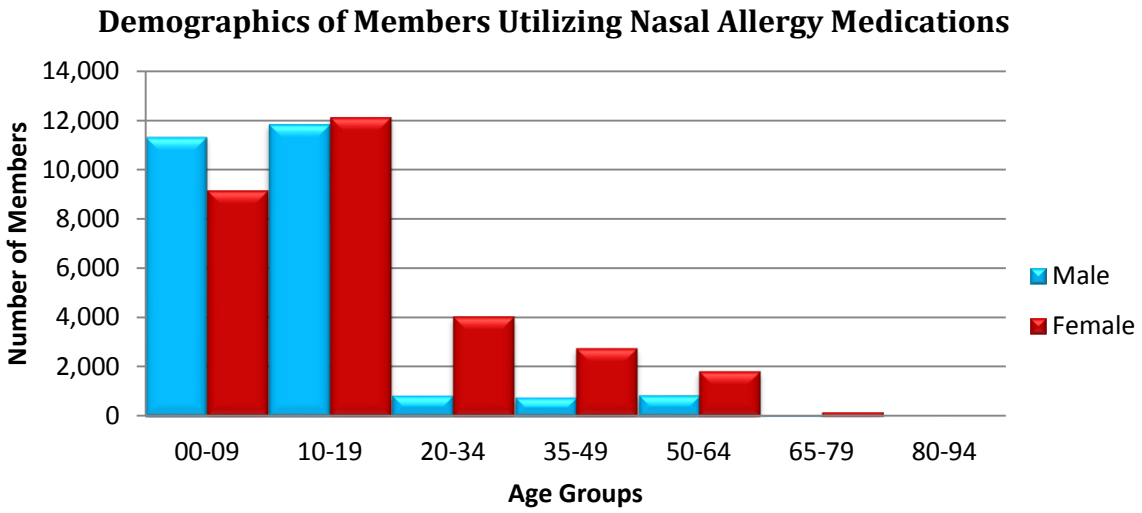
1. All Tier-2 criteria must be met; and
2. Failure with all available Tier-2 products defined as no beneficial response after at least three weeks use at the maximum recommended dose; or
3. Documented adverse effect or contraindication to all Tier-2 medications.
4. No grandfathering of Tier-2 or Tier-3 products will be allowed for this category.
5. For 2 to 4 year old members, the age-appropriate, lower-tiered generic products must be tried prior to the approval of higher tiered products.

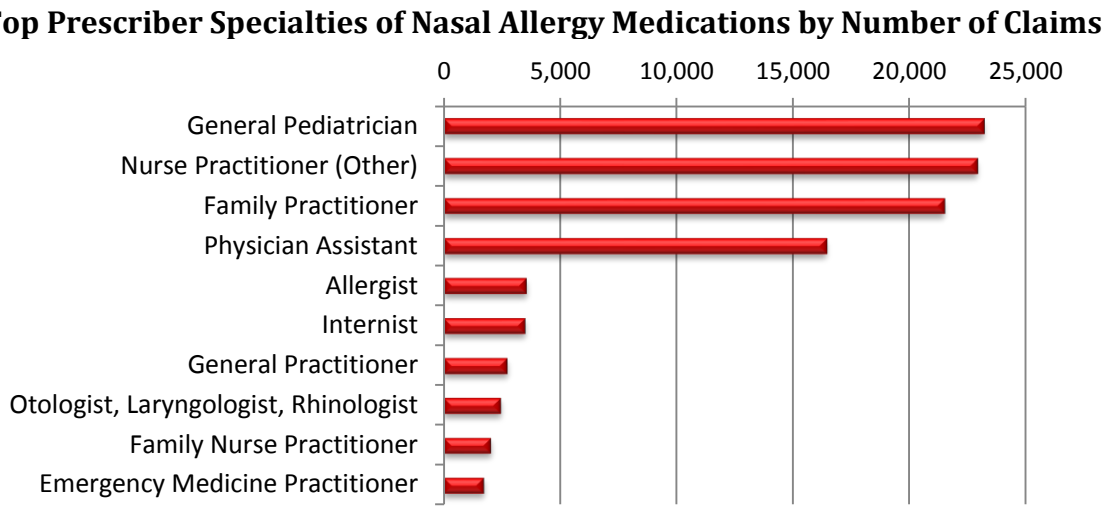
Utilization of Nasal Allergy Medications

Comparison of Calendar Years

Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	50,420	90,758	$2,089,166.14	$23.02	$0.70	1,466,834	2,986,874
2014	55,933	103,549	$1,770,189.35	$17.10	$0.51	1,670,170	3,465,252
% Change	**10.90%**	**14.10%**	**-15.30%**	**-25.70%**	**-27.10%**	**13.90%**	**16.00%**
Change	**5,513**	**12,791**	**-$318,976.79**	**-$5.92**	**-$0.19**	**203,336**	**478,378**

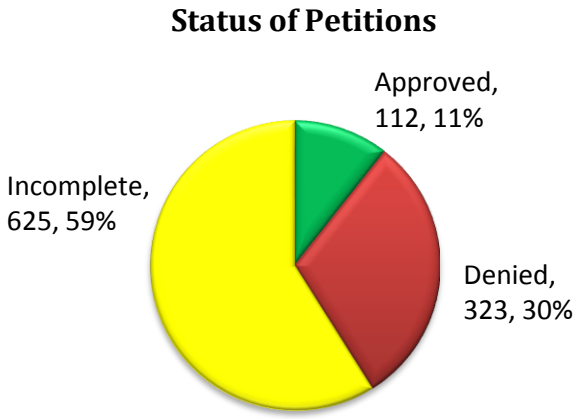
*Total number of unduplicated members.





Prior Authorization of Nasal Allergy Medications

There were 1,060 petitions submitted for the Nasal Allergy Medication category during calendar year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[23, 24, 25]

Anticipated Patent Expirations:

- Nasonex® (mometasone): October 2017
- Omnaris® (ciclesonide): October 2017
- Zetonna® (ciclesonide): October 2017
- Veramyst® (fluticasone): August 2021
- Dymista® (azelastine/Fluticasone): August 2023
- Qnasl® (beclomethasone): January 2027

FDA Updates:

- **October 2013:** The FDA approved Nasacort Allergy 24HR (triamcinolone acetonide), for over-the counter (OTC) treatment of nasal allergy symptoms in patients two years of age and older.
- **July 2014:** GlaxoSmithKline announced that the FDA approved Flonase® (fluticasone propionate 50mcg spray) as an OTC treatment for temporary relief of the symptoms of hay fever or upper respiratory allergies.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Nasal Allergy Medications: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TIER-1 PRODUCTS						
FLUNISOLIDE SPR	1,287	644	$73,018.91	$1.99	$56.74	4.12%
FLUNISOLIDE SPR	7	3	$156.78	$0.75	$22.40	0.01%
FLUTICASONE SPR	98,270	53,776	$1,357,065.59	$0.41	$13.81	76.66%
TRIAMCINOLON AER	3,624	2,090	$289,257.88	$2.32	$79.82	16.34%
NASACORT AQ AER	8	6	$989.59	$3.73	$123.70	0.06%
SUBTOTAL	**103,196**	**56,519**	**$1,720,488.666**	**$0.50**	**$16.67**	**97.19%**
TIER-2 PRODUCTS						
BECONASE AQ SUS	27	12	$4,865.79	$5.72	$180.21	0.27%
SUBTOTAL	**27**	**12**	**$4,865.79**	**$5.72**	**$180.21**	**0.27%**
TIER-3 PRODUCTS						
ASTEPRO SPR 0.15%	7	2	$932.94	$3.46	$133.28	0.05%
AZELASTINE SPR 0.1%	16	6	$664.70	$1.38	$41.54	0.04%
AZELASTINE SPR	2	1	$242.66	$4.04	$121.33	0.01%

[23] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 4/7/15. Last accessed 4/8/15.
[24] FDA: FDA Approves Over-the-Counter Nasacort Allergy 24 HR to Treat Hay Fever and Nasal Allergies. Available online at: http://www.fda.gov/Drugs/NewsEvents/ucm370973.htm. Last revised 10/11/2013. Last accessed 04/14/2015.
[25] GlaxoSmith Kline PLC. FDA Approves Flonase® Allergy Relief for Sale Over-the-Counter in the United Sates. Available online at: http://us.gsk.com/en-us/media/press-releases/2014/fda-approves-flonase-allergy-relief-for-sale-over-the-counter-in-the-united-states/. Last revised 07/24/14. Last accessed 04/14/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
BUDESONIDE SUS	12	9	$1,651.48	$3.92	$137.62	0.09%
DYMISTA SPR 137-50	20	5	$3,082.98	$5.14	$154.15	0.17%
NASONEX SPR	53	14	$8,912.40	$5.61	$168.16	0.50%
OMNARIS SPR	7	1	$1,157.65	$5.51	$165.38	0.07%
QNASL AER 80MCG	23	4	$3,073.95	$4.46	$133.65	0.17%
RHINOCORT SUS	11	8	$1,453.45	$3.73	$132.13	0.08%
VERAMYST SPR	169	26	$22,638.34	$4.47	$133.95	1.28%
ZETONNA AER	6	1	$1,024.26	$5.69	$170.71	0.06%
SUBTOTAL	**326**	**77**	**$44,868.47**	**$4.50**	**$137.63**	**2.52%**
TOTAL	**103,549**	**55,933***	**$1,770,189.35**	**$0.51**	**$17.10**	**100.00%**

*Total number of unduplicated members

Annual Review of Neupro® (Rotigotine Transdermal System), Requip XL® (Ropinirole Extended-Release), & Mirapex ER® (Pramipexole Extended-Release)

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Requip XL® (Ropinirole) & Mirapex ER® (Pramipexole) Approval Criteria:

8. An FDA approved diagnosis of Parkinson's Disease; and
9. A patient-specific, clinically significant reason why the immediate release products cannot be used.

Neupro® (Rotigotine Transdermal System) Approval Criteria:

1. For the diagnosis of Parkinson's Disease the following criteria apply:
   a. An FDA approved indication for the treatment of signs and symptoms of Parkinson's Disease; and
   b. Member must be 18 years of age or older; and
   c. Failed treatment, intolerance, or a patient-specific, clinically significant reason why the member cannot use oral dopamine agonists.
2. For the diagnosis of Restless Leg Syndrome the following criteria apply:
   a. An FDA approved indication of Restless Leg Syndrome; and
   b. Member must be 18 years of age or older; and
   c. Documented treatment attempts at recommended dose with at least two of the following that did not yield adequate relief:
      i. carbidopa/levodopa; or
      ii. pramipexole; or
      iii. ropinirole

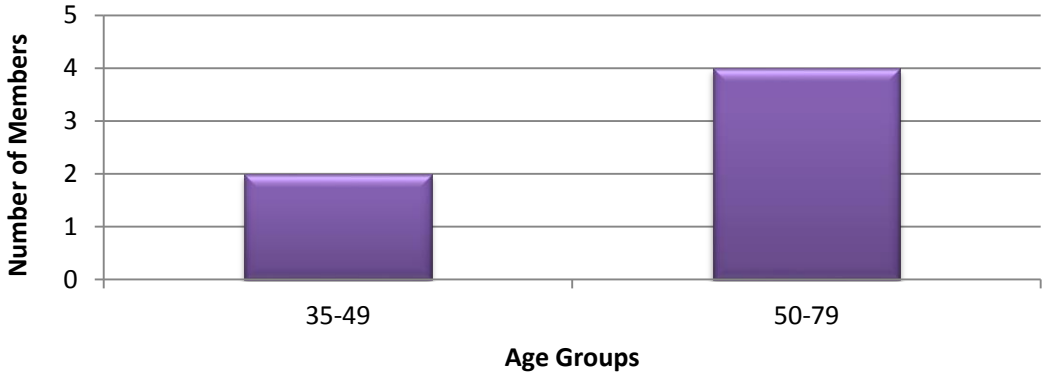
Utilization of Neupro®, Requip XL®, & Mirapex ER®

Comparison of Calendar Years

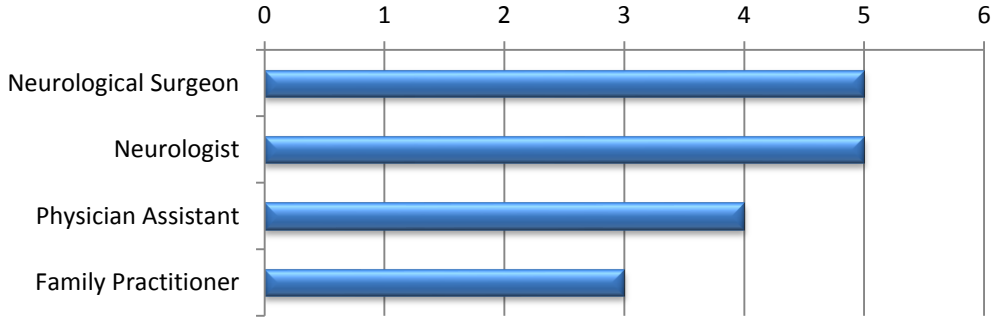
Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	3	7	$1,644.38	$234.91	$6.85	240	240
2014	6	17	$8,459.93	$497.64	$16.59	510	510
% Change	**100.00%**	**142.90%**	**414.50%**	**111.80%**	**142.20%**	**112.50%**	**112.50%**
Change	**3**	**10**	**$6,815.55**	**$262.73**	**$9.74**	**270**	**270**

*Total number of unduplicated members.

Demographics of Members Utilizing Neupro®, Requip XL®, & Mirapex ER®



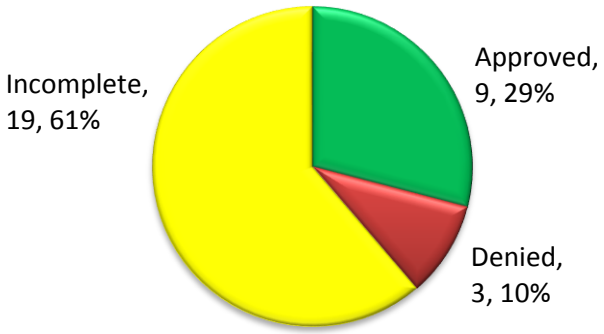
Top Prescriber Specialties of Neupro®, Requip XL®, & Mirapex ER® by Number of Claims



Prior Authorization of Neupro®, Requip XL®, & Mirapex ER®

There were 31 petitions submitted for Neupro®, RequipXL®, and Mirapex ER® during calendar year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[26]

Anticipated Patent Expirations:

- Neupro® (rotigotine)- 03/2019

[26] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Neupro®, Requip XL®, & Mirapex ER®: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
NEUPRO 4MG/24HR	7	2	$3,651.45	$521.64	$17.39	43.16%
NEUPRO 2MG/24HR	7	3	$3,270.63	$467.23	$15.57	38.66%
NEUPRO 1MG/24HR	2	2	$1,015.52	$507.76	$16.93	12.00%
NEUPRO 8MG/24HR	1	1	$522.33	$522.33	$17.41	6.17%
TOTAL	**17**	**6**	**$8,459.93**	**$497.64**	**$16.59**	**100%**

*Total number of unduplicated members.

There were no ropinirole or pramipexole claims during calendar year 2014.

Annual Review of Nuedexta® (Dextromethorphan/Quinidine)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Nuedexta® (Dextromethorphan/Quinidine) Approval Criteria:

5. An FDA approved diagnosis of pseudobulbar affect; and
6. Member must be 18 years of age or older; and
7. A quantity limit of 60 tablets per 30 days will apply.
8. Approvals will be for the duration of one year.

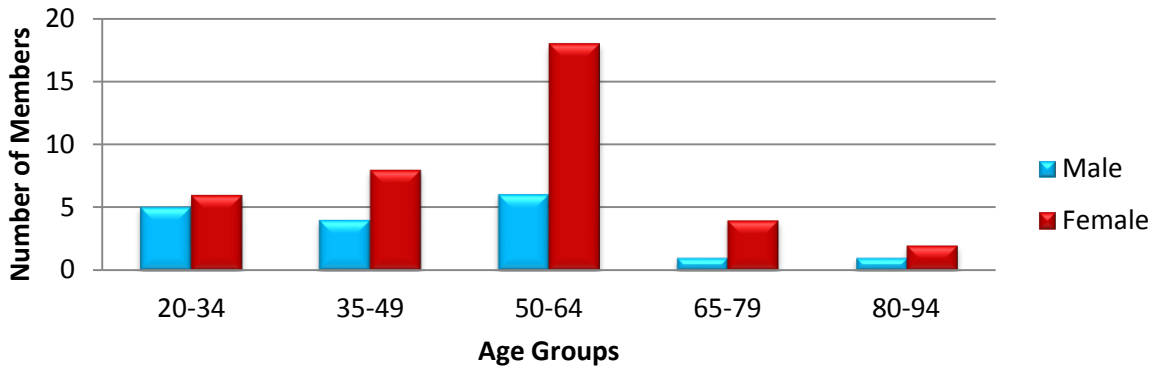
Utilization of Nuedexta® (Dextromethorphan/Quinidine)

Comparison of Fiscal Years

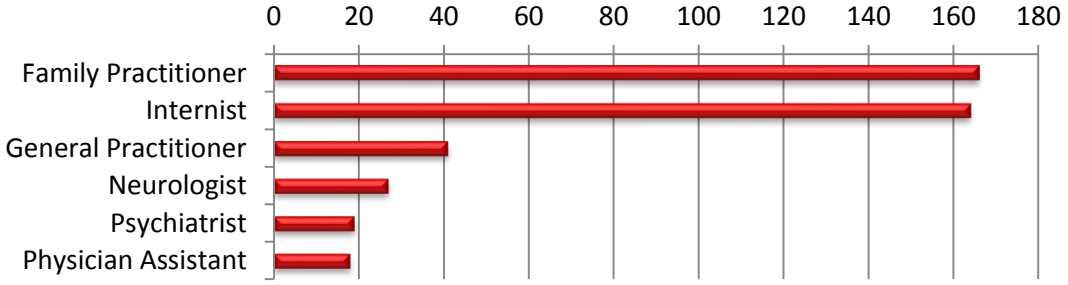
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	64	394	$194,166.10	$492.81	$18.92	19,792	10,262
2014	55	435	$214,280.09	$492.60	$20.27	20,330	10,572
% Change	-12.70%	10.40%	10.40%	-0.04%	7.10%	2.70%	3.00%
Change	-8	41	$20,113.99	-$0.21	$1.35	538	310

*Total number of unduplicated members.

Demographics of Members Utilizing Nuedexta® (Dextromethorphan/Quinidine)

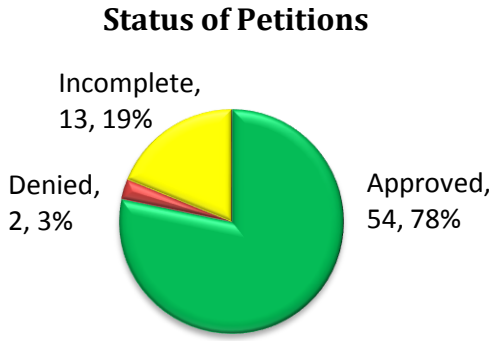


Top Prescriber Specialties of Nuedexta® (Dextromethorphan/Quinidine) by Number of Claims



Prior Authorization of Nuedexta® (Dextromethorphan/Quinidine)

There were 69 petitions submitted for Nuedexta® during fiscal year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[27]

Anticipated Patent Expirations:

- Nuedexta® (dextromethorphan/quinidine): August 2026

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Nuedexta®: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
NUEDEXTA CAP 20-10MG	435	55	$214,280.09	$20.27	$492.60	100.00%
TOTAL	**435**	**55***	**$214,280.09**	**$20.27**	**$492.60**	**100%**

*Total number of unduplicated members.

[27] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/16/14. Last accessed 12/17/14.

Annual Review of Ocular Allergy Products

Oklahoma Health Care Authority
Calendar Year 2014 Print Review

Current Prior Authorization Criteria

Ocular Allergy Products*		
Tier-1	**Tier-2**	**Tier-3**
cromolyn (Crolom®)	azelastine (Optivar®)	alcaftadine (Lastacaft™)
ketotifen (Alaway®, Zaditor OTC)		bepotastine (Bepreve™)
		emedastine (Emadine®)
		epinastine (Elestat®)
		lodoxamide (Alomide®)
		loteprednol (Alrex®)
		nedocromil (Alocril®)
		olopatadine (Pataday®, Patanol®)

*Tier structure based on supplemental rebate participation.

Ocular Allergy Tier-2 Approval Criteria:

3. An FDA approved diagnosis; and
4. 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; or
5. A contraindication to all lower tiered medications.

Ocular Allergy Tier-3 Approval Criteria:

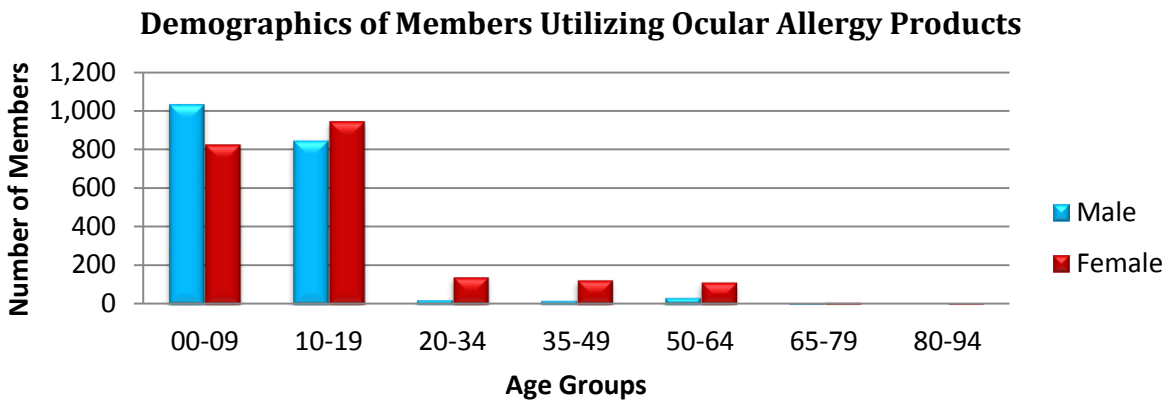
4. An FDA approved diagnosis; and
5. Recent trials of one Tier-1 product and all available Tier-2 medications for a minimum of two weeks each that did not yield adequate relief of symptoms or resulted in intolerable adverse effects; or
6. A contraindication to all lower tiered medications.

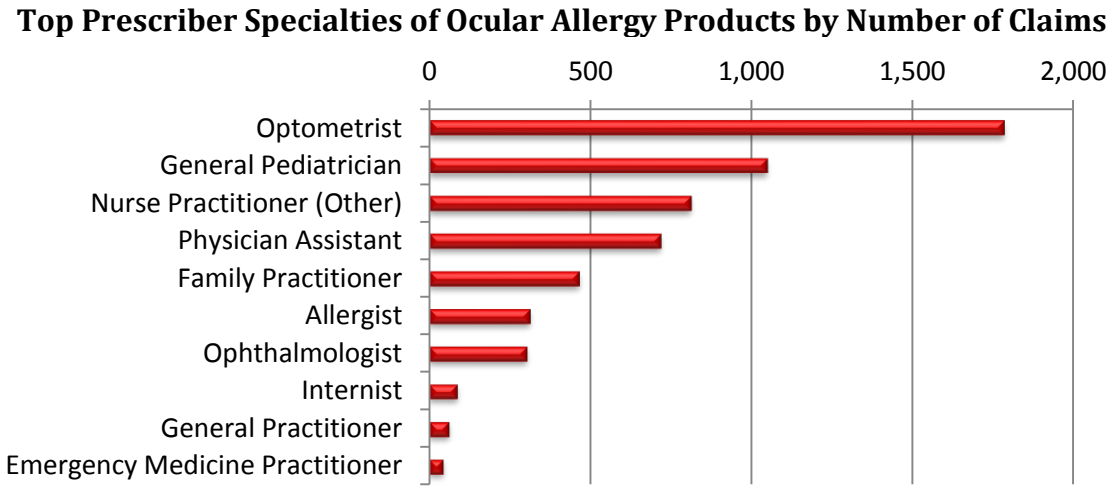
Utilization of Ocular Allergy Products

Comparison of Calendar Years

Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	3,860	5,285	$116,466.72	$22.04	$0.71	36,374	164,985
2014	4,130	5,807	$130,313.61	$22.44	$0.72	38,220	180,556
% Change	**7.00%**	**9.90%**	**11.90%**	**1.80%**	**1.40%**	**5.10%**	**9.40%**
Change	**270**	**522**	**$13,846.89**	**$0.40**	**$0.01**	**1,846**	**15,571**

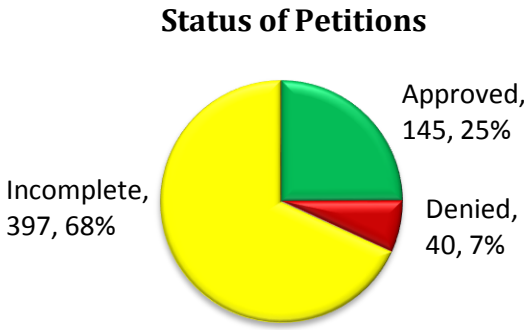
*Total number of unduplicated members.





Prior Authorization of Ocular Allergy Products

There were 582 petitions submitted for the ocular allergy products category during calendar year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[28]

Anticipated Patent Expirations:

- Patanol® (olopatadine): December 2015
- Pataday® (olopatadine): May 2024
- Bepreve™ (bepotastine): May 2024
- Lastacaft® (alcaftadine): October 2029

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Ocular Allergy Products: Calendar Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
TIER-1 PRODUCTS						
CROMOLYN SOD SOL 4% OP	782	602	$10,069.47	$0.40	$12.88	7.73%
KETOTIFEN DRO 0.025% OP	4,652	3,574	$61,826.11	$0.43	$13.29	47.45%
SUBTOTAL	**5,434**	**4,176**	**$71,895.58**	**$0.42**	**$13.23**	**55.18%**
TIER-2 PRODUCTS+						
PATADAY SOL 0.2%	93	46	$12,690.24	$4.29	$136.45	9.74%
PATANOL SOL 0.1% OP	266	80	$43,394.94	$5.64	$163.14	33.30%
SUBTOTAL	**359**	**126**	**$56,085.18**	**$5.27**	**$156.23**	**43.04%**
TIER-3 PRODUCTS						
ALREX SUS 0.2%	4	4	$703.34	$8.27	$175.84	0.54%
BEPREVE DRO 1.5%	6	4	$1,082.09	$5.55	$180.35	0.83%
LASTACAFT SOL 0.25%	4	1	$547.42	$4.56	$136.86	0.42%
SUBTOTAL	**14**	**9**	**$2,332.85**	**$5.83**	**$166.63**	**1.79%**
TOTAL	**5,087**	**4,130***	**$130,313.61**	**$0.72**	**$22.44**	**100%**

*Total number of unduplicated members.

+Effective January 1st 2015, Tier-2 products Pataday® and Patanol® were moved to Tier-3 based on withdrawal of supplemental rebate participation.

[28] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/29/15. Last accessed 1/29/15.

Annual Review of Ocular Antibiotic Products

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Ocular Antibiotic Tier-2 Approval Criteria:

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

Ocular Antibiotic Tier-3 Approval Criteria:

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

Ophthalmic Antibiotics: Liquids		
Tier-1	**Tier-2**	**Tier-3**
gentamicin (Gentak®)	ciprofloxacin (Ciloxan®)	azithromycin (Azasite®)
neomycin/polymixin B/gramicidin (Neosporin ®)	ofloxacin (Ocuflox®)	besifloxacin (Besivance®)
polymyxin B/trimethoprim (Polytrim®)		levofloxacin (Quixin®)
sulfacetamide sodium (Bleph-10®)		gatifloxacin (Zymaxid®)
tobramycin (Tobrex®)		moxifloxacin (Vigamox®, Moxeza®)

Ophthalmic Antibiotics: Ointments	
Tier 1	**Tier 2**
bacitracin (AK-Tracin®)	ciprofloxacin (Ciloxan®)
bacitracin/polymixin B (AK-Poly-Bac®)	
erythromycin (Ilotycin™, Romycin®)	
gentamycin (Gentak®)	
neomycin/polymyxin B/bacitracin (Neosporin®)	
sulfacetamide sodium (Bleph-10®)	
tobramycin (Tobrex®)	

Antibiotic/Steroid Combination Tier-2 Approval Criteria:

1. Prescription written by optometrists/ophthalmologists; or
2. When requested medication is being used for pre/post-operative prophylaxis.

Ophthalmic Antibiotic/Steroid Combination Products	
Tier-1	**Tier-2**
	bacitracin/polymixin B/neomycin/hydrocortisone oint
	gentamycin/prednisolone (Pred-G®) susp & oint
	neomycin/polymixin B/dexamethasone (Maxitrol®) susp & oint
	neomycin/polymixin B/hydrocortisone (Cortisporin ®) susp
	neomycin/polymixin B/prednisolone (Poly-Pred®) susp
	sulfacetamide sodium/prednisolone (Blephamide®) susp & oint
	tobramycin/dexamethasone (Tobradex®) susp & oint
	tobramycin/loteprednol (Zylet®) suspension

oint= ointment
Susp= suspension

Utilization of Ocular Antibiotic Products

Comparison of Fiscal Years: Ophthalmic Antibiotic Liquids

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	30,773	34,495	$594,056.14	$17.22	$1.46	287,931	405,576
2014	27,654	30,715	$542,478.42	$17.66	$1.47	254,999	367,918
% Change	-10.10%	-11.00%	-8.70%	2.60%	0.70%	-11.40%	-9.30%
Change	-3,119	-3,780	-$51,577.72	$0.44	$0.01	-32,932	-37,658

*Total number of unduplicated members.

Comparison of Fiscal Years: Ophthalmic Antibiotic Ointments

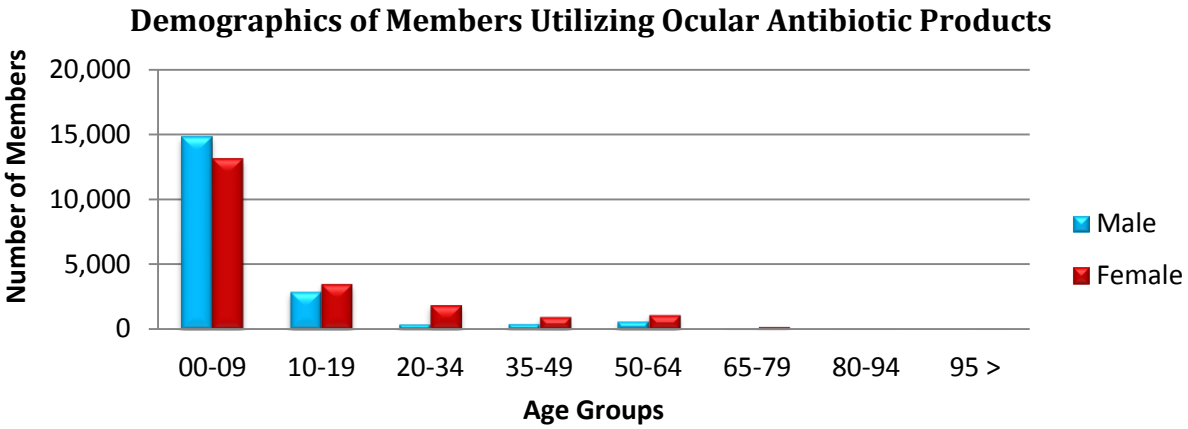
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	10,687	11,746	$218,391.59	$18.59	$2.24	42,035	97,312
2014	9,897	10,735	$193,210.34	$18.00	$2.14	37,452	90,471
% Change	-7.40%	-8.60%	-11.50%	-3.20%	-4.50%	-10.90%	-7.00%
Change	-790	-1,011	-$25,181.25	-$0.59	-$0.10	-4,583	-6,841

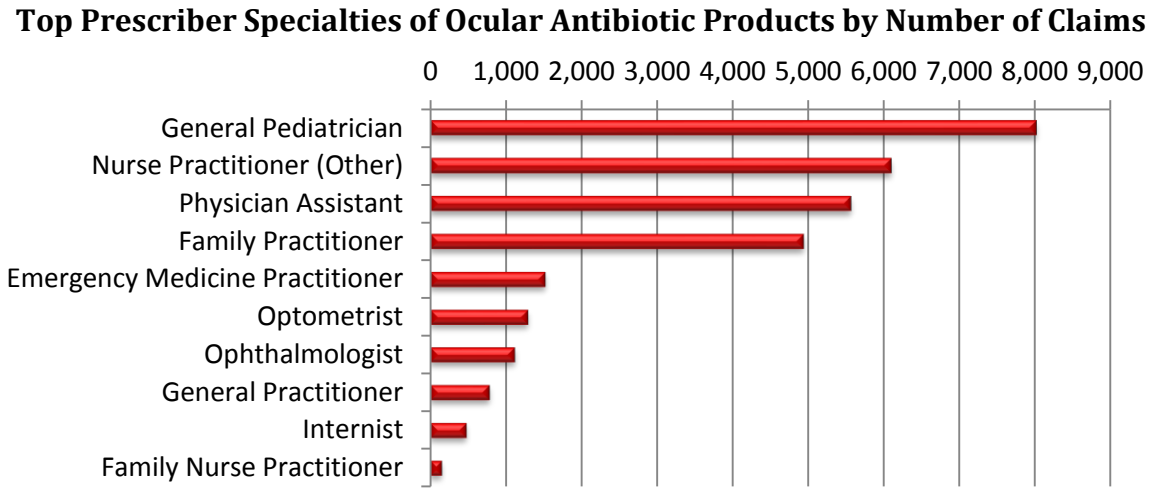
*Total number of unduplicated members.

Comparison of Fiscal Years: Ophthalmic Antibiotic/Steroid Combinations

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	2,006	2,341	$133,554.50	$57.05	$4.64	10,726	28,812
2014	1,880	2,231	$121,702.62	$54.55	$4.24	10,113	28,682
% Change	-6.30%	-4.70%	-8.90%	-4.40%	-8.60%	-5.70%	-0.50%
Change	-126	-110	-$11,851.88	-$2.50	-$0.40	-613	-130

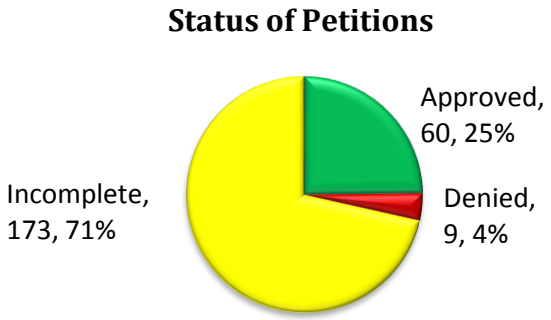
*Total number of unduplicated members.





Prior Authorization of Ocular Antibiotic Products

There were 242 petitions submitted for ocular antibiotic products during fiscal year 2014. Computer edits are in place to detect Tier-1 medications in members' recent claims history and generate automated prior authorizations where possible. The following chart shows the status of the submitted petitions.



Market News and Updates[29]

Anticipated Patent Expirations:

- Azasite® (azithromycin): March 2019
- Vigamox® (moxifloxacin): March 2020
- Tobradex® ST (tobramycin/dexamethasone): August 2028
- Moxeza® (moxifloxacin): May 2029
- Besivance® (besifloxacin): January 2031

Recommendations

The College of Pharmacy recommends the following changes to the Ocular Antibiotic Product Based Prior Authorization category:

1. Place ciprofloxacin and ofloxacin ophthalmic solutions into Tier-1 based on generic availability and the State Maximum Allowable Cost (SMAC).
2. Place levofloxacin ophthalmic solution into Tier-2 based on generic availability and the State Maximum Allowable Cost (SMAC).

Ophthalmic Antibiotics: Liquids		
Tier-1	**Tier-2**	**Tier-3**
ciprofloxacin (Ciloxan®)	**levofloxacin (Quixin®)**	azithromycin (Azasite®)
gentamicin (Gentak®)		besifloxacin (Besivance®)
neomycin/polymixin B/gramicidin (Neosporin ®)		gatifloxacin (Zymaxid®)
ofloxacin (Ocuflox®)		moxifloxacin (Vigamox®, Moxeza®)
polymyxin B/trimethoprim (Polytrim®)		
sulfacetamide sodium (Bleph-10®)		
tobramycin (Tobrex®)		

Ophthalmic Antibiotics: Ointments	
Tier 1	**Tier 2**
bacitracin (AK-Tracin®)	ciprofloxacin (Ciloxan®)
bacitracin/polymixin B (AK-Poly-Bac®)	
erythromycin (Ilotycin™, Romycin®)	
gentamycin (Gentak®)	
neomycin/polymyxin B/bacitracin (Neosporin®)	
sulfacetamide sodium (Bleph-10®)	
tobramycin (Tobrex®)	

Ocular Antibiotic Tier-2 Approval Criteria:

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

[29] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/23/14. Last accessed 12/23/14.

Ocular Antibiotic Tier-3 Approval Criteria:

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

Ophthalmic Antibiotic/Steroid Combination Products	
Tier-1	**Tier-2**
	bacitracin/polymixin B/neomycin/hydrocortisone oint
	gentamycin/prednisolone (Pred-G®) susp & oint
	neomycin/polymixin B/dexamethasone (Maxitrol®) susp & oint
	neomycin/polymixin B/hydrocortisone (Cortisporin ®) susp
	neomycin/polymixin B/prednisolone (Poly-Pred®) susp
	sulfacetamide sodium/prednisolone (Blephamide®) susp & oint
	tobramycin/dexamethasone (Tobradex®) susp & oint
	tobramycin/loteprednol (Zylet®) suspension

oint= ointment
Susp= suspension

Antibiotic/Steroid Combination Tier-2 Approval Criteria:

1. Prescription written by optometrists/ophthalmologists; or
2. When requested medication is being used for pre/post-operative prophylaxis.

Utilization Details of Ocular Antibiotic Products: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
OPHTHALMIC ANTIBIOTIC LIQUIDS						
TIER-1 PRODUCTS						
GENTAMICIN SOL 0.3%	6,920	6,516	$65,063.68	$0.93	$9.40	12.00%
NEO/POLY/GRA SOL OP	720	694	$32,333.24	$3.79	$44.91	5.96%
POLYMYXIN B/ TRI SOL	10,808	10,320	$132,080.98	$0.94	$12.22	24.35%
SULFACET SOD SOL 10%	4,199	4,071	$113,172.71	$1.89	$26.95	20.86%
TOBRAMYCIN SOL 0.3%	6,154	5,779	$80,696.06	$1.30	$13.11	14.88%
SUBTOTAL	**28,801**	**27,380**	**$423,346.67**	**$1.24**	**$14.70**	**78.05%**
TIER-2 PRODUCTS						
CIPROFLOXACN SOL 0.3%	287	264	$3,286.31	$1.00	$11.45	0.61%
OFLOXACIN DRO 0.3% OP	634	518	$5,791.34	$0.60	$9.13	1.07%
SUBTOTAL	**921**	**782**	**$9,077.65**	**$0.706**	**$9.86**	**1.68%**
TIER-3 PRODUCTS						
AZASITE SOL 1%	57	36	$6,150.95	$5.47	$107.91	1.13%
BESIVANCE SUS 0.6%	181	147	$21,402.77	$6.28	$118.25	3.95%
GATAFLOXACIN SOL	138	105	$14,719.14	$8.23	$106.66	2.71%
MOXEZA SOL 0.5%	15	15	$1,562.89	$8.73	$104.19	0.29%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
VIGAMOX DRO 0.5%	602	466	$66,218.35	$8.42	$110.00	12.21%
SUBTOTAL	**993**	**769**	**$110,054.10**	**$7.66**	**$110.83**	**20.29%**
TOTAL	**30,715**	**27,654***	**$542,478.42**	**$1.47**	**$17.66**	**100%**
OPHTHALMIC ANTIBIOTIC OINTMENTS						
TIER-1 PRODUCTS						
BACITRACIN OIN OP	235	206	$13,969.51	$5.69	$59.44	7.23%
BACIT/POLYMY OIN OP	457	434	$7,189.68	$1.78	$15.73	3.73%
ERYTHROMYCIN OIN OP	8,623	8,048	$123,271.39	$1.70	$14.30	63.81%
GENTAMICIN OIN 0.3%	1,072	1,021	$20,677.43	$2.46	$19.29	10.70%
NEO/BAC/POLY OIN OP	89	79	$3,059.17	$3.63	$34.37	1.59%
SULFACET SOD OIN 10%	50	48	$3,091.50	$7.85	$61.83	1.60%
TOBREX OIN 0.3% OP	200	193	$20,825.31	$12.02	$104.13	10.78%
SUBTOTAL	**10,726**	**10,029**	**$192,083.99**	**$2.13**	**$17.91**	**99.44**
TIER-2 PRODUCTS						
CILOXAN OIN 0.3% OP	9	7	$1,126.35	$11.73	$125.15	0.58%
SUBTOTAL	**9**	**7**	**$1,126.35**	**$11.73**	**$125.15**	**0.58%**
TOTAL	**10,735**	**9,897***	**$193,210.34**	**$2.14**	**$18.00**	**100%**
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATION PRODUCTS						
TIER-2 PRODUCTS						
BAC/POLY/NEO/HC OIN	4	4	$137.23	$4.03	$34.31	0.12%
NEO/POLY/DEX SUS	732	656	$11,222.95	$1.16	$15.33	9.22%
NEO/POLY/DEX OIN	553	447	$8,265.55	$1.47	$14.95	6.79%
NEO/POLY/HC SUS OP	5	5	$99.30	$1.84	$19.86	0.08%
PRED-G SUS OP	3	3	$249.10	$11.86	$83.03	0.20%
SULFACET/PRED SUS OP	1	1	$98.00	$14.00	$98.00	0.08%
TOBRA/DEXAME SUS OP	720	676	$65,939.62	$6.17	$91.58	54.18%
TOBRADEX OIN	138	120	$24,801.25	$16.28	$179.72	20.38%
TOBRADEX ST SUS	52	46	$7,000.94	$10.21	$134.63	5.75%
ZYLET SUS	23	22	$3,888.68	$9.95	$169.07	3.20%
SUBTOTAL	**2,231**	**1,880***	**$121,702.62**	**$4.24**	**$54.55**	**100%**
TOTAL	**2,231**	**1,880***	**$121,702.62**	**$4.24**	**$54.55**	**100%**
TOTAL	**43,681**	**37,360***	**$857,391.38**	**$1.76**	**$19.63**	**N/A**

*Total number of unduplicated members.

Annual Review of Prenatal Vitamin Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Prenatal Vitamin Medications Approval Criteria:

- Most brand-name prenatal vitamins require prior authorization for SoonerCare members. Preferred products do not require prior authorization. Products that are not listed on the preferred product list are non-preferred, and require prior authorization.
- Updated versions of the preferred products list can be downloaded from www.okhca.org/providers/rx.
- SoonerCare Prenatal medication category is modified throughout the fiscal year and adjusted for price fluctuations.

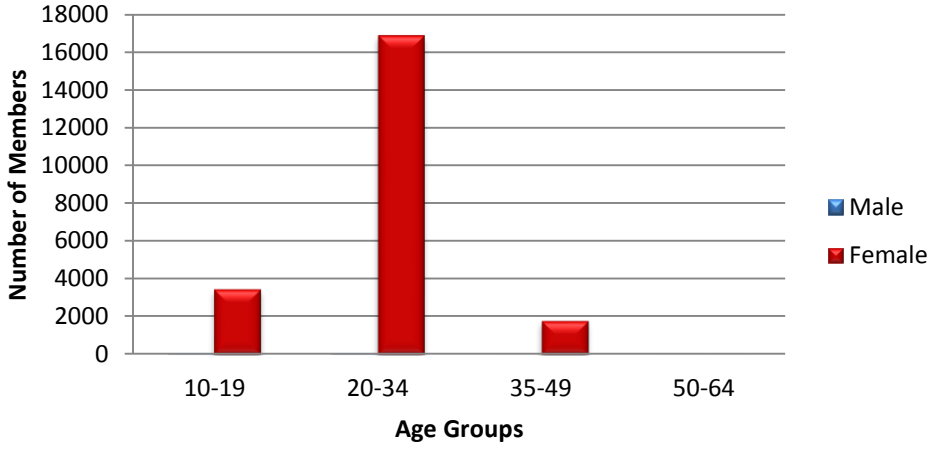
Utilization of Prenatal Vitamin Medications

Comparison of Fiscal Years

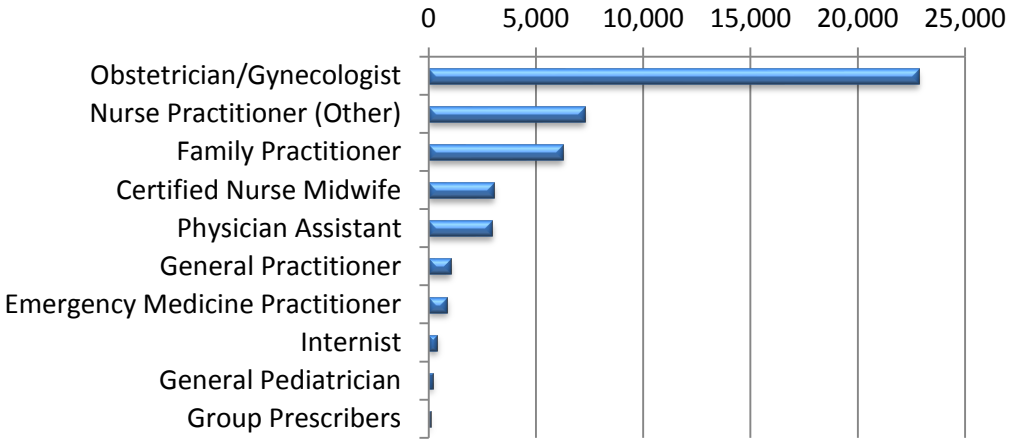
Calendar Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	22,489	44,744	$1,174,607.71	$26.25	$0.56	2,144,542	2,106,289
2014	22,170	45,408	$1,197,293.60	$26.37	$0.58	2,078,316	2,060,556
% Change	**-1.40%**	**1.50%**	**1.90%**	**0.50%**	**3.60%**	**-3.10%**	**-2.20%**
Change	**-319**	**664**	**$22,685.89**	**$0.12**	**$0.02**	**-66,226**	**-45,733**

*Total number of unduplicated members.

Demographics of Members Utilizing Prenatal Vitamin Medications



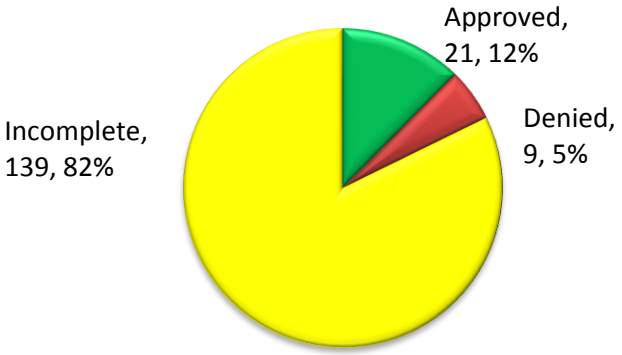
Top Prescriber Specialties of Prenatal Vitamin Medications by Number of Claims



Prior Authorization of Prenatal Vitamin Medications

There were a total of 169 petitions submitted for prenatal vitamin medications during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Prenatal Vitamin Medications: Fiscal Year 2014

GENERIC NAME	BRAND NAME	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PRENATAL TAB PLUS	12,757	6,924	$124,851.97	$0.22	$9.79
Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG	TARON-C DHA CAP	11,952	6,617	$439,404.53	$0.78	$36.76
Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG	CONCEPT DHA CAP	9,395	4,752	$331,373.08	$0.81	$35.27
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG	FOLIVANE-OB CAP	1,836	1,126	$55,996.80	$0.68	$30.50

GENERIC NAME	BRAND NAME	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 15-15-1 MG	SE-TAN DHA CAP	1,571	637	$55,938.85	$0.94	$35.61
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG	CONCEPT OB CAP	1,408	791	$41,763.07	$0.68	$29.66
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	VOL-PLUS TAB	992	656	$15,699.26	$0.31	$15.83
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PRENATAL VIT TAB PLUS	954	791	$13,173.78	$0.22	$13.81
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PREPLUS TAB 27-1MG	772	670	$9,170.24	$0.21	$11.88
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG	SE-NATAL 19 TAB	735	428	$13,440.50	$0.43	$18.29
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG	PRENATAL TAB PLUS FE	551	376	$4,350.27	$0.16	$7.90
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PNV PRENATAL TAB PLUS	492	409	$7,977.97	$0.37	$16.22
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG	VOL-TAB RX TAB	341	198	$4,206.62	$0.30	$12.34
Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG	COMPLETENATE CHW	211	124	$6,039.06	$0.62	$28.62
Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG	SE-NATAL 19 CHW	150	118	$3,447.25	$0.51	$22.98
Prenatal MV w/Fe Poly-FA Chw 29-1 MG DHA Cap 250 MG Pak	SELECT-OB+ PAK DHA	141	56	$10,572.29	$2.46	$74.98
Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG	TRINATAL RX TAB 1	127	78	$1,612.51	$0.30	$12.70
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab Omega 3 Cap 250 Pk	COMPLETE NAT PAK DHA	99	67	$2,556.92	$0.79	$25.83
Prenatal MV Fe Polysac Cmplx-FA-DHACap 29-1-200 MG	VITAFOL-ONE CAP	84	32	$7,108.49	$2.42	$84.62
Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG	VINATE ONE TAB	70	62	$1,083.23	$0.24	$15.47
Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG Vit B6 Tab Pak	CITRANATAL MIS B-CALM	49	24	$2,300.24	$1.37	$46.94
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 20-20-1.25 MG	PROVIDA OB CAP	49	26	$2,152.34	$0.97	$43.93
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG	PRENATA CHW 29-1MG	45	37	$551.64	$0.25	$12.26
Prenat w/o Aw/FeFumMethfol-FA-DHA Cap 27-0.6-0.4-300 MG	PNV-DHA CAP	40	20	$2,942.59	$1.75	$73.56
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 MG	VINATE CARE CHW	37	28	$964.09	$0.71	$26.06
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG	VINATE GT TAB	37	28	$569.92	$0.30	$15.40
Prenat w/o Aw/FeFumMethfol-FA-DHA Cap 28-0.6-0.4-300 MG	PRENATE DHA CAP	29	16	$5,173.46	$3.80	$178.40
Prenatal MV w/Fe Poly-FA Chw 29-1 MG DHA Cap 250 MG Pak	CHOICE-OB+ PAK DHA	28	13	$1,485.27	$1.77	$53.05
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG	TRIADVANCE TAB	27	10	$315.84	$0.28	$11.70
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG	VINATE M TAB	27	27	$401.90	$0.21	$14.89

GENERIC NAME	BRAND NAME	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
Prenatal w/Fe Fum-Methylfol-FA Tab 26-0.6-0.4 MG	PRENATE TAB ELITE	20	9	$2,630.08	$3.65	$131.50
Prenat w/o Aw/FeCbn-Methylf-FA-DHA Cap 29-0.6-0.4-350 MG	PRENATE MINI CAP	19	13	$3,814.41	$3.63	$200.76
Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG	VITAFOL-OB TAB 65-1MG	18	11	$1,160.67	$1.20	$64.48
Prenatal w/o VitAw/FeFumDSS-FA-DHACap27-1.25-300 MG	FOLCAL DHA CAP	17	8	$573.14	$0.71	$33.71
Prenatal w/oVitAw/FeFumDSS-FA-DHACap27-1.25-300 MG	PRENEXA CAP	17	8	$2,726.23	$3.63	$160.37
Prenat w/o Aw/FeFumMethfol-FA-DHACap 27-0.6-0.4-300 MG	VIRT-PN DHA CAP	14	6	$1,229.72	$1.58	$87.84
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG	OB COMPLETE CAP ONE	13	4	$1,824.48	$3.58	$140.34
Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG	VINACAL TAB	13	9	$274.02	$0.43	$21.08
Prenat w/o Aw/FeFumMethfol-FA-DHA Cap 27-0.6-0.4-300 MG	ZATEAN-PN CAP DHA	13	8	$692.59	$1.54	$53.28
Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab DHACap 300 MG Pk	CITRANATAL PAK ASSURE	12	5	$859.53	$2.39	$71.63
Prenatal w/o VitAw/FeFumDoc-FA-DHA Cap 29-1.25-350 MG	NEXA PLUS CAP	12	4	$1,270.50	$3.53	$105.88
Prenat w/o A w/ Fe Cbnyl-FA Tab 20-1 MG & Vit B6 Tab Pak	TARON-BC MIS	12	2	$339.57	$0.94	$28.30
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG	TRINATAL GT TAB	11	6	$146.60	$0.25	$13.33
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 M	VINATE II TAB	11	7	$165.42	$0.42	$15.04
Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab DHACap 300 MG Pk	NATALVIRT CA PAK	10	4	$494.83	$1.65	$49.48
Prenatal MV w/ Fe Polysac Cmplx-FA-DHACap 29-1-200MG	PNV-FIRST CAP	10	4	$368.58	$1.02	$36.86
Prenatal w/Fe Fum-FA Tab DR 27-1 MG & DHA Cap 250 MG Pk	GESTICARE PAK DHA	9	3	$482.36	$1.79	$53.60
Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG	HEMENATAL OB TAB 28-6-1MG	9	1	$400.86	$1.59	$44.54
Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG	NATELLE ONE CAP	9	1	$600.06	$2.22	$66.67
Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pk	VITAFOL-OB PAK +DHA	9	6	$721.32	$2.19	$80.15
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 29-1-265 MG	CITRANATAL CAP HARMONY	8	5	$598.82	$2.50	$74.85
Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab &DHACap250MGPk	PNV OB+DHA PAK	8	4	$401.50	$1.49	$50.19
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG	VINATE ULTRA TAB	8	8	$86.96	$0.24	$10.87
Prenat w/o Vit A w/ FeFumDSS-FA-DHACap29-1.25-337.5MG	NEXA SELECT CAP	7	3	$775.81	$3.69	$110.83
Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.2 MG	VP-GGR-B6 TAB PRENATAL	7	4	$178.67	$0.66	$25.52
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck	HEMENATAL OB MIS + DHA	6	2	$243.46	$1.16	$40.58

GENERIC NAME	BRAND NAME	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
Prenat-Fe Poly Cmplx-FeHeme Poly-FA-DHACap22-6-1-200 MG	PREFERAOB CAP ONE	6	4	$502.55	$2.79	$83.76
Prenatal w/oVit A w/FeFum-DSS-FA-DHACap29-1.25-325MG	TL-SELECT CAP	6	1	$346.38	$1.92	$57.73
Prenatal Vit w/FeFum Methylfol-FATab27-0.6-0.4MG	VIRT-PN TAB	6	5	$492.88	$1.33	$82.15
Prenat w/oAw/FeCbn-FeGlDSS-FATab 90&DHACap300MGPk	CITRANATAL MIS 90 DHA	5	2	$377.65	$2.52	$75.53
Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab&DHACap250MG Pk	CITRANATAL PAK DHA	5	1	$369.25	$2.46	$73.85
Prenat w/oA w/FeCbnFeGl-DSS-FATab90&DHACap300MGPk	NATALVIRT MIS 90 DHA	5	5	$256.26	$1.42	$51.25
Prenatlw/oAw/FeCbnFEAspGlyc-FA-OmegaCap35-5-1-20MG	OB COMPLETE CAP PETITE	5	3	$702.35	$3.34	$140.47
Prenatal w/ Calcium-Vit B6-Vit B12-FA-Ginger Tab 1 MG	PRENATE AM TAB 1MG	5	1	$614.10	$4.09	$122.82
Prenat w/o A w/FeAsp-Methylf-FA-Omeg Cap29-0.6-0.4-340 MG	PRENATE CAP ESSENTIA	4	3	$699.80	$3.89	$174.95
Prenat MV &Minw/L-Methylfol-FA ChewTab0.6-0.4MG	PRENATE CHW 0.6-0.4	4	4	$771.03	$2.57	$192.76
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG	TARON-PREX CAP	4	3	$133.36	$1.11	$33.34
Prenat w/Fe Poly-Methylfol-FA-DHA Cap 29-0.6-0.4-200 MG	VITAFOL CAP ULTRA	4	2	$283.63	$2.36	$70.91
Prenatal Vit w/ Fe Fum-Methylfol-FA Tab 27-0.6-0.4MG	ZATEAN-PN TAB	4	2	$450.82	$1.25	$112.71
Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG	O-CAL TAB PRENATAL	3	1	$24.30	$0.27	$8.10
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 430 Pk	PR NATAL 430 PAK EC	3	1	$106.68	$1.19	$35.56
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap PcK	PREFERA OB MIS + DHA	3	2	$191.09	$1.59	$63.70
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG	TL-CARE DHA CAP 27-1-500	3	1	$134.53	$1.49	$44.84
Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG	VOL-NATE TAB	3	1	$25.32	$0.28	$8.44
Prenat w/o A w/Fe Fum-Fe Cbn-DSS-FA-DHA Cap 27-1-260 MG	CITRANATAL CAP HARMONY	2	1	$162.22	$2.70	$81.11
Prenatal w/o A Vit w/ Fe Cbn-Fe Fum-FA Tab 60-1 MG	NATAFORT TAB	2	1	$53.66	$0.89	$26.83
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG	TRICARE PRE CAP 27-1-500	2	1	$105.04	$1.75	$52.52
Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG	ULTIMATECARE CAP ONE	2	1	$193.26	$1.07	$96.63
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Ca 27-1.25-300 MG	VEMAVITE- CAP PRX 2	2	2	$41.84	$0.70	$20.92
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA-DHA Cap22-6-1-200 MG	VP-HEME ONE CAP	2	2	$155.54	$2.59	$77.77
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 MG	BP MULTINATL CHW PLUS	1	1	$23.13	$0.77	$23.13
Prenatal w/ Calcium Carbonate-B6-B12-FA Tab 1 MG	FOLBECAL TAB	1	1	$22.70	$0.76	$22.70

GENERIC NAME	BRAND NAME	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM
Prenatal w/o Vit A w/Fe Fum-DSS-FA-DHACap30-1.24-265 MG	FOLIVANE-PRX CAP DHA NF	1	1	$23.42	$0.78	$23.42
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 40-10-1 MG	OB COMPLETE CAP 400	1	1	$93.62	$3.12	$93.62
Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pk	PNV-OB/DHA PAK	1	1	$56.55	$1.89	$56.55
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PRENAT PLUS TAB 27-1MG	1	1	$29.37	$0.33	$29.37
Prenat w/o A FeFum-FA Tab 27-1 MG & Fish Oil Chew Cap Pak	PRENATAL MIS COMPLEAT	1	1	$75.37	$2.51	$75.37
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG	PRENATAL TAB LOW IRON	1	1	$4.86	$0.16	$4.86
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 27-1 MG	VINATE AZ TAB	1	1	$15.08	$0.50	$15.08
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 28-1 MG	VIVA CT CHW 28-1MG	1	1	$71.79	$2.39	$71.79
TOTAL		**45,408**	**22,170**	**$1,197,293.60**	**$0.58**	**$26.37**

*Total number of unduplicated members.

Annual Review of Qualaquin® (Quinine Sulfate)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Qualaquin® (Quinine Sulfate) Approval Criteria:

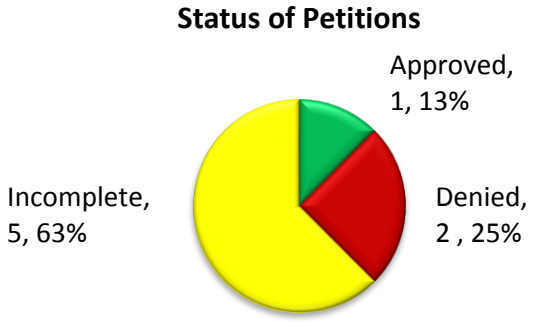
1. An FDA approved diagnosis of malaria.
2. Off-label use for the prevention/treatment of leg cramps and other related conditions will not be covered.

Utilization of Qualaquin® (Quinine Sulfate)

There was one claim for quinine sulfate, with a total cost of $14.37 during fiscal year 2014.

Prior Authorization of Qualaquin® (Quinine Sulfate)

There were 8 petitions submitted for Qualaquin® during fiscal year 2014. The following chart shows the status of the submitted petitions.



Recommendations

The College of Pharmacy does not recommend any changes at this time.

Annual Review of Qutenza® (Capsaicin 8% Patch)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Qutenza® (Capsaicin 8% Patch) Approval Criteria:

1. An FDA approved diagnosis of postherpetic neuralgia; and
2. 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; and
3. Qutenza® must be administered by a healthcare provider.
4. A quantity limit of no more than 4 patches per treatment every 90 days will apply.

Utilization of Qutenza® (Capsaicin 8% Patch)

There was no utilization of Qutenza® during fiscal year 2014.

Prior Authorization of Qutenza® (Capsaicin 8% Patch)

There were two petitions submitted for Qutenza® during fiscal year 2014, both of which were denied.

Market News and Updates[30]

Anticipated Patent Expirations:

- Qutenza® (capsaicin): November 2016

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[30] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/2/15. Last accessed 1/5/15.

Annual Review of Rayos®
(Prednisone Delayed-Release Tablets)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Rayos® (Prednisone Delayed-Release Tablets) Approval Criteria:

2. Use of Rayos® requires a patient-specific, clinically significant reason why the member cannot use immediate-release corticosteroid products.

Utilization of Rayos® (Prednisone Delayed-Release Tablets)

There was no utilization of Rayos® during fiscal year 2014.

Prior Authorization of Rayos® (Prednisone Delayed-Release Tablets)

There were three petitions submitted for Rayos® during fiscal year 2014, both of which were incomplete.

Market News and Updates[31]

Anticipated Patent Expirations:

- Rayos® (prednisone delayed-release tablets): April 2024

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[31] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/2/15. Last accessed 1/5/15.

Annual Review of Ribavirin Unique Dosage Formulation Products

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

RibaPak® (Ribavirin Dose Pack), Rabetol® (Ribavirin Solution), and Ribasphere® (Ribavirin 400mg and 600mg Tablets) Approval Criteria:

5. A patient-specific, clinically significant reason why member cannot use the 200mg tablets or 200mg capsules in place of the unique dosage formulations.

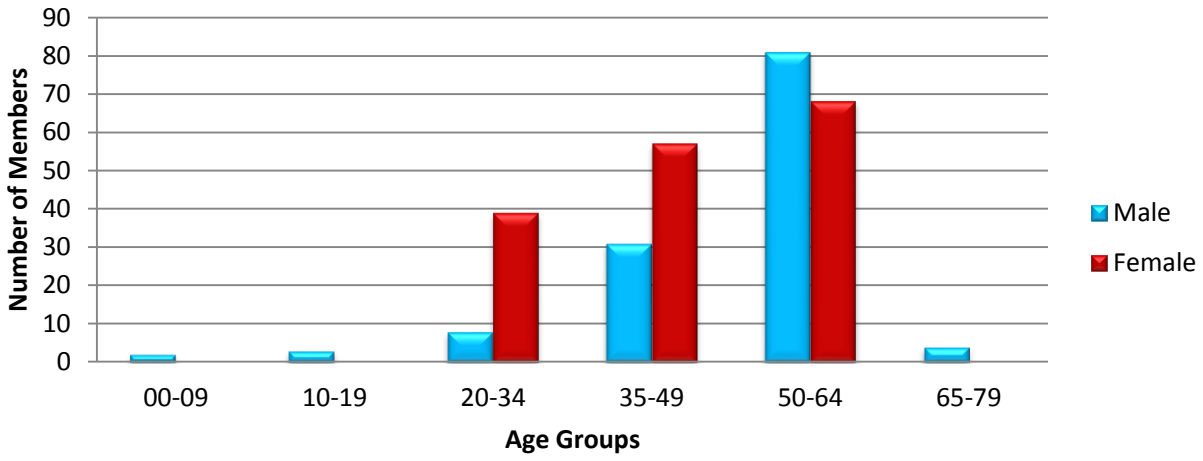
Utilization of Ribavirin Unique Dosage Formulation Products

Comparison of Fiscal Years

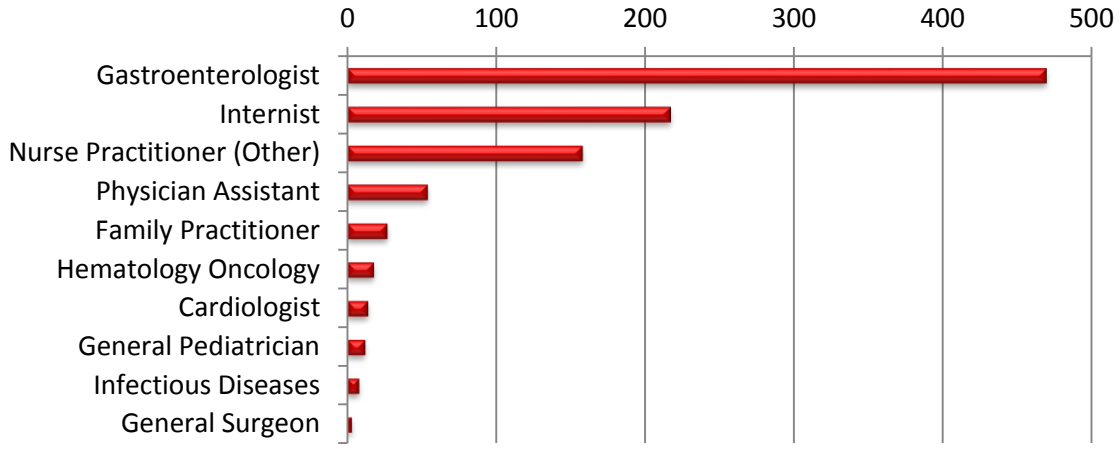
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	256	966	$133,400.76	$138.10	$4.83	145,878	27,598
2014	293	982	$104,074.37	$105.98	$3.74	148,618	27,800
% Change	14.50%	1.70%	-22.00%	-23.30%	-22.60%	1.90%	0.70%
Change	37	16	-$29,326.39	-$32.12	-$1.09	2,740	202

*Total number of unduplicated members.

Demographics of Members Utilizing Ribavirin Unique Dosage Formulation Products



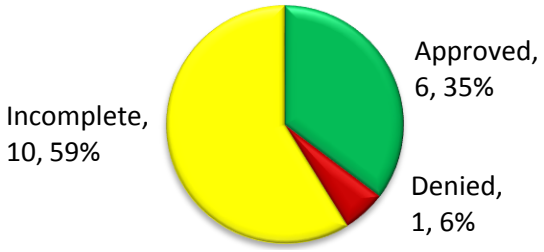
Top Prescriber Specialties of Ribavirin Unique Dosage Formulation Products by Number of Claims



Prior Authorization of Ribavirin Products

There were of 17 petitions submitted for ribavirin products during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[32]

Anticipated Patent Expirations:

- Rebetol® (ribavirin solution): October 2023

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Ribavirin Products: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	% COST
RIBAVIRIN CAP 200MG	296	98	$27,475.05	$3.29	$92.82	26.40%
RIBAVIRIN TAB 200MG	679	218	$73,682.57	$3.83	$108.52	70.79%
REBETOL SOL 40MG/ML	7	2	$2,916.75	$14.73	$416.68	2.80%
TOTAL	**982**	**293***	**$104,074.37**	**$3.74**	**$105.98**	**100%**

*Total number of unduplicated members.

[32] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/9/15. Last accessed 1/12/15.

Annual Review of Seizure Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

1. Anticonvulsants are included in the mandatory generic plan.
    a. All brand-name anticonvulsants (with a generic equivalent) will require prior authorization.
        i. Brand-name medications (with a generic equivalent) will be approved for all members who are currently stable on these medications and have a seizure diagnosis.
2. Prior authorization will be required for certain non-standard dosage forms of medications when the drug is available in standard dosage forms.
    The following seizure medication extended-release (ER) formulations do not require prior authorization: levetiracetam ER, divalproex ER, phenytoin ER, and carbamazepine ER
    a. Members 12 years and older must have a documented medical reason demonstrating the need for non-standard dosage forms.
    b. Criteria for approval of extended-release formulations:
        i. Previously stabilized on the short-acting formulation.
        ii. Dosing is not more than once daily.
        iii. Member must provide a reason why the short-acting formulation is not adequate.
        iv. Dosepacks will not be approved if standard dosage forms are available.
3. Quantity limit restrictions will be placed on lower strength tablets and capsules. The highest strengths will continue to have no quantity restrictions unless a maximum dose is specified for a particular medication.

Felbatol® (Felbamate) Approval Criteria:

1. Initial prescription must be written by a neurologist.
2. Member must have failed therapy with at least three other medications commonly used for seizures.

Onfi® (Clobazam) Approval Criteria:

1. An FDA approved diagnosis of severe seizures or generalized tonic, atonic or myoclonic seizures; and
2. Previous failure of at least two non-benzodiazepine anticonvulsants; and
3. Previous failure of clonazepam
4. Initial approvals will be for the duration of three months. For continuation the prescriber must include information regarding improved response/effectiveness of medication.

Oxtellar XR™ (Oxcarbazepine Extended-Release Tablets) Approval Criteria:

1. A patient specific, clinically significant reason why the member cannot use the short-acting formulation**.**
2. A quantity limit of 30 tablets per 30 days will apply on the lower strength tablets (150mg and 300mg).

Sabril® (Vigabatrin) Approval Criteria:

1. An FDA approved diagnosis of refractory complex seizures in adults and pediatric patients 10 years or older, or infantile spasms in children ages 1 month to 2 years of age; and
2. Members with refractory complex seizures must have previous trials of at least three other antiepileptic medications; or
3. Members with infantile spasms must have had a previous trial with adrenocorticotropic hormone (ACTH) or have a diagnosis of infantile spasms with tuberous sclerosis; and
4. Prescription must be written by a neurologist; and
5. Member, prescriber, and pharmacy must all register in the SHARE program and maintain enrollment throughout therapy

Aptiom® (Eslicarbazepine) Approval Criteria:

1. An FDA approved diagnosis of partial-onset seizures as adjunctive therapy; and
2. Member must be on current antiepileptic drug therapy (Aptiom® is only indicated for adjunctive treatment); and
3. Member must <u>not</u> currently be taking oxcarbazepine (concurrent use is contraindicated); and
4. A patient-specific, clinically significant reason why member cannot use oxcarbazepine.
5. A quantity limit of 30 tablets per 30 days will apply on the lower strength tablets (200mg and 400mg) and 60 tablets per 30 days on the higher strength tablets (600mg and 800mg).

Trokendi XR™ (Topiramate Extended-Release) Approval Criteria:

1. An FDA approved diagnosis of partial onset or primary generalized tonic-clonic seizures or as adjunctive therapy in seizures associated with Lennox-Gastaut syndrome; and
2. A patient-specific, clinically significant reason why the member cannot use the short-acting formulation, Topamax® (topiramate).
3. A quantity limit of 30 capsules per 30 days will apply on the lower strength capsules (25mg, 50mg, and 100mg) and 60 capsules per 30 days on the higher strength capsules (200mg).

Qudexy™ XR (Topiramate Extended-Release) Approval Criteria:

1. An FDA approved diagnosis of partial onset or primary generalized tonic-clonic seizures or as adjunctive therapy in seizures associated with Lennox-Gastaut syndrome; and
2. A patient-specific, clinically significant reason why the member cannot use the short-acting formulation, Topamax® (topiramate).
3. A quantity limit of 30 capsules per 30 days will apply on the lower strength capsules (25mg, 50mg, and 100mg) and 60 capsules per 30 days on the higher strength capsules (150mg and 200mg).

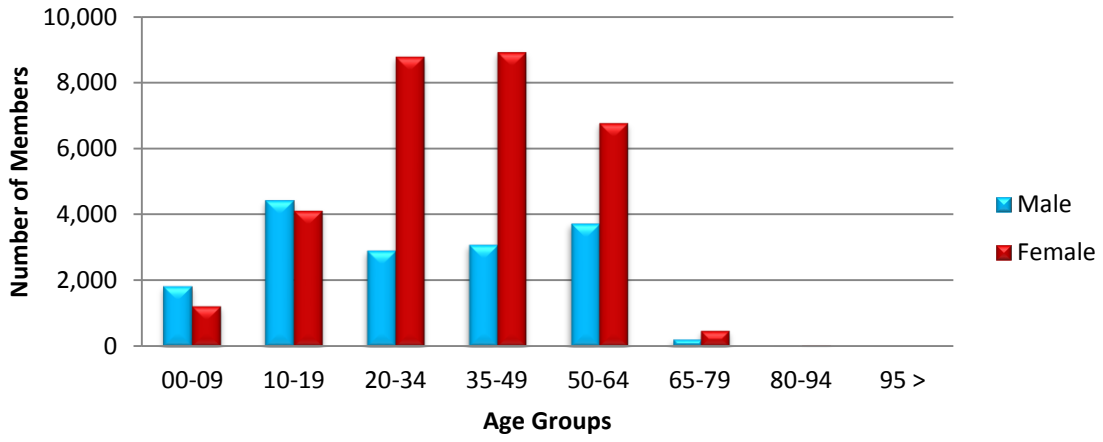
Utilization of Seizure Medications

Comparison of Fiscal Years

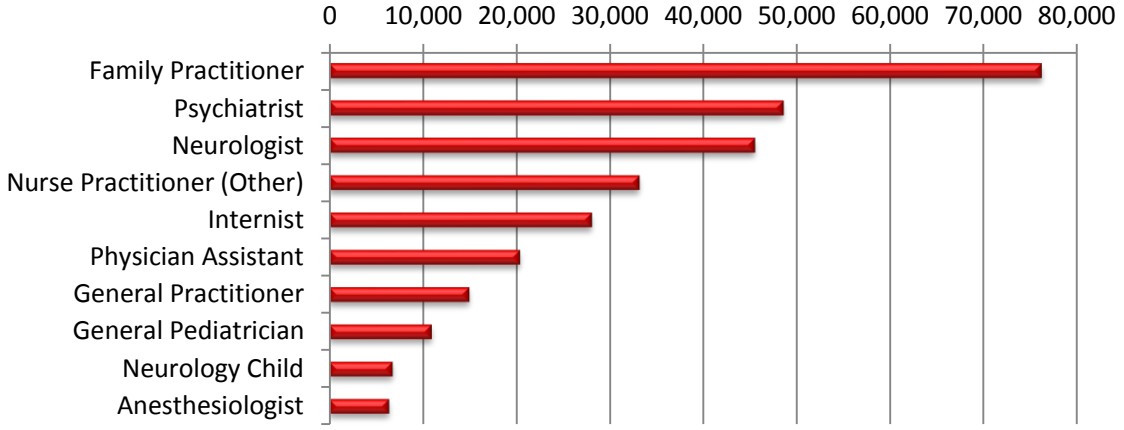
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	48,635	320,646	$16,392,724.89	$51.12	$1.71	29,004,748	9,605,457
2014	46,716	319,939	$19,564,225.98	$61.15	$2.04	29,585,122	9,602,819
% Change	**-3.90%**	**-0.20%**	**19.30%**	**19.60%**	**19.30%**	**2.00%**	**0.00%**
Change	**-1,919**	**-707**	**$3,171,501.09**	**$10.03**	**$0.33**	**580,374**	**-2,638**

*Total number of unduplicated members.

Demographics of Members Utilizing Seizure Medications

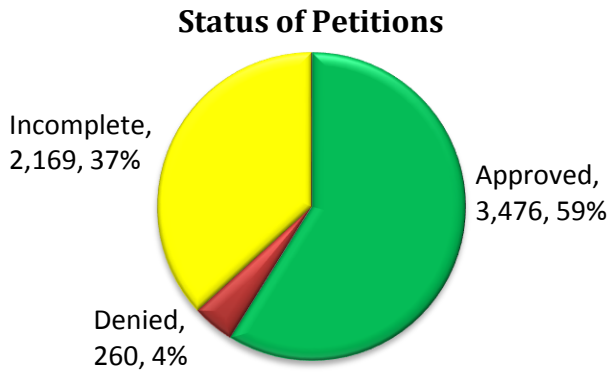


Top Prescriber Specialties of Seizure Medications by Number of Claims



Prior Authorization of Seizure Medications

There were 5,905 petitions submitted for the seizure medication category during fiscal year 2014. The following chart shows the status of the submitted petitions.



Market News and Updates[33]

Anticipated Patent Expirations:

- Onfi® (clobazam): October 2018
- Lyrica® (pregabalin): December 2018
- Vimpat® (lacosamide): March 2022
- Banzel® (rufinamide): November 2022
- Oxtellar XR™ (oxcarbazepine): April 2027
- Trokendi XR™ (Topiramate Extended-Release): March 2029
- Aptiom® (eslicarbazepine): April 2030

Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Seizure Medications: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
GABAPENTIN PRODUCTS						
GABAPENTIN CAP 300MG	35,390	10,916	$508,203.53	$14.36	$0.45	2.60%
GABAPENTIN TAB 600MG	17,446	3,941	$464,358.92	$26.62	$0.86	2.37%
GABAPENTIN CAP 100MG	8,496	3,296	$80,672.54	$9.50	$0.32	0.41%
GABAPENTIN TAB 800MG	8,334	1,629	$361,522.31	$43.38	$1.44	1.85%
GABAPENTIN CAP 400MG	4,340	1,267	$61,160.31	$14.09	$0.47	0.31%
GABAPENTIN SOL 250/5ML	494	104	$38,174.30	$77.28	$2.57	0.20%
NEURONTIN CAP 300MG	10	1	$2,453.10	$245.31	$8.18	0.01%
NEURONTIN SOL 250/5ML	1	1	$258.30	$258.30	$8.61	0.00%

[33] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/8/15. Last accessed 1/9/15.

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
NEURONTIN TAB 600MG	6	1	$3,513.83	$585.64	$11.71	0.02%
NEURONTIN TAB 800MG	12	1	$6,648.82	$554.07	$18.47	0.03%
SUBTOTAL	**74,529**	**17,573**	**$1,526,965.96**	**$20.49**	**$0.66**	**7.80%**
LAMOTRIGINE PRODUCTS						
LAMICTAL CHW 25MG	24	2	$59,702.38	$2,487.60	$82.92	0.31%
LAMICTAL KIT START 35	2	2	$508.42	$254.21	$8.77	0.00%
LAMICTAL KIT START 49	1	1	$362.89	$362.89	$12.10	0.00%
LAMICTAL KIT START 98	1	1	$681.34	$681.34	$22.71	0.00%
LAMICTAL TAB 100MG	88	14	$49,897.54	$567.02	$19.07	0.26%
LAMICTAL TAB 150MG	110	12	$62,827.33	$571.16	$19.18	0.32%
LAMICTAL TAB 200MG	210	24	$112,089.82	$533.76	$17.99	0.57%
LAMICTAL TAB 25MG	51	6	$31,660.81	$620.80	$21.01	0.16%
LAMICTAL ODT KIT	3	3	$993.78	$331.26	$10.46	0.01%
LAMICTAL ODT TAB 100MG	88	13	$47,281.10	$537.29	$17.61	0.24%
LAMICTAL ODT TAB 200MG	61	9	$32,898.80	$539.32	$18.74	0.17%
LAMICTAL ODT TAB 25MG	36	8	$17,130.11	$475.84	$15.89	0.09%
LAMICTAL ODT TAB 50MG	25	6	$9,761.66	$390.47	$13.02	0.05%
LAMICTAL XR TAB 100MG	32	8	$28,024.38	$875.76	$29.19	0.14%
LAMICTAL XR TAB 200MG	111	17	$66,782.84	$601.65	$20.05	0.34%
LAMICTAL XR TAB 250MG	18	2	$15,474.77	$859.71	$35.09	0.08%
LAMICTAL XR TAB 25MG	3	1	$972.44	$324.15	$10.80	0.00%
LAMICTAL XR TAB 300MG	17	3	$12,978.35	$763.43	$25.45	0.07%
LAMICTAL XR TAB 50MG	20	6	$7,387.87	$369.39	$12.31	0.04%
LAMOTRIGINE CHW 25MG	434	72	$17,378.03	$40.04	$1.38	0.09%
LAMOTRIGINE CHW 5MG	107	42	$4,638.97	$43.35	$1.47	0.02%
LAMOTRIGINE TAB 100MG	10,448	2,360	$109,868.86	$10.52	$0.35	0.56%
LAMOTRIGINE TAB 100MG ER	72	14	$29,705.54	$412.58	$13.78	0.15%
LAMOTRIGINE TAB 150MG	3,909	845	$46,815.00	$11.98	$0.39	0.24%
LAMOTRIGINE TAB 200MG	7,505	1,386	$93,103.63	$12.41	$0.39	0.48%
LAMOTRIGINE TAB 200MG ER	107	22	$48,210.14	$450.56	$14.50	0.25%
LAMOTRIGINE TAB 250MG ER	37	6	$23,485.41	$634.74	$21.16	0.12%
LAMOTRIGINE TAB 25MG	7,269	2,700	$92,699.29	$12.75	$0.42	0.47%
LAMOTRIGINE TAB 25MG ER	1	1	$133.77	$133.77	$4.46	0.00%
LAMOTRIGINE TAB 300MG ER	97	16	$56,644.42	$583.96	$18.51	0.29%
LAMOTRIGINE TAB 50MG ER	65	13	$18,139.38	$279.07	$9.28	0.09%
SUBTOTAL	**30,952**	**5,459**	**$1,098,239.07**	**$35.48**	**$1.16**	**5.61%**
OXCARBAZAPINE PRODUCTS						
OXCARBAZEPIN SUS	2,195	366	$491,653.50	$223.99	$7.61	2.51%
OXCARBAZEPIN TAB 150MG	6,295	1,842	$107,059.24	$17.01	$0.57	0.55%
OXCARBAZEPIN TAB 300MG	9,791	2,173	$210,016.70	$21.45	$0.72	1.07%
OXCARBAZEPIN TAB 600MG	6,770	1,181	$269,537.20	$39.81	$1.33	1.38%
OXTELLAR XR TAB 150MG	2	1	$193.98	$96.99	$3.23	0.00%
OXTELLAR XR TAB 300MG	24	5	$5,778.37	$240.77	$8.44	0.03%
OXTELLAR XR TAB 600MG	69	10	$41,904.45	$607.31	$19.74	0.21%
TRILEPTAL SUS 300MG/5M	775	117	$324,594.88	$418.83	$13.95	1.66%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
TRILEPTAL TAB 150MG	4	2	$642.30	$160.58	$6.18	0.00%
TRILEPTAL TAB 300MG	43	5	$7,266.84	$169.00	$5.63	0.04%
TRILEPTAL TAB 600MG	69	8	$54,218.62	$785.78	$26.93	0.28%
SUBTOTAL	**26,037**	**4,699**	**$1,512,866.08**	**$58.10**	**$1.95**	**7.73%**
LEVETIRACETAM PRODUCTS						
LEVETIRACETA SOL	9,662	1,411	$312,115.21	$32.30	$1.09	1.60%
LEVETIRACETA TAB 1000MG	4,228	676	$167,779.74	$39.68	$1.32	0.86%
LEVETIRACETA TAB 250MG	1,468	352	$20,872.61	$14.22	$0.48	0.11%
LEVETIRACETA TAB 500MG	8,899	1,990	$166,555.32	$18.72	$0.62	0.85%
LEVETIRACETA TAB 500MG ER	664	134	$25,164.80	$37.90	$1.27	0.13%
LEVETIRACETA TAB 750MG	3,593	642	$97,985.68	$27.27	$0.91	0.50%
LEVETIRACETA TAB 750MG ER	428	77	$24,196.47	$56.53	$1.83	0.12%
LEVETIRACETM INJ 500/5ML	5	3	$50.17	$10.03	$7.17	0.00%
KEPPRA SOL 100MG/ML	126	12	$53,446.01	$424.17	$14.13	0.27%
KEPPRA TAB 1000MG	127	12	$110,642.57	$871.20	$29.70	0.57%
KEPPRA TAB 250MG	12	1	$3,792.90	$316.08	$10.54	0.02%
KEPPRA TAB 500MG	86	14	$59,123.83	$687.49	$22.81	0.30%
KEPPRA TAB 750MG	59	6	$46,654.71	$790.76	$26.74	0.24%
KEPPRA XR TAB 500MG	100	12	$64,791.43	$647.91	$21.66	0.33%
KEPPRA XR TAB 750MG	106	11	$89,164.89	$841.18	$26.62	0.46%
SUBTOTAL	**29,563**	**4,595**	**$1,242,336.34**	**$42.02**	**$1.40**	**6.36%**
DIVALPROEX, VALPROATE, & VALPROIC ACID PRODUCTS						
DEPAKENE SYP 250/5ML	40	5	$2,072.99	$51.82	$1.74	0.01%
DEPAKOTE TAB 125MG DR	26	4	$2,472.42	$95.09	$3.17	0.01%
DEPAKOTE TAB 250MG DR	90	18	$23,224.57	$258.05	$8.18	0.12%
DEPAKOTE TAB 500MG DR	119	11	$53,857.47	$452.58	$15.10	0.28%
DEPAKOTE ER TAB 250MG	167	34	$37,010.91	$221.62	$7.42	0.19%
DEPAKOTE ER TAB 500MG	285	58	$86,074.86	$302.02	$10.08	0.44%
DEPAKOTE SPR CAP 125MG	401	47	$90,700.42	$226.19	$7.54	0.46%
DIVALPROEX CAP 125MG	2,532	379	$188,767.88	$74.55	$2.55	0.96%
DIVALPROEX TAB 125MG DR	1,549	383	$19,315.75	$12.47	$0.41	0.10%
DIVALPROEX TAB 250MG DR	5,965	1,446	$79,679.73	$13.36	$0.45	0.41%
DIVALPROEX TAB 250MG ER	3,504	832	$344,768.60	$98.39	$3.27	1.76%
DIVALPROEX TAB 500MG DR	8,220	1,645	$144,385.84	$17.57	$0.58	0.74%
DIVALPROEX TAB 500MG ER	7,287	1,483	$1,338,950.59	$183.75	$6.08	6.84%
VALPROATE INJ 100MG/ML	23	3	$11,277.90	$490.34	$16.34	0.06%
VALPROATE INJ 500/5ML	12	2	$14,120.34	$1,176.70	$39.22	0.07%
VALPROIC ACD CAP 250MG	1,560	305	$45,980.23	$29.47	$0.98	0.24%
VALPROIC ACD SOL 250/5ML	610	100	$7,547.85	$12.37	$0.41	0.04%
VALPROIC ACD SYP 250/5ML	1,773	250	$26,399.53	$14.89	$0.52	0.13%
STAVZOR CAP 125MG	20	6	$1,651.73	$82.59	$2.75	0.01%
STAVZOR CAP 250MG	41	7	$10,180.24	$248.30	$8.28	0.05%
STAVZOR CAP 500MG	18	4	$5,217.62	$289.87	$9.88	0.03%
SUBTOTAL	**34,242**	**5,321**	**$2,533,657.47**	**$73.99**	**$2.46**	**12.95%**
TOPIRAMATE PRODUCTS						

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
TOPAMAX TAB 100MG	57	9	$38,762.24	$680.04	$22.86	0.20%
TOPAMAX TAB 200MG	34	3	$26,415.91	$776.94	$25.40	0.14%
TOPAMAX TAB 25MG	22	3	$3,109.79	$141.35	$4.71	0.02%
TOPAMAX TAB 50MG	4	1	$2,758.60	$689.65	$22.99	0.01%
TOPAMAX SPR CAP 25MG	30	3	$27,972.03	$932.40	$31.08	0.14%
TOPIRAMATE CAP 15MG	372	115	$15,769.36	$42.39	$1.39	0.08%
TOPIRAMATE CAP 25MG	451	101	$38,253.98	$84.82	$2.84	0.20%
TOPIRAMATE TAB 100MG	8,162	1,817	$101,056.29	$12.38	$0.40	0.52%
TOPIRAMATE TAB 200MG	3,292	543	$50,973.36	$15.48	$0.50	0.26%
TOPIRAMATE TAB 25MG	7,773	3,297	$65,181.94	$8.39	$0.28	0.33%
TOPIRAMATE TAB 50MG	9,473	2,970	$95,720.12	$10.10	$0.33	0.49%
TROKENDI XR CAP 200MG	1	1	$604.88	$604.88	$20.16	0.00%
TROKENDI XR CAP 25MG	1	1	$174.04	$174.04	$5.80	0.00%
SUBTOTAL	**29,672**	**7,174**	**$466,752.54**	**$15.73**	**$0.51**	**2.39%**
PHENYTOIN PRODUCTS						
PHENYTEK CAP 200MG	43	12	$4,083.72	$94.97	$3.12	0.02%
PHENYTEK CAP 300MG	37	11	$2,684.77	$72.56	$2.13	0.01%
PHENYTOIN CHW 50MG	385	66	$13,044.48	$33.88	$1.10	0.07%
PHENYTOIN SUS 125/5ML	434	67	$17,615.59	$40.59	$1.56	0.09%
PHENYTOIN EX CAP 100MG	7,367	1,225	$151,745.32	$20.60	$0.69	0.78%
PHENYTOIN EX CAP 200MG	44	19	$2,072.21	$47.10	$1.63	0.01%
PHENYTOIN EX CAP 300MG	81	26	$4,130.28	$50.99	$1.53	0.02%
DILANTIN CAP 100MG	1,174	192	$90,648.42	$77.21	$2.54	0.46%
DILANTIN CAP 30MG	116	16	$4,613.26	$39.77	$1.35	0.02%
DILANTIN CHW 50MG	194	29	$13,353.30	$68.83	$2.31	0.07%
DILANTIN-125 SUS 125/5ML	34	4	$2,817.93	$82.88	$2.76	0.01%
SUBTOTAL	**9,909**	**1,482**	**$306,809.28**	**$30.96**	**$1.04**	**1.56%**
CARBAMAZEPINE PRODUCTS						
CARBAMAZEPIN CAP 100MG	118	27	$11,749.70	$99.57	$3.19	0.06%
CARBAMAZEPIN CAP 200MG	392	62	$52,317.14	$133.46	$4.47	0.27%
CARBAMAZEPIN CAP 300MG	548	81	$65,656.42	$119.81	$3.93	0.34%
CARBAMAZEPIN CHW 100MG	1,149	210	$19,477.98	$16.95	$0.57	0.10%
CARBAMAZEPIN SUS 100/5ML	369	45	$47,307.65	$128.21	$4.48	0.24%
CARBAMAZEPIN TAB 200MG	5,067	1,031	$45,182.24	$8.92	$0.30	0.23%
CARBAMAZEPIN TAB 200MG	767	168	$62,623.55	$81.65	$2.75	0.32%
CARBAMAZEPIN TAB 400MG	602	84	$83,597.30	$138.87	$4.56	0.43%
TEGRETOL SUS 100/5ML	106	11	$22,264.74	$210.04	$7.07	0.11%
TEGRETOL TAB 200MG	122	15	$30,583.99	$250.69	$8.00	0.16%
TEGRETOL-XR TAB 100MG	236	51	$13,253.60	$56.16	$1.79	0.07%
TEGRETOL-XR TAB 200MG	129	14	$21,030.24	$163.03	$5.19	0.11%
TEGRETOL-XR TAB 400MG	129	17	$27,260.53	$211.32	$6.50	0.14%
EPITOL TAB 200MG	712	206	$4,076.69	$5.73	$0.19	0.02%
CARBATROL CAP 100MG	17	2	$1,848.01	$108.71	$3.62	0.01%
CARBATROL CAP 200MG	88	10	$18,998.25	$215.89	$7.12	0.10%
CARBATROL CAP 300MG	99	9	$13,279.26	$134.13	$4.76	0.07%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
SUBTOTAL	**10,650**	**1,718**	**$540,507.29**	**$50.75**	**$1.69**	**2.78%**
PREGABALIN PRODUCTS						
LYRICA CAP 100MG	2,108	478	$639,691.13	$303.46	$10.15	3.27%
LYRICA CAP 150MG	3,506	657	$979,706.87	$279.44	$9.42	5.01%
LYRICA CAP 200MG	691	123	$175,152.90	$253.48	$8.45	0.90%
LYRICA CAP 225MG	234	45	$58,793.59	$251.25	$8.43	0.30%
LYRICA CAP 25MG	168	56	$40,726.68	$242.42	$7.97	0.21%
LYRICA CAP 300MG	895	157	$238,192.10	$266.14	$8.52	1.22%
LYRICA CAP 50MG	1,325	406	$387,852.21	$292.72	$10.04	1.98%
LYRICA CAP 75MG	2,728	729	$708,806.44	$259.83	$8.89	3.62%
LYRICA SOL 20MG/ML	1	1	$584.24	$584.24	$19.47	0.00%
SUBTOTAL	**11,656**	**2,063**	**$3,229,506.16**	**$277.07**	**$9.33**	**16.51%**
ZONISAMIDE PRODUCTS						
ZONEGRAN CAP 100MG	34	4	$15,582.79	$458.32	$15.37	0.08%
ZONEGRAN CAP 25MG	11	1	$1,019.71	$92.70	$3.09	0.01%
ZONISAMIDE CAP 100MG	2,633	361	$71,173.41	$27.03	$0.92	0.36%
ZONISAMIDE CAP 25MG	664	149	$10,403.03	$15.67	$0.52	0.05%
ZONISAMIDE CAP 50MG	795	145	$16,897.12	$21.25	$0.71	0.09%
SUBTOTAL	**4,137**	**493**	**$115,076.06**	**$27.82**	**$0.94**	**0.59%**
BENZODIAZEPINE PRODUCTS						
KLONOPIN TAB 0.5MG	25	3	$3,886.20	$155.45	$5.20	0.02%
KLONOPIN TAB 1MG	12	2	$2,577.93	$214.83	$7.16	0.01%
KLONOPIN TAB 2MG	8	1	$1,562.99	$195.37	$6.51	0.01%
DIASTAT ACDL GEL 12.5-20	106	52	$45,925.58	$433.26	$39.19	0.23%
DIASTAT ACDL GEL 5-10MG	227	123	$112,590.78	$495.99	$51.06	0.58%
DIASTAT PED GEL 2.5M GEL	30	23	$13,177.07	$439.24	$126.70	0.07%
DIAZEPAM GEL 10MG	1,150	691	$474,615.40	$412.71	$63.72	2.43%
DIAZEPAM GEL 2.5MG	112	80	$40,098.23	$358.02	$49.94	0.20%
DIAZEPAM GEL 20MG	330	115	$169,984.28	$515.10	$73.27	0.87%
CLONAZEP ODT TAB 0.125MG	185	66	$10,478.44	$56.64	$2.52	0.05%
CLONAZEP ODT TAB 0.25MG	594	197	$29,297.28	$49.32	$2.03	0.15%
CLONAZEP ODT TAB 0.5MG	346	112	$15,012.60	$43.39	$1.92	0.08%
CLONAZEP ODT TAB 1MG	103	39	$3,157.29	$30.65	$1.31	0.02%
CLONAZEP ODT TAB 2MG	91	36	$2,906.05	$31.93	$2.27	0.01%
CLONAZEPAM TAB 0.5MG	15,713	4,571	$102,626.85	$6.53	$0.23	0.52%
CLONAZEPAM TAB 1MG	22,936	5,035	$177,947.65	$7.76	$0.27	0.91%
CLONAZEPAM TAB 2MG	6,326	1,239	$52,509.92	$8.30	$0.29	0.27%
SUBTOTAL	**48,294**	**10,576**	**$1,258,354.54**	**$26.06**	**$0.94**	**6.43%**
LACOSAMIDE PRODUCTS						
VIMPAT SOL 10MG/ML	623	75	$318,053.18	$510.52	$18.09	1.63%
VIMPAT TAB 100MG	1,282	224	$701,868.51	$547.48	$18.76	3.59%
VIMPAT TAB 150MG	474	89	$265,808.74	$560.78	$18.98	1.36%
VIMPAT TAB 200MG	1,231	153	$733,602.09	$595.94	$20.31	3.75%
VIMPAT TAB 50MG	645	136	$219,852.48	$340.86	$11.51	1.12%
SUBTOTAL	**4,255**	**513**	**$2,239,185.00**	**$526.25**	**$18.02**	**11.45%**

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
CLOBAZAM PRODUCTS						
ONFI SUS 2.5MG/ML	180	37	$122,695.67	$681.64	$23.97	0.63%
ONFI TAB 10MG	877	121	$453,121.57	$516.67	$17.54	2.32%
ONFI TAB 20MG	732	85	$665,258.82	$908.82	$30.59	3.40%
ONFI TAB 5MG	75	31	$12,202.70	$162.70	$6.28	0.06%
SUBTOTAL	**1,864**	**216**	**$1,253,278.76**	**$672.36**	**$22.93**	**6.41%**
ETHOSUXIMIDE PRODUCTS						
ZARONTIN CAP 250MG	29	4	$5,096.85	$175.75	$6.00	0.03%
ETHOSUXIMIDE CAP 250MG	762	125	$65,950.87	$86.55	$2.87	0.34%
ETHOSUXIMIDE SOL 250/5ML	611	105	$47,451.05	$77.66	$2.65	0.24%
SUBTOTAL	**1402**	**214**	**$118,498.77**	**$84.52**	**$2.84**	**0.61%**
PRIMIDONE PRODUCTS						
MYSOLINE TAB 250MG	21	2	$19,446.97	$926.05	$28.94	0.10%
PRIMIDONE TAB 250MG	355	46	$7,738.18	$21.80	$0.67	0.04%
PRIMIDONE TAB 50MG	558	113	$9,238.60	$16.56	$0.50	0.05%
SUBTOTAL	**934**	**157**	**$36,423.75**	**$39.00**	**$1.19**	**0.19%**
RUFINAMIDE PRODUCTS						
BANZEL SUS 40MG/ML	236	32	$180,014.68	$762.77	$27.41	0.92%
BANZEL TAB 200MG	81	15	$23,909.41	$295.18	$9.81	0.12%
BANZEL TAB 400MG	509	55	$672,147.93	$1,320.53	$44.65	3.44%
SUBTOTAL	**826**	**95**	**$876,072.02**	**$1,060.62**	**$36.41**	**4.48%**
PERAMPANEL PRODUCTS						
FYCOMPA TAB 10MG	1	1	$159.56	$159.56	$5.32	0.00%
FYCOMPA TAB 2MG	10	8	$2,562.85	$256.29	$8.54	0.01%
FYCOMPA TAB 4MG	7	7	$4,742.77	$677.54	$22.58	0.02%
FYCOMPA TAB 6MG	7	7	$3,702.21	$528.89	$17.63	0.02%
FYCOMPA TAB 8MG	5	3	$767.52	$153.50	$5.12	0.00%
SUBTOTAL	**30**	**16**	**$11,934.91**	**$397.83**	**$13.26**	**0.05%**
FELBAMATE PRODUCTS						
FELBAMATE SUS 600/5ML	75	7	$64,739.79	$863.20	$29.83	0.33%
FELBAMATE TAB 400MG	65	12	$20,554.46	$316.22	$10.51	0.11%
FELBAMATE TAB 600MG	248	27	$114,468.96	$461.57	$15.71	0.59%
FELBATOL SUS 600/5ML	41	4	$31,930.88	$778.80	$26.28	0.16%
FELBATOL TAB 400MG	65	7	$21,781.38	$335.10	$11.53	0.11%
FELBATOL TAB 600MG	71	13	$45,724.65	$644.01	$21.39	0.23%
SUBTOTAL	**565**	**60**	**$299,200.12**	**$529.56**	**$17.97**	**1.53%**
METHSUXIMIDE PRODUCTS						
CELONTIN CAP 300MG	75	7	$11,841.92	$157.89	$5.28	0.06%
SUBTOTAL	**75**	**7**	**$11,841.92**	**$157.89**	**$5.28**	**0.06%**
VIGABATRIN PRODUCTS						
SABRIL POW 500MG	106	16	$760,434.77	$7,173.91	$239.13	3.89%
SABRIL TAB 500MG	3	2	$28,130.45	$9,376.82	$312.56	0.14%
SUBTOTAL	**109**	**18**	**$788,565.22**	**$7,234.54**	**$241.15**	**4.03%**
TIAGABINE PRODUCTS						
GABITRIL TAB 12MG	24	3	$9,203.90	$383.50	$12.71	0.05%

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ CLAIM	COST/ DAY	% COST
GABITRIL TAB 16MG	19	2	$9,768.68	$514.14	$17.14	0.05%
GABITRIL TAB 2MG	5	2	$2,163.17	$432.63	$14.42	0.01%
GABITRIL TAB 4MG	29	6	$12,301.52	$424.19	$11.08	0.06%
TIAGABINE TAB 2MG	1	1	$343.42	$343.42	$11.45	0.00%
TIAGABINE TAB 4MG	108	17	$48,627.41	$450.25	$15.18	0.25%
SUBTOTAL	**186**	**25**	**$82,408.10**	**$443.05**	**$14.24**	**0.42%**
EZOGABINE PRODUCTS						
POTIGA TAB 200MG	6	2	$5,534.39	$922.40	$13.18	0.03%
POTIGA TAB 300MG	10	1	$4,727.38	$472.74	$15.76	0.02%
POTIGA TAB 400MG	5	1	$2,840.55	$568.11	$21.20	0.01%
POTIGA TAB 50MG	17	4	$1,621.43	$95.38	$2.93	0.01%
SUBTOTAL	**38**	**8**	**$14,723.75**	**$387.47**	**$10.46**	**0.07%**
FOSPHENYTOIN PRODUCTS						
FOSPHENYTOIN INJ 100/2ML	5	4	$346.19	$69.24	$9.62	0.00%
FOSPHENYTOIN INJ 500/10ML	4	2	$48.91	$12.23	$4.08	0.00%
SUBTOTAL	**9**	**6**	**$395.10**	**$43.90**	**$8.23**	**0.00%**
TOTAL	**319,934**	**46,715***	**$19,563,598.21**	**$61.15**	**$2.04**	**100%**

*Total number of unduplicated members.

Annual Review of Smoking Cessation Medications

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Effective September 1, 2014

- Smoking cessation products including nicotine replacement products (patches, gum, lozenges, inhalers), Zyban® (bupropion), and Chantix® (varenicline) no longer require prior authorization.
- Smoking cessation products do not count against the member's six prescription monthly limit.
- Smoking cessation products are available without a co-pay.
- Each product may be used for up to 180 days per calendar year.

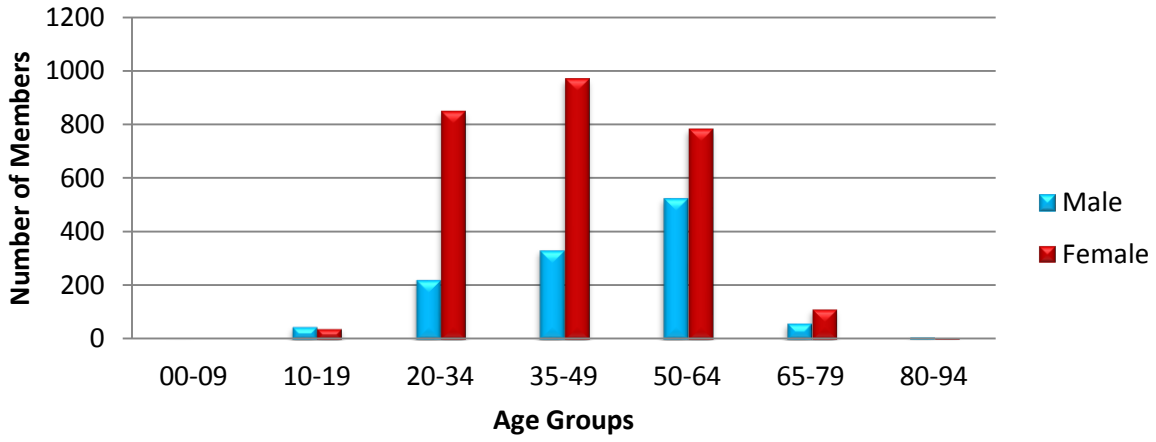
Utilization of Smoking Cessation Medications

Comparison of Fiscal Years

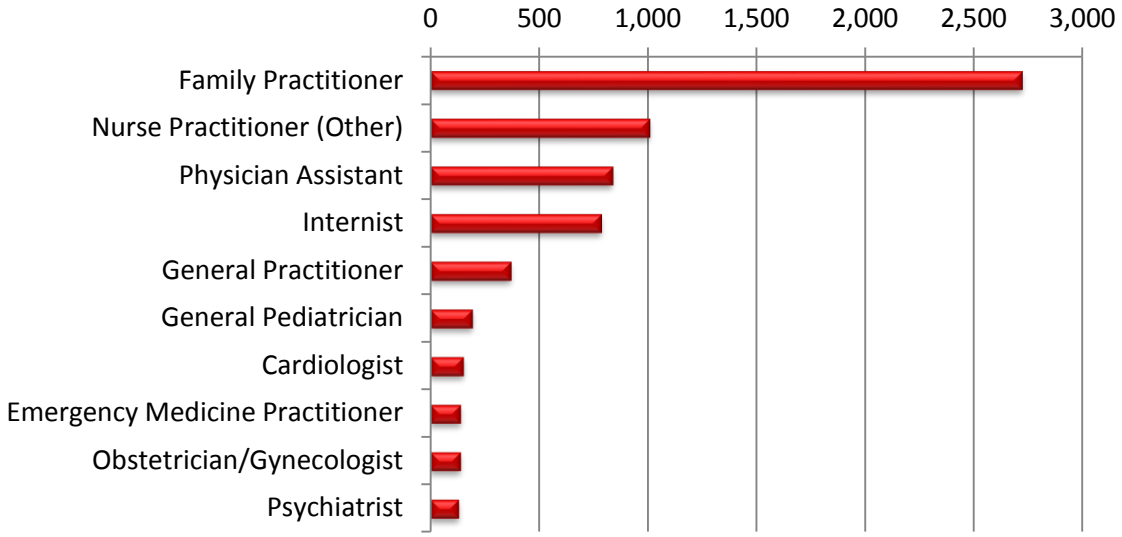
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	5,091	8,383	$1,098,491.49	$131.04	$5.17	427,133	212,505
2014	3,962	6,784	$946,959.00	$139.59	$5.65	351,281	167,664
% Change	**-22.20%**	**-19.10%**	**-13.80%**	**6.50%**	**9.30%**	**-17.80%**	**-21.10%**
Change	**-1,129**	**-1,599**	**-$151,532.49**	**$8.55**	**$0.48**	**-75,852**	**-44,841**

*Total number of unduplicated members.

Demographics of Members Utilizing Smoking Cessation Medications



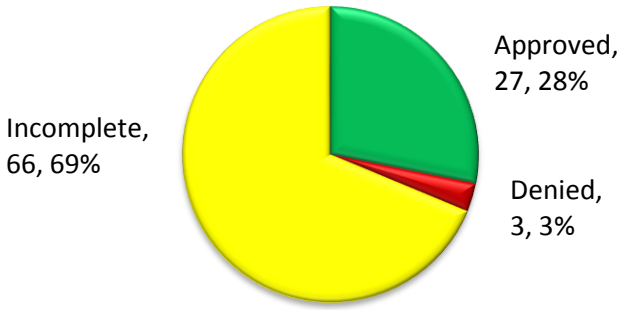
Top Prescriber Specialties of Smoking Cessation Medications by Number of Claims



Prior Authorization of Smoking Cessation Medications

There were 96 petitions submitted for the Smoking Cessation medication category during fiscal year 2014. The following chart shows the status of the submitted petitions.

Status of Petitions



Market News and Updates[34]

Anticipated Patent Expirations:

- Chantix® (varenicline): August 2022

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[34] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 04/20/15. Last accessed 04/20/15.

Utilization Details of Smoking Cessation Medications: Fiscal Year 2014

PRODUCT UTILIZED	CLAIMS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ CLIENT	COST/ DAY
BUPROPION PRODUCTS						
BUPROBAN 150MG	46	33	$1,167.03	1.8	1.39	$0.81
BUPROPION TAB 150MG	63	37	$1,733.70	1.86	1.7	$0.88
SUBTOTAL	**109**	**70**	**$2,900.73**	**1.83**	**1.56**	**$0.85**
VARENICLINE PRODUCTS						
CHANTIX PAK 0.5& 1MG	1,951	1,769	$419,211.37	1.83	1.1	$7.44
CHANTIX PAK 1MG	905	639	$192,931.69	1.96	1.42	$7.48
CHANTIX TAB 0.5MG	76	59	$14,512.03	1.83	1.29	$7.06
CHANTIX TAB 1MG	480	316	$102,567.51	1.94	1.52	$7.52
SUBTOTAL	**3,412**	**2,783**	**$729,222.60**	**1.88**	**1.23**	**$7.45**
NICOTINE GUM PRODUCTS						
NICOTINE GUM 2MG ORIG	1	1	$14.52	2	1	$0.58
NICOTINE GUM 2MG MINT	8	4	$332.24	9.46	2	$3.57
NICORETTE GUM 2MG MINT	5	5	$371.24	7.69	1	$3.17
NICORELIEF GUM 2MG MINT	17	17	$3,528.35	18.51	1	$8.48
NICORETTE GUM 2MG CINN	1	1	$45.12	12.5	1	$5.64
NICORETTE GUM 2MG ORIG	5	3	$295.02	7.46	1.67	$2.59
NICORETTE ST GUM 2MG ORIG	6	2	$270.72	19.41	3	$7.96
NICORETTE GUM 2MGFRUIT	3	3	$348.21	7.02	1	$3.05
NICORETTE ST GUM 2MG MINT	4	2	$137.03	4.36	2	$1.46
NICOTINE POL GUM 2MG ORIG	6	5	$152.95	9.8	1.2	$3.06
NICOTINE POL GUM 2MG	7	4	$222.41	4.69	1.75	$1.51
NICOTINE POL GUM 2MG MINT	4	4	$196.80	11.07	1	$3.51
NICOTINE GUM 2MG	18	16	$1,085.76	11.41	1.13	$3.92
NICOTINE GUM 2MG MINT	14	14	$1,342.58	12.66	1	$4.11
NICORELIEF GUM 2MG ORIG	4	3	$104.01	5.21	1.33	$1.42
NICORELIEF GUM 4MG ORIG	6	5	$193.15	5.99	1.2	$1.46
NICORETTE ST GUM 4MG ORIG	1	1	$45.12	3.67	1	$1.50
NICORETTE GUM 4MG CINN	7	5	$391.77	9.68	1.4	$4.21
NICOTINE GUM 4MG	107	30	$4,110.58	10.16	3.57	$4.22
NICORETTE GUM 4MG MINT	12	9	$518.66	4.35	1.33	$1.87
NICOTINE GUM 4MG MINT	10	7	$577.66	9.25	1.43	$3.09
NICOTINE POL GUM 4MG	1	1	$34.56	5.88	1	$2.03
NICOTINE POL GUM 4MG MINT	72	25	$2,889.52	11.04	2.88	$4.34
NICORETTE GUM 4MG ORIG	5	2	$696.32	18.38	2.5	$6.27
NICOTINE GUM 4MG ORIG	11	9	$581.42	7.91	1.22	$2.89
NICORELIEF GUM 4MG MINT	11	7	$602.95	9.88	1.57	$2.50
NICOTINE GUM 4MG MINT	4	3	$102.02	5.38	1.33	$1.57
NICOTINE GUM 4MG MINT	6	4	$246.58	7.5	1.5	$2.80
SUBTOTAL	**356**	**192**	**$19,437.27**	**10.13**	**1.85**	**$3.87**
NICORELIEF LOZ 2MG MINT	1	1	$31.31	3.67	1	$1.04
NICORETTE LOZ 2MG CHRY	2	2	$317.12	10.8	1	$5.29
NICORETTE LOZ 2MG ORIG	5	2	$248.67	8.85	2.5	$4.08

PRODUCT UTILIZED	CLAIMS	MEMBERS	COST	UNITS/ DAY	CLAIMS/ CLIENT	COST/ DAY
NICOTINE LOZ 2MG MINT	4	3	$153.18	14.4	1.33	$6.13
NICORETTE LOZ 2MG MINT	4	3	$365.16	5.68	1.33	$2.81
NICOTINE LOZ 2MG MINT	1	1	$34.81	10.29	1	$4.97
NICOTINE LOZ 2MG MINT	1	1	$25.24	3.43	1	$1.80
NICORETTE LOZ 4MG CHRY	11	9	$1,023.27	7.68	1.22	$3.76
NICOTINE LOZ 4MG MINT	7	6	$342.60	7.33	1.17	$3.17
NICORETTE LOZ 4MG ORIG	2	2	$186.92	12.71	1	$5.50
NICOTINE LOZ 4MG MINT	30	13	$1,695.42	7.66	2.31	$3.30
NICORETTE LOZ 4MG MINT	11	9	$758.36	9.33	1.22	$4.62
NICOTINE LOZ 4MG MINT	1	1	$44.43	6	1	$2.78
NICOTINE LOZ 4MG MINT	13	6	$685.78	5.04	2.17	$2.18
SUBTOTAL	**93**	**59**	**$5,912.27**	**7.42**	**1.58**	**$3.38**
NICOTINE PATCH PRODUCTS						
NICODER 7MG/24HR	53	47	$2,778.57	0.98	1.13	$3.07
NICOTINE 7MG/24HR	182	131	$6,009.82	0.99	1.39	$2.22
NICOTINE 7MG/24HR	99	84	$3,777.08	1	1.18	$2.03
NICOTINE 14MG/24H	516	350	$20,325.34	1	1.47	$2.11
NICOTINE 14MG/24H	15	14	$942.20	1	1.07	$2.40
NICODER 14MG/24H	174	141	$11,697.28	0.99	1.23	$3.04
NICOTINE 21MG/24H	22	18	$1,274.69	1.07	1.22	$2.22
NICODER 21MG/24H	313	221	$21,227.14	0.99	1.42	$3.06
NICOTINE 21MG/24H	756	522	$33,477.54	0.99	1.45	$2.06
NICOTINE 14MG/24H	155	135	$6,969.37	0.99	1.15	$2.09
NICOTINE 21MG	90	74	$5,573.02	1	1.22	$2.73
NICOTINE 21MG/24H	264	211	$13,510.67	0.99	1.25	$2.13
SUBTOTAL	2,639	1,948	$127,562.72	0.99	1.354723	$2.33
NICOTROL INH	156	148	$58,188.44	9.71	1.05	$13.45
NICOTROL NS SPR 10MG/ML	19	14	$3,734.97	1.26	1.36	$7.72
TOTAL	**6,784**	**3,962***	**$946,959.00**	**2.1**	**1.71**	**$5.65**

*Total number of unduplicated members.

Annual Review of Symlin® (Pramlintide)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Symlin® (Pramlintide) Approval Criteria:

6. An FDA approved diagnosis of type 1 or type 2 diabetes; and
7. Member must be using a basal-bolus insulin regimen; and
8. Member must have failed to achieve adequate glycemic control on basal-bolus insulin regimen or are gaining excessive weight on basal-bolus insulin regimen; and
9. Member must be receiving ongoing care under the guidance of a healthcare professional.

Members Meeting Any of the Following Criteria Should Not be Considered for Symlin® (Pramlintide) Therapy:

1. Poor compliance with insulin regimen; or
2. Poor compliance with self-blood glucose monitoring; or
3. HbA1c > 9%; or
4. Recurrent severe hypoglycemia requiring assistance in the past six months; or
5. Presence of hypoglycemia unawareness; or
6. Diagnosis of gastroparesis; or
7. Required use of medications that stimulate gastrointestinal motility; or
8. Pediatric patients 15 years of age or younger

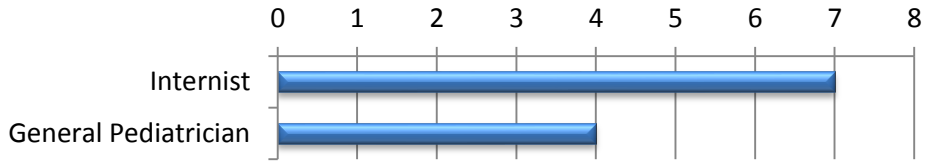
Utilization of Symlin® (Pramlintide)

Comparison of Fiscal Years

Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	6	25	$23,727.20	$949.09	$29.01	250	818
2014	2	11	$10,124.66	$920.42	$31.25	88	324
% Change	**-66.70%**	**-56.00%**	**-57.30%**	**-3.00%**	**7.70%**	**-64.80%**	**-60.40%**
Change	**-4**	**-14**	**-$13,602.54**	**-$28.67**	**$2.24**	**-162**	**-494**

*Total number of unduplicated members.

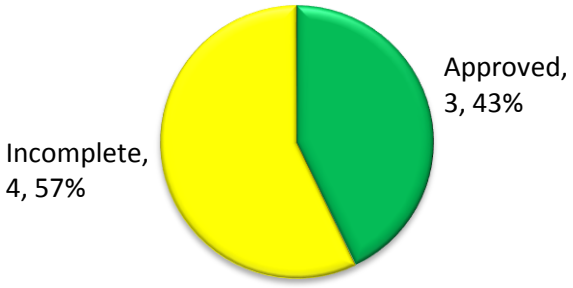
Top Prescriber Specialties of Symlin® (Pramlintide) by Number of Claims



Prior Authorization of Symlin® (Pramlintide)

There were seven petitions submitted for the Symlin® (pramlintide) during fiscal year 2014.

Status of Petitions



Market News and Updates[35,36,37]

Anticipated Patent Expirations:

- Symlin® (pramlintide): March 2019

FDA Safety Alerts:

- June 2014: The FDA approved safety labeling changes for Symlin® regarding proper patient selection and risk of hypoglycemia. Symlin® use with insulin has been associated with an increased risk of severe hypoglycemia, particularly in patients with type 1 diabetes. Hypoglycemia risk may be reduced by appropriate patient selection, careful patient instruction, and insulin dose reduction.

Recommendations

The College of Pharmacy does not recommend any changes at this time.

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[35] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/7/15. Last accessed 1/8/15.

[36] FDA: Drug Safety Labeling Changes: Symlin (pramlintide acetate) Injection. Available online at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/Safety-RelatedDrugLabelingChanges/ucm123372.htm Last revised 7/15/14. Last accessed 1/8/15.

[37] [3]Symlin® Prescribing Information. Available online at: http://www.azpicentral.com/symlin/pi_symlin.pdf#page=1 Last revised 8/2014. Last accessed 1/8/15.

Annual Review of Topical Antibiotic Products

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Topical Antibiotic Tier-2 Approval Criteria:

1. Documented five day trial of a Tier-1 product within the last 30 days.
2. Clinical exception for adverse effects with all Tier-1 products, or unique indication not covered by Tier-1 products.
3. Approvals will be for the duration of ten days.

Topical Antibiotic Products	
Tier-1	**Tier-2**
Bactroban® (mupirocin) ointment 2%	Altabax® (retapamulin) ointment 1%
Cortisporin® (neomycin/polymixin B sulfates/hydrocortisone) cream 0.5%	Bactroban® (mupirocin) cream 2%
Cortisporin® (neomycin/polymixin B sulfates/ bacitracin zinc/hydrocortisone) ointment 1%	Bactroban® (mupirocin) nasal ointment 2%
Garamycin® (gentamicin) cream 0.1%	Centany® (mupirocin) kit 2%
Garamycin® (gentamicin) ointment 0.1%	
Gentamicin powder	

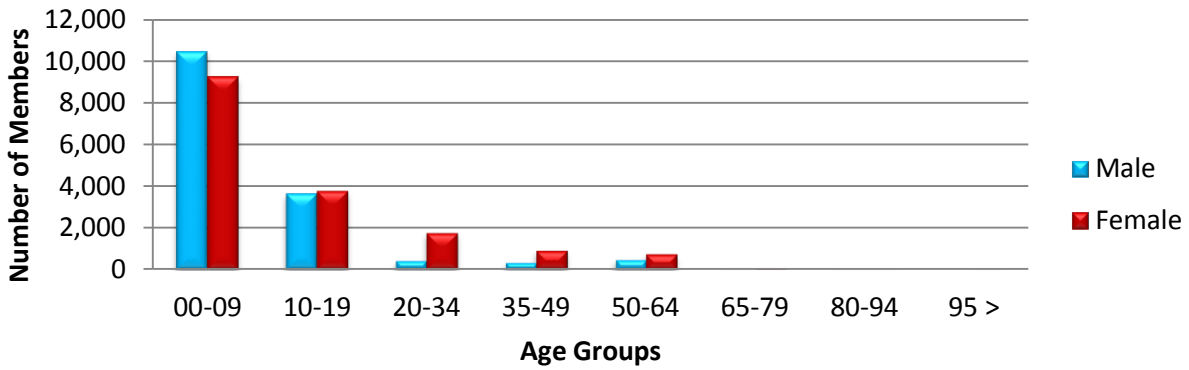
Utilization of Topical Antibiotic Products

Comparison of Fiscal Years

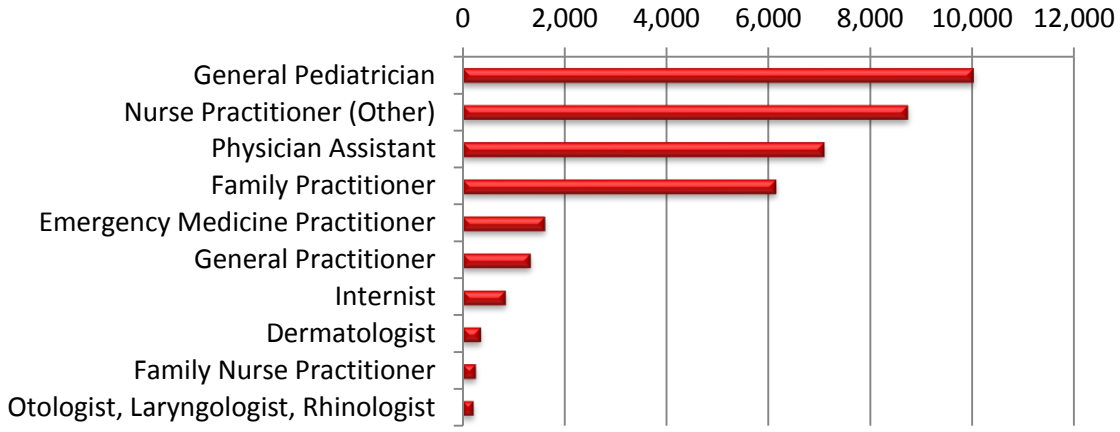
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	29,443	35,444	$596,656.57	$16.83	$1.52	851,413	393,451
2014	31,964	38,153	$523,260.36	$13.79	$1.25	923,465	421,292
% Change	**8.60%**	**7.60%**	**-11.80%**	**-18.10%**	**-17.80%**	**8.50%**	**7.10%**
Change	**2,521**	**2,709**	**-$70,396.21**	**-$3.04**	**-40.27**	**75,052**	**27,841**

*Total number of unduplicated members.

Demographics of Members Utilizing Topical Antibiotic Products



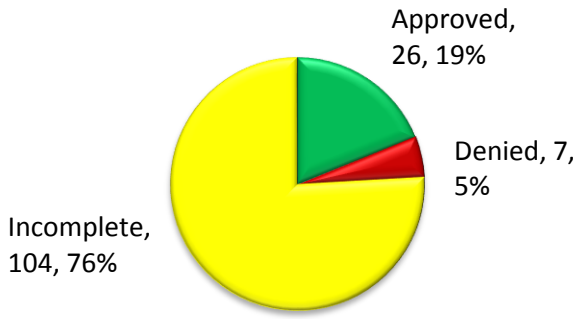
Top Prescriber Specialties of Topical Antibiotic Products by Number of Claims



Prior Authorization of Topical Antibiotic Products

There were 137 petitions submitted for topical antibiotic products during fiscal year 2014. The following chart shows the status of the submitted petitions

Status of Petitions



Market News and Updates[38]

Anticipated Patent Expirations:

- Altabax® (retapamulin): February 2027

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[38] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 12/23/14. Last accessed 12/23/14.

Utilization Details of Topical Antibiotic Products: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
Tier-1 Products						
BACTROBAN OIN 2%	18	17	$235.34	$1.31	$13.07	0.04%
CORTISPORIN CRE 0.5%	45	39	$2,916.86	$5.46	$64.82	0.55%
CORTISPORIN OIN 1%	13	13	$1,341.44	$8.65	$103.19	0.25%
GENTAMICIN CRE 0.1%	104	68	$2,681.66	$2.42	$25.79	0.51%
GENTAMICIN OIN 0.1%	348	193	$16,447.41	$3.62	$47.26	3.13%
GENTAMICIN POW	15	2	$86.67	$0.19	$5.78	0.02%
MUPIROCIN OIN 2%	37,562	31,684	$497,171.31	$1.20	$13.24	94.47%
SUBTOTAL	**38,105**	**32,016**	**$520,880.69**	**$1.24**	**$13.67**	**98.97%**
Tier-2 Products						
ALTABAX OIN 1%	10	6	$1,841.90	$13.75	$184.19	0.35%
BACTROBAN CRE 2%	4	4	$186.28	$2.42	$46.57	0.04%
BACTROBAN OIN NASAL	6	6	$1,199.94	$25.00	$199.99	0.23%
MUPIROCIN CRE 2%	28	25	$2,151.55	$7.08	$76.84	0.41%
SUBTOTAL	**48**	**41**	**$5,379.67**	**$9.55**	**$112.08**	**1.03%**
TOTAL	**38,153**	**31,964***	**$526,260.36**	**$1.25**	**$13.79**	**100%**

*Total number of unduplicated members.

Annual Review of Vitamin D Supplement

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Vitamin D Supplement Approval Criteria:

1. Diagnosis of End Stage Renal Disease (ESRD); or
2. For those without ESRD, prior authorization will only be approved when medically necessary for children younger than 21 years of age.

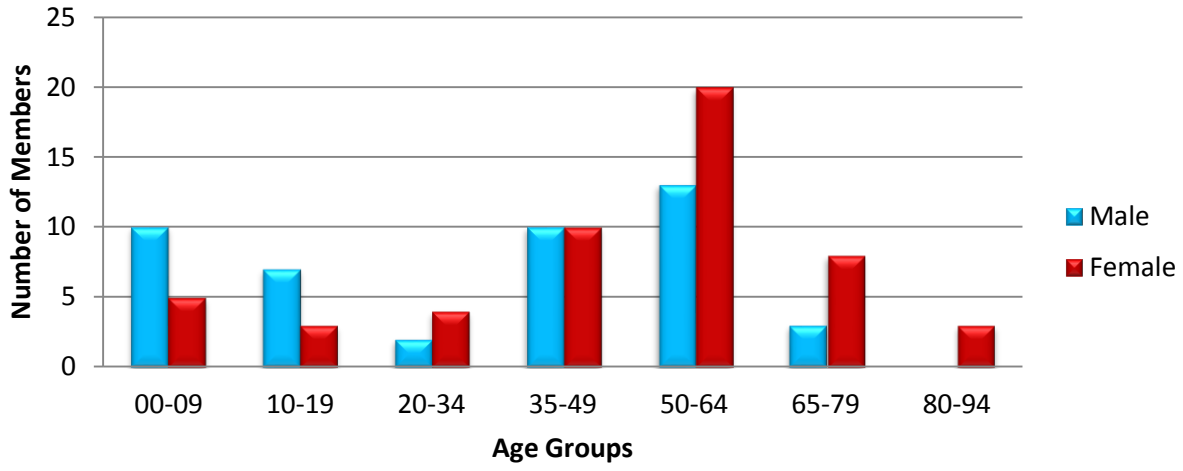
Utilization of Vitamin D Supplement

Comparison of Fiscal Years

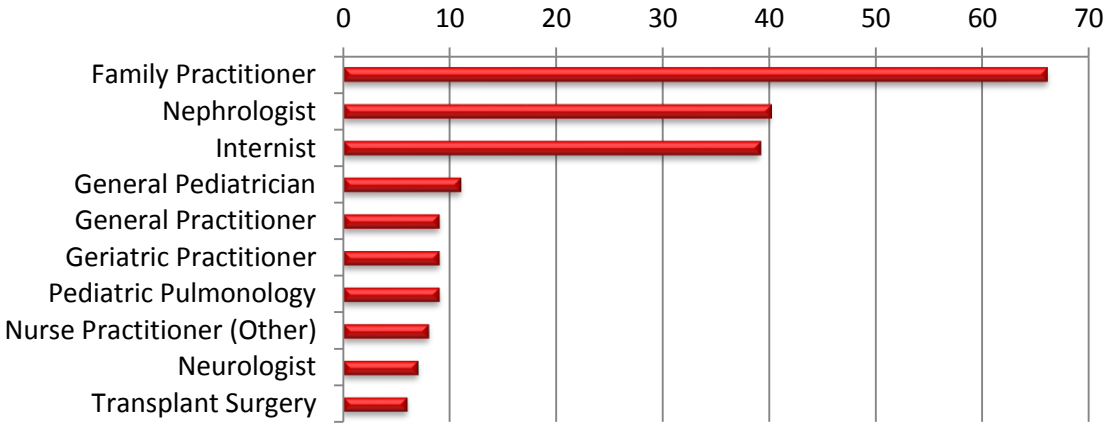
Fiscal Year	*Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
2013	106	218	$4,186.37	$19.20	$0.36	3,343	11,628
2014	98	224	$2,664.27	$11.89	$0.25	2,547	10,466
% Change	**-7.50%**	**2.80%**	**-36.40%**	**-38.10%**	**-30.60%**	**-23.80%**	**-10.00%**
Change	**-8**	**6**	**-$1,522.10**	**-$7.31**	**-$0.11**	**-796**	**-1,162**

*Total number of unduplicated members.

Demographics of Members Utilizing Vitamin D Supplement



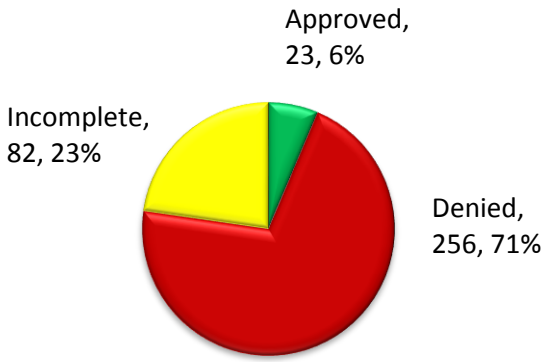
Top Prescriber Specialties of Vitamin D Supplement by Number of Claims



Prior Authorization of Vitamin D Supplement

There were 361 petitions submitted for vitamin D supplement during fiscal year 2014. Computer edits are in place to detect ESRD in member's diagnosis summary and generate automated prior authorization where possible. The following chart shows the status of the submitted petitions.

Status of Petitions



Recommendations

The College of Pharmacy does not recommend any changes at this time.

Utilization Details of Vitamin D Supplement: Fiscal Year 2014

PRODUCT UTILIZED	TOTAL CLAIMS	TOTAL MEMBERS	TOTAL COST	COST/ DAY	COST/ CLAIM	PERCENT COST
VITAMIN D CAP 50000UNT	193	82	$1,249.63	$0.15	$6.47	46.90%
ERGOCALCIFER SOL 8000/ML	31	16	$1,414.64	$0.66	$45.63	53.10%
TOTAL	**224**	**98***	**$2,664.27**	**$0.25**	**$11.89**	**100%**

*Total number of unduplicated members.

Annual Review of Retisert® (Fluocinolone Intravitreal Implant)

Oklahoma Health Care Authority
Fiscal Year 2014 Print Review

Current Prior Authorization Criteria

Retisert® (Fluocinolone Intravitreal Implant) Approval Criteria:

1. An FDA approved diagnosis of chronic non-infectious posterior uveitis.

Utilization of Retisert®

There was no utilization of Retisert® during fiscal year 2014.

Prior Authorization of Retisert®

There were no prior authorization requests submitted for Retisert® during fiscal year 2014.

Market News and Updates[39]

Anticipated Patent Expirations:

- Retisert® (fluocinolone): March 2019

Recommendations

The College of Pharmacy does not recommend any changes at this time.

[39] FDA: Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. Available online at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Last revised 1/29/15. Last accessed 2/2/15.